



Stilley Law Office, LLC

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Confidential Information for Estate Planning, Will and Trust Drafting and/or Medicaid Planning

Date: _____

(If you need more space for any of the questions and topics, please attach an additional sheet or sheets or copies of investment statements, etc.)

Client(s):

HUSBAND'S / SINGLE PERSON'S NAME: _____

Business Name: _____

Home Address: _____

Business Address: _____

City, State, Zip: _____

City, State, Zip: _____

County: _____

Home Phone: _____

Business Phone: _____ Ext.: _____

Cell Phone: _____

FAX No. _____

Birthdate: _____ Social Security Number: _____

U. S. Citizen? _____ If not, what country? _____

May I communicate with you by e-mail? Yes ___ No ___

If e-mail communications are agreed to, e-mail address: _____

WIFE'S NAME: _____

Business Name: _____

Business Address: _____

Maiden Name: _____

City, State, Zip: _____

Home Address & Phone (if different from Husband's): _____

County: _____

Business Phone: _____ Ext.: _____ Cell Phone: _____

FAX No. _____

May I communicate with you by e-mail? Yes ___ No ___

If e-mail communications are agreed to, e-mail address: _____

Birthdate: _____ Social Security Number: _____

U. S. Citizen? _____ If not, what country?: _____

Date and Place of Marriage: _____
 Marital History (divorces, deaths, and remarriages, disabled or special needs family members): _____

Safe Deposit Box(es)? Yes ___ No ___ Location(s) _____

Pre-paid Funeral/cremation/burial plan(s)? Yes ___ No ___ Where? _____

Children by Present and Former Marriages and by Adoption:

Name	Birthdate	Marital Status	Spouse's Name
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
(4) _____	_____	_____	_____
(5) _____	_____	_____	_____

(Indicate if a child is from a previous marriage and if the child is the husband's or wife's)

Children of the above children	Birthdate	Marital Status	Spouse's Name
() _____	_____	_____	_____
() _____	_____	_____	_____
() _____	_____	_____	_____
() _____	_____	_____	_____
() _____	_____	_____	_____

*M = Married; S = Single; W = Widow(er); D = Divorced

Other information that may be pertinent (e.g. presently have a trust, will, durable power of attorney, etc.) _____

Annual Income

	Husband/Single	Wife	Joint
Salary	\$ _____	\$ _____	\$ _____
Bonus	_____	_____	_____
Commission	_____	_____	_____
Interest	_____	_____	_____
Dividends	_____	_____	_____
Rents	_____	_____	_____

Trusts _____

Other Income (identify): _____

A. _____

B. _____

C. _____

Social Security (per mo.) _____

Husband's Pension(s) _____

(per month) \$ _____

Company/payer(s) name(s): _____

Wife's Pension(s) _____

(per month) \$ _____

Company/payer(s) name(s): _____

Liabilities

Mortgage on Real Estate: Husband/Single Wife Joint

Family Home \$ _____ \$ _____ \$ _____

Other _____

Other Debts _____

Secured Loans _____

Unsecured Loans _____

Assets

Husband's/Single's Wife's Joint

Name Name

Checking \$ _____ \$ _____ \$ _____

(Bank name(s)) _____

(Name(s) on account(s)) _____

Money Market Accts \$ _____ \$ _____ \$ _____

(Bank name(s)) _____

(Name(s) on account(s)) _____

Savings/CDs Accounts \$ _____ \$ _____ \$ _____

(Bank name(s)) _____

(Name(s) on account(s)) _____

Other Investments including: stocks, mutual funds, cash, bonds, and notes/deed of trust you own

Company Husband's/Single's Wife's Joint

Name Name Name

A: _____ \$ _____ \$ _____ \$ _____
 (Description of investment _____
 B: _____ \$ _____ \$ _____ \$ _____
 (Description of investment _____
 C: _____ _____ _____ _____
 (Description of investment _____
 D: _____ _____ _____ _____
 (Description of investment _____

Family Home \$ _____ \$ _____ \$ _____
 Other Real Estate _____
 (state where located) _____
 Pension, Profit-Sharing _____
 & Retirement Benefits _____
 Other Personal Property: _____
 Automobiles _____
 Household Furnishings _____
 Other (jewelry, art _____
 collections, etc.) _____
 Other Business Interests _____
 (describe) _____

Insurance

Insured	Company	Owner	Type*	Beneficiaries/ Secondary benef's)	Face Amount	Loans/ cash value
Husband / Single					\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
Totals	_____	_____	_____	_____	_____	_____
Wife						
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
Totals	_____	_____	_____	_____	_____	_____

*L Life; T Term; GT Group Term; AD Accidental Death; DI Double Indemnity

Miscellaneous

	Husband/Single	Wife	Joint
Personal Inheritance from others Existing Trust Funds (identify)	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____
Other assets not listed above:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Persons to act for you if you become incapacitated or to handle your estate after death:

Personal Representative (“executor), and if applicable, trustee choices:

- 1) _____
- 2) _____
- 3) _____

Power of Attorney choices (financial)

- 1) _____
- 2) _____
- 3) _____

Healthcare Power of Attorney choices:

- 1) _____
- 2) _____
- 3) _____

Guardian/conservator choices for your child(ren) under age 18:

- 1) _____
- 2) _____
- 3) _____

DISPOSITION of your estate: Name the beneficiaries of your estate and the proportions or percentages: _____

ALTERNATE Disposition of your estate if one or more of the persons you want to receive (inherit) part or all of your estate die before you. (For example: You want to leave your estate to your children, but you are not survived by a child or all of your children, do you want it to go to their descendants? What if you do not have any then living descendants? To other persons, relatives, charitable and religious organizations, etc.?) _____
