

<u>To ensure that our first meeting is meaningful</u>, please review and complete this questionnaire to the best of your ability. Please bring the completed questionnaire and any estate planning documents, death certificate, financial statements, life insurance policies, and checks made out in the name of the decedent with you to our first meeting.

## **SIMPLE BACKGROUND INFORMATION**

The information you disclose in this section provides us with important objective information about you and the decedent and how best to communicate with you. This section will ensure that your names are spelled correctly in all legal documents.

## Your Information (Client 1)

Full Legal Name			<del></del>		
	(Name most often used to	title property and ac	counts)		
Also Known As	Prefer to be Called				
(Other na	mes used to title property and accoun	ts)			
Birth Date	SS#		U.S. 0	Citizen? □Yes □No	
Home Address	Cit	У	State	Zip	
Home Telephone		County of Residence			
Business Telephone		Cell Phone			
Employer		Position			
Email Address		$\Box$ It is ok to communicate with me via email			
Are you in good health?	]Yes □No				
	V 1.6	.' '61' '			
	Your Informa	ation (Client 2	2)		
Full Legal Name					
	(Name most often used to	title property and ac	counts)		
Also Known As	Prefer to be Called				
(Other na	mes used to title property and accoun	ts)			
Birth Date	SS#		U.S. C	Citizen? $\square$ Yes $\square$ No	
Home Address	Cit	У	State	Zip	
Home Telephone	County of Residence				
Business Telephone	Cell Phone				
Employer	Position				
Email Address	☐ It is ok to communicate with me via email				
Are you in good health?	]Yes □No				
Who can we thank for ref	erring you to us today?				

# **Decedent's Information**

Full Legal Name	<del></del>					<del></del> -
	(Name most ofte	n used to title prope	rty and ac	counts)		
Also Known As	Preferred to be Called					
(Other na	mes used to title property an	d accounts)				
Birth Date	Date of Deat	th			_ U.S. C	itizen? □Yes □No
Home Address		City		Stat	te	Zip
County of Residence	Em	nployer at Death	າ			
SS#						
At Death Decedent was:						
☐ Married at Death (name	e of living spouse)					Divorced $\square$ Single
☐ Widowed (name of dec	eased spouse)			Date of 9	Spouse's	Death
*Please provide a copy of	the death certificate	e of decedent a	nd spo	use.		
	<u>POTENT</u>	IAL BENEFIC	CIARIE	<u>S</u>		
Identify all potential ben named individuals and cha person in this section is no	arities in estate plann t a firm indication tha	ing documents	). Plea	se use full l	egal nan	nes. Note: Listing a
Full Local Name		-			DOD	
Full Legal Name					DOB	
Address	City	St	ate	Zip	Pl	none
SS#	Relationship to De	cedent:				
		Beneficiary 2				
Full Legal Name					DOB	
Address	City	St	ate	Zip	Pł	none
SS#	Relationship to De	cedent:				

# Beneficiary 3

Full Legal Name				DOB	
Address	City	State	Zip	Phone	
SS#	Relationship to Decede	nt:			
	Ben	eficiary 4			
Full Legal Name				DOB	
Address	City	State	Zip	Phone	
SS#	Relationship to Decede	nt:			
	Ben	eficiary 5			
Full Legal Name				DOB	
Address	City	State	Zip	Phone	
SS#	Relationship to Decede	nt:			
	Ben	eficiary 6			
Full Legal Name				DOB	
Address	City	State	Zip	Phone	
SS#	Relationship to Decede	nt:			

#### **ASSET ASSESSMENT**

Determining the ownership, value, and character of decedent's assets is important in the estate administration. The title "ownership" is important for determining if the asset will be subject to probate. The "value" will be significant in determining potential tax liability. The "character" is relevant in assessing the manner by which the asset can transfer. (If necessary, approximate current total values).

	Dece	Decedent's Name		Other Ownership	
Assets	# of Assets	Total Value	# of Assets	Total Value	
Personal Residence					
Other Missouri Real Property					
Other Out-Of-State Real Property or Timeshare					
Retirement Plans					
Pension Plans					
Cash Accounts (i.e., checking, savings, CD, Money Market) Investment Accounts (i.e. non-retirement					
brokerage accounts) Bonds (not held in an investment account)					
Publicly Traded Stocks (not held in an investment account)					
Company Stock Options					
Partnership & LLC Interests Other Closely Held Corporate Business Interests					
Sole Proprietorship Interests Life Insurance Policies					
Long Term Care Insurance Policies					
Medical Reimbursement Account					
Annuities					
Oil, Gas, & Mineral Interests Bitcoin Accounts/Wallets					
Monies Owed To You (promissory notes)					
Personal Effects (i.e., jewelry, household items, art, vehicles, boats, planes, RV's, other "toys," etc.					
Other Assets					
Anticipated Inheritance, Gift, or Judgment					
TOTAL VALUE OF ASSETS:					

Liabilities of Decedent at Death	#	Total Value			
Mortgages					
Car Loans					
Student Loans					
Other Personal Debt					
Business Debt					
Potential Claims					
TOTAL VALUE OF LIABILITIES:					
COMBINED NET ESTATE (Total Assets Minus Total Liabilities)					
Did Decedent have a safe deposit box?					
yesno. If yes, where is it located?					
☐ I understand that Dovetail Estate the estate administration. I also u impact the administration process. firm accurate and complete informat	Planning, P.C. w nderstand that Consequently, if ion as it become	vill need to rely on the information I supply to assist with inaccurate or incomplete information could negatively I retain Dovetail Estate Planning, P.C., I will provide the s available to me.			