



CHARTERED
ATTORNEYS AT LAW

DATE _____

ESTATE PLANNING DATA

PERSONAL AND CONFIDENTIAL

(For Attorney's Use Only in Preparation of Estate Planning Documents)

10111 WEST 87TH STREET
OVERLAND PARK, KS 66282
T: 913-888-1000
F: 913-888-1065
www.WallaceSaunders.com

JONATHAN W. DAVIS
ATTORNEY AT LAW
Direct Dial: 913-752-5503
JDavis@WallaceSaunders.com

Secretaries: Gail Sterling
Nancy Cariglio

Personal Information				
Your Name:	First:	Middle:	Last:	
Your Date of Birth:		Your Social Security No.		
Marital Status (single, married, divorced, widowed, separated):				
Other Names Used/Dates:				
Spouse's Name:	First:	Middle:	Last:	
Spouse's Date of Birth:		Spouse's Social Security No.		
Other Names Used/Dates:				
Address:				
Street	City	State	Zip	County

Phone Numbers:	
Home:	
Husband Work:	Wife Work:
Husband Mobile:	Wife Mobile:
Husband E-mail:	Wife E-Mail:

Husband's Employer:	Occupation:
Address:	
Street	City State Zip County

Wife's Employer:	Occupation:
Address:	
Street	City State Zip County

Date of Marriage:	County/State:	
Have you ever lived in a community property state during your marriage (AZ, CA, ID, LA, NV, NM, TX, WA, WI)?	Yes:	No:
Do you have a Premarital Agreement? Yes _____ No _____		If yes, give dates:
If "Yes", please provide copy.		

Husband's prior marriage(s):	Name of former spouse:
Date(s): _____	Disposition: (death/divorce):
Date(s) of divorce/death:	

Wife's prior marriage(s):	Name of former spouse:
Date(s): _____	Disposition: (death/divorce):
Date(s) of divorce/death:	

Children					
Full Name	Date of Birth	His	Hers	Ours	Spouse Name

Have any children predeceased you? Yes _____ No _____
 If so, give name(s), dates of birth, date(s) of death, and indicate if he/she left any descendants _____

Are any of your children adopted? Yes _____ No _____
 Name(s) _____ Date _____

Has anyone ever adopted any of your natural children? Yes _____ No _____
 Name(s) _____ Date _____

Do you plan on having more children? Yes _____ No _____

Do you plan to treat all of your children equally in terms of inheritance? Yes _____ No _____
 If No, Describe. _____

Have any of your children received an advance of any of their inheritance? Describe.

Are any of your children financially indebted to you? Describe.

If any of your children are indebted to you when you die, do you want their share of inheritance altered accordingly? _____

Are any of your children financially irresponsible? Yes ____ No ____
 Describe _____

Are any of your children under a disability? Yes ____ No ____
 Describe _____

Grandchildren			
Full Name	Parents	Date of Birth	Children?

Nomination for Guardian of your Minor Children (a guardian has physical and legal control over your children until they reach age 18)

	Name	Relationship	Address
1 st Choice			
2 nd Choice			
3 rd Choice			

Explanation/Pertinent Information:

DISTRIBUTIONS TO BE MADE AT THE DEATH OF THE FIRST SPOUSE TO DIE. (Designate who, what and how much, i.e., all to surviving spouse, etc.)

Division of Estate at the Death of Second Spouse to Die.

Full Name	Percentage and/or description of specific distribution	If this person predeceases you, do you want his/her share to go to	
		<input type="checkbox"/>	his/her descendants or split equally among the other then surviving beneficiaries?
		<input type="checkbox"/>	his/her descendants or split equally among the other then surviving beneficiaries?
		<input type="checkbox"/>	his/her descendants or split equally among the other then surviving beneficiaries?
		<input type="checkbox"/>	his/her descendants or split equally among the other then surviving beneficiaries?
		<input type="checkbox"/>	his/her descendants or split equally among the other then surviving beneficiaries?
		<input type="checkbox"/>	his/her descendants or split equally among the other then surviving beneficiaries?

