



DOVETAIL<sup>®</sup>  
ESTATE PLANNING P.C.

**To ensure that our first meeting is meaningful**, please review and complete this questionnaire to the best of your ability. Please bring the completed questionnaire and any current estate planning documents 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 how best to communicate with you. This section will ensure that your names are spelled correctly in your documents.

**Client 1 Information**

Full Legal Name \_\_\_\_\_  
(Name most often used to title property and accounts)

Also Known As \_\_\_\_\_ Prefer to be Called \_\_\_\_\_  
(Other names used to title property and accounts)

Birth Date \_\_\_\_\_ SS# \_\_\_\_\_ U.S. Citizen? Yes No

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Business Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Email Address \_\_\_\_\_  It is ok to communicate with me via email

Married: Date of Marriage \_\_\_\_\_  Divorced  Widowed  Single

Are you in good health?  Yes  No

**Client 2 Information**

Full Legal Name \_\_\_\_\_  
(Name most often used to title property and accounts)

Also Known As \_\_\_\_\_ Prefer to be Called \_\_\_\_\_  
(Other names used to title property and accounts)

Birth Date \_\_\_\_\_ SS# \_\_\_\_\_ U.S. Citizen? Yes No

***If home address is the same as client above, skip address, home telephone, and county below***

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Business Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Email Address \_\_\_\_\_  It is ok to communicate with me via email

Married: Date of Marriage, *if not married to client 1*: \_\_\_\_\_  Divorced  Widowed  Single

Are you in good health?  Yes  No

**Who can we thank for referring you to us today?** \_\_\_\_\_

## **POTENTIAL BENEFICIARIES**

Identify all potential beneficiaries of your estate (e.g., children, grandchildren, and favorite charities). Please use full legal names as you would like them to appear in your documents. Note: Listing a beneficiary in this section is not a firm indication of your decision to provide for such beneficiary in your estate plan. Rather, it is simply a means of identifying beneficiaries for discussion purposes. Insert additional sheets, if necessary.

### **Beneficiary 1**

Full Legal Name \_\_\_\_\_ DOB \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Any Special Needs?:  Medical  Educational  Financial

### **Beneficiary 2**

Full Legal Name \_\_\_\_\_ DOB \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Any Special Needs?:  Medical  Educational  Financial

### **Beneficiary 3**

Full Legal Name \_\_\_\_\_ DOB \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Any Special Needs?:  Medical  Educational  Financial

### **Beneficiary 4**

Full Legal Name \_\_\_\_\_ DOB \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Any Special Needs?:  Medical  Educational  Financial

### **Beneficiary 5**

Full Legal Name \_\_\_\_\_ DOB \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Any Special Needs?:  Medical  Educational  Financial

### **Beneficiary 6**

Full Legal Name \_\_\_\_\_ DOB \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Any Special Needs?:  Medical  Educational  Financial

## CONCERNS

Our objective is to assist you in identifying and addressing your concerns. Please review the following concerns that we frequently hear from clients, and help us to identify those most important to you. This information will assist us in focusing our conversations toward the issues that are the most pressing to you.

Providing for and protecting a spouse or domestic partner.	<input type="checkbox"/> High Priority	<input type="checkbox"/> Low Priority	<input type="checkbox"/> N/A
Providing for and protecting children.	<input type="checkbox"/> High Priority	<input type="checkbox"/> Low Priority	<input type="checkbox"/> N/A
Providing for and protecting grandchildren.	<input type="checkbox"/> High Priority	<input type="checkbox"/> Low Priority	<input type="checkbox"/> N/A
Disinheriting a family member.  (Named: _____ Relationship: _____)	<input type="checkbox"/> High Priority	<input type="checkbox"/> Low Priority	<input type="checkbox"/> N/A
Providing for charities at the time of death.	<input type="checkbox"/> High Priority	<input type="checkbox"/> Low Priority	<input type="checkbox"/> N/A
Planning for the transfer and survival of a family business.	<input type="checkbox"/> High Priority	<input type="checkbox"/> Low Priority	<input type="checkbox"/> N/A
Avoiding or reducing estate taxes.	<input type="checkbox"/> High Priority	<input type="checkbox"/> Low Priority	<input type="checkbox"/> N/A
Avoiding probate.	<input type="checkbox"/> High Priority	<input type="checkbox"/> Low Priority	<input type="checkbox"/> N/A
Reducing administration costs at the time of death.	<input type="checkbox"/> High Priority	<input type="checkbox"/> Low Priority	<input type="checkbox"/> N/A
Avoiding a conservatorship ("living probate") in case of disability.	<input type="checkbox"/> High Priority	<input type="checkbox"/> Low Priority	<input type="checkbox"/> N/A
Avoiding will contests or other disputes upon death.	<input type="checkbox"/> High Priority	<input type="checkbox"/> Low Priority	<input type="checkbox"/> N/A
Protecting assets from lawsuits or creditors.	<input type="checkbox"/> High Priority	<input type="checkbox"/> Low Priority	<input type="checkbox"/> N/A
Preserving the privacy of my affairs in case of disability or death, from curiosity seekers, business competitors, predators, and dishonest persons.	<input type="checkbox"/> High Priority	<input type="checkbox"/> Low Priority	<input type="checkbox"/> N/A
Planning for a child with disabilities or special needs, such as medical or learning disabilities.	<input type="checkbox"/> High Priority	<input type="checkbox"/> Low Priority	<input type="checkbox"/> N/A
Protecting children's inheritance from the possibility of failed marriages.	<input type="checkbox"/> High Priority	<input type="checkbox"/> Low Priority	<input type="checkbox"/> N/A
Protecting children's inheritance in the event of a surviving spouse's remarriage.	<input type="checkbox"/> High Priority	<input type="checkbox"/> Low Priority	<input type="checkbox"/> N/A
Ensuring that my death shall not be unnecessarily prolonged by artificial means or measures.	<input type="checkbox"/> High Priority	<input type="checkbox"/> Low Priority	<input type="checkbox"/> N/A
Providing clarity and certainty for my survivors to ensure family harmony.	<input type="checkbox"/> High Priority	<input type="checkbox"/> Low Priority	<input type="checkbox"/> N/A
Desire to create a comprehensive plan to manage affairs in case of death or disability.	<input type="checkbox"/> High Priority	<input type="checkbox"/> Low Priority	<input type="checkbox"/> N/A

## APPOINTMENTS- PEOPLE TO ASSIST

One of the most important aspects of any estate plan is the “appointment” of various persons to assist you and your family in times of need – particularly when death or disability strikes. These appointed “helpers” are called by different names depending on the type of estate plan you elect to implement. In this section, we try to avoid labels. Instead, we focus on the roles these helpers play in protecting your family and your estate.

If you have a child or children under the age of 18, who do you choose to serve as guardian for such child(ren) if **no parent** is able to serve?

	<b>Client 1 Responses (Name and Relationship)</b>	<b>Client 2 Responses (Name and Relationship)</b>
Initial Choice		
Back Up #1		
Back Up #2		

If you were **incapacitated** for any period of time, who would you choose to handle your financial affairs?

	<b>Client 1 Responses (Name and Relationship)</b>	<b>Client 2 Responses (Name and Relationship)</b>
Initial Choice		
Back Up #1		
Back Up #2		

If you were **incapacitated** for any period of time, who would you choose to handle your health care decisions for you?

	<b>Client 1 Responses (Name and Relationship)</b>	<b>Client 2 Responses (Name and Relationship)</b>
Initial Choice		
Back Up #1		
Back Up #2		

If you were **deceased**, who would you choose to administrate and distribute your assets?

	<b>Client 1 Responses (Name and Relationship)</b>	<b>Client 2 Responses (Name and Relationship)</b>
Initial Choice		
Back Up #1		
Back Up #2		

## ASSET ASSESSMENT

Determining the ownership, value, and character of your assets is important to your estate plan. The title "ownership" is important for tax and transfer matters. 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).

Assets	Client 1		Client 2		Joint Ownership	
	# of Assets	Total Value	# of Assets	Total Value	# of Assets	Total Value
Personal Residence						
Other Missouri Real Property						
Other Out-Of-State Real Property or <b>Timeshare</b>						
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						
<b>TOTAL VALUE OF ASSETS:</b>						

Liabilities	Client 1		Client 2		Joint Ownership	
	# of Assets	Total Value	# of Assets	Total Value	# of Assets	Total Value
Mortgages						
Car Loans						
Student Loans						
Other Personal Debt						
Business Debt						
Potential Claims						
<b>TOTAL VALUE OF LIABILITIES:</b>						
<b>COMBINED NET ESTATE (Total Assets Minus Total Liabilities)</b>						

**Do you have a Power of Appointment under a current trust?**

Client #1: \_\_\_yes \_\_\_no\_\_\_ I don't know

Client #2: \_\_\_yes \_\_\_no\_\_\_ I don't know

**Do you have a safe deposit box?**

\_\_\_yes \_\_\_no. If yes, where is it located? \_\_\_\_\_

I/We understand that Dovetail Estate Planning, P.C. will need to rely on the information supplied herein to develop my/our estate plan. I/We also understand that inaccurate or incomplete information could negatively impact the plan. Consequently, if I/we retain Dovetail Estate Planning, P.C., I/we will provide the firm accurate and complete information prior to signing my/our estate planning documents.