CONTINGENT BENEFICIARIES. (Who receives the estate if your spouse and children predecease you? Commonly the estate is divided among the relatives of both spouses.)

SPECIAL INSTRUCTIONS. (If any, i.e., a particular item to a named beneficiary.)

HAVE YOU MADE any substantial gifts in the last three years? Yes _____ No _____

HAVE YOU FILED a gift tax return at any time? Yes _____ No _____

HAS ANY PROPERTY listed above been inherited by either spouse? Yes _____ No _____

Financial Information			
Asset	Value	Amount Owed	How Held*
Primary Residence County located:			
Other Real Estate County located:			
Other Real Estate County located:			
Automobile 1 Year, Make, Model:			
Automobile 2 Year, Make, Model:			
Automobile 3 Year, Make, Model:			
Boat Year, Make, Model:			
Recreational Vehicle Year, Make, Model:			
Other Description:			
Other Description:			
Jewelry Description:			N/A Location:
Antiques Description:			N/A Location:
Coins Description:			N/A Location:
Other Collectibles Description:			N/A Location:

*	J/T	Joint Tenancy
	H/O	Husband Sole Owner
	W/O	Wife Sole Owner
	T/E	Tenancy by Entirety
	T/C	Tenancy in Common

Loans/Debts (other than those indicated above)			
Name of Financial Institution	Secured or Unsecured	Amount	Terms

Monthly Income			
	Husband	Wife	Joint
Salary			
Bonus			
Commission			
Social Security			
Interest/Dividends			
Rents			
Trusts			
Other			

Bank Accounts				
		Value	How Held*	Pay on Death?
Checking Account Name of Bank:				
Savings Account Name of Bank:				
Money Market Name of Bank:				
Certificate of Deposit Name of Bank:				
Certificate of Deposit Name of Bank:				
Other Bank Account Name of Bank:				
Safety Deposit Box				
Bank:		Location:	How Held*	Contents
Who has the key:			Who else has access:	
Stocks/Mutual Funds/Annuities				
Description	Broker/Agent	Company	Value	How Held*
Business Interests				
Description:		Value	How Held*	
Bonds				
Description	Location	Value	How Held*	
Debentures or Promissory Notes				
Name of Payor/Payee	Value	How Titled	Secured by Deed of Trust or Mortgage?	Location of real property?
Prepaid Funeral or Burial Plans				
	Location	Value	Irrevocable? (Y/N)	
Husband				
Wife				
Retirement Funds				
	Location	Value	Beneficiary?	Owner
Husband's IRA/Pension				
Wife's IRA/Pension				
401(k)				
ESOP				
Profit Sharing				
Other Deferred Comp Plans				

Life Insurance			
Insured	Company	Death Benefit \$	Cash Value \$
Beneficiary		2 nd Beneficiary	
Insured	Company	Death Benefit \$	Cash Value \$
Beneficiary		2 nd Beneficiary	
Insured	Company	Death Benefit \$	Cash Value \$
Beneficiary		2 nd Beneficiary	
Insured	Company	Death Benefit \$	Cash Value \$
Beneficiary		2 nd Beneficiary	
Insured	Company	Death Benefit \$	Cash Value \$
Beneficiary		2 nd Beneficiary	

Expected Inheritance (Exceeding \$10,000)		
	Source	Description/Value
Husband		
Wife		

Trust Funds		
Husband/Wife/Joint?	Source?	Value

Do you have an existing will? If so, please provide a copy.				
	Yes	No	Location of original	Is it your wish to revoke that will and create a new one?
Husband				
Wife				

Do you have an existing trust? If so, please provide a copy.				
	Yes	No	Location of original	Is it your wish to revoke that trust and create a new one?
Husband				
Wife				

Do you have an existing Power of Attorney (POA) for Financial Decisions? If so, please provide a copy.				
	Yes	No	Location of original	Is it your wish to revoke that POA and create a new one?
Husband				
Wife				

Do you have an existing Power of Attorney for Health Care Decisions? If so, please provide a copy.				
	Yes	No	Location of original	Is it your wish to revoke that POA and create a new one?
Husband				
Wife				

Do you have a Living Will? If so, please provide a copy.				
	Yes	No	Location of original	
Husband				
Wife				

Miscellaneous

Name/address of your financial planner:				
Name/address of your investment advisor:				
Name/address of your life insurance agent:				
Do you have any written instructions regarding your funeral, burial/cremation, organ donations, etc?				
Husband:				
Wife:				
Do you wish to be:	Cremated	Buried		
Husband:				
Wife:				
If you are terminally ill, do you wish to receive artificial nutrition or hydration?				
	Yes	No	For Reasonable Time Only (to be determined by my Attorney-in-Fact for Health Care Decisions)	
Husband				
Wife				
If you are terminally ill, do you wish to remain on life supporting technology (such as a ventilator)?				
	Yes	No	For Reasonable Time Only (to be determined by my Attorney-in-Fact for Health Care Decisions)	
Husband				
Wife				
Are you interested in leaving any money to any charities when you pass away?				
	Yes	No	Name of charity/special purpose	Percentage
Husband				
Wife				

Nomination for Personal Representative of your estate (also known as Executor and person responsible for probating will, paying debts, collecting assets, and settling estate)

	Full Name	Address
Husband		
First Choice		
Second Choice		
Third Choice		
Wife		
First Choice		
Second Choice		
Third Choice		

Nomination for Trustee of your Trust (person/company responsible for collecting, managing, investing, record keeping, distributing and completing taxes for trust that you establish)

	Full Name	Address
Husband		
First Choice		
Second Choice		
Third Choice		
Wife		
First Choice		

Second Choice		
Third Choice		

Nomination for Attorney-in-Fact for Financial Decisions (An Attorney-in-Fact has authority to represent and handle your financial affairs if you become incapacitated)

	Full Name	Address
Husband		
First Choice		
Second Choice		
Third Choice		
Wife		
First Choice		
Second Choice		
Third Choice		

Nomination for Agent for Health Care Decisions (An Agent has authority to make health care decisions for you if you become incapacitated)

	Full Name	Address
Husband		
First Choice		
	Phone Numbers (Home and Cell):	
Second Choice		
	Phone Numbers (Home and Cell):	
Third Choice		
	Phone Numbers (Home and Cell):	
Wife		
First Choice		
	Phone Numbers (Home and Cell):	
Second Choice		
	Phone Numbers (Home and Cell):	
Third Choice		
	Phone Numbers (Home and Cell):	

The following are optional powers that you can delegate to the person that you name as your attorney-in-fact in the event of your incapacity. Please indicate whether or not you wish to delegate these powers where indicated. If you have any questions, you can discuss this with your attorney at your consultation.

OPTIONAL ADDITIONAL POWERS

- Yes No To nominate a guardian or conservator for me, and the attorney in fact may nominate such attorney in fact
- Yes No To disclaim a gift or devise of property to or for my benefit
- Yes No To make a gift that will not exceed the annual exclusion available under the Federal gift tax laws
- Yes No To designate one or more substitute or successor or additional attorneys in fact
- Yes No To give or withhold consent to an autopsy or postmortem examination
- Yes No To make or decline to make a gift of my body parts under an anatomical gift act
- Yes No To designate or change the designation of beneficiaries to receive any property, benefit or contract right upon my death
- Yes No To create or change a survivorship interest in my property or interest in property
- Yes No To make or revoke a gift of my property in trust or otherwise
- Yes No To fund with my assets any trust not created by me
- Yes No To execute, amend or revoke any trust agreement
- Yes No To delegate any or all powers contained herein

√ = Standard choices if none others indicated

Please return completed packet prior to our initial meeting. Please bring all indicated documents with you for reference at the meeting.

Thank you for your Trust.

Jon