

ST. LOUIS ESTATE PLANNING, LLC

SCOTT P. KEIFER, ATTORNEY AT LAW

13610 Barrett Office Dr. Suite 111 St. Louis, MO 63021

Tel: 314.858.9799 - www.STLEstate.com - Scott@STLEstate.com

CONFIDENTIAL CLIENT QUESTIONNAIRE CLIENT ESTATE PLANNING DATA

	Individual (or married person)	Spouse/Partner (if applicable)
Date		
Full Legal Name		
Residence Address		
E-mail		
Telephone		
Birth Date		
Current Marriage Date: _____		
Any Prior Marriages? _____		
Any Prenuptial Agreements? _____		

Existing Estate Planning Documents

	<u>Individual</u>		<u>Spouse/Partner</u>	
Do you presently have a will?	Yes	No	Yes	No
Do you presently have a trust?	Yes	No	Yes	No
Do you have a power of attorney?	Yes	No	Yes	No
Do either of you have a living will, or health care directive in place?	Yes	No	Yes	No

Information for 1st Child

Full Legal Name:_____ DOB:_____ Gender:___ Marital Status:___

Full Address (if different): _____

(for married clients) Is this child the legal child of both of you: _____

Approx ages of any children this child has: _____

Is this child raising any children which he/she is not the legal parent of? Yes No

Information for 2nd Child

Full Legal Name:_____ DOB:_____ Gender:___ Marital Status:___

Full Address (if different): _____

(for married clients) Is this child the legal child of both of you: _____

Approx ages of any children this child has: _____

Is this child raising any children which he/she is not the legal parent of? Yes No

Information for 3rd Child

Full Legal Name:_____ DOB:_____ Gender:___ Marital Status:___

Full Address (if different): _____

(for married clients) Is this child the legal child of both of you: _____

Approx ages of any children this child has: _____

Is this child raising any children which he/she is not the legal parent of? Yes No

Information for 4th Child

Full Legal Name:_____ DOB:_____ Gender:___ Marital Status:___

Full Address (if different): _____

(for married clients) Is this child the legal child of both of you: _____

Approx ages of any children this child has: _____

Is this child raising any children which he/she is not the legal parent of? Yes No

Information for 5th Child

Full Legal Name:_____ DOB:_____ Gender:___ Marital Status:___

Full Address (if different): _____

(for married clients) Is this child the legal child of both of you: _____

Approx ages of any children this child has: _____

Is this child raising any children which he/she is not the legal parent of? Yes No

If more children, please email that additional information.

Your Family Situation

	<u>Individual</u>		<u>Spouse/Partner</u>	
Are you a U.S. Citizen?	Yes	No	Yes	No
Are any of your children not from your current relationship?	Yes	No	Yes	No
Are you raising a child who is not legally your child (through birth or adoption)?	Yes	No	Yes	No
Are any of your grandchildren not legally your child's children? (through birth or adoption)	Yes	No	Yes	No
Do any of your children or grandchildren have disabilities, receive government benefits, or have serious health problems that need to be considered?	Yes	No	Yes	No
Do any children / grandchildren / beneficiaries have a history with drug or alcohol abuse?	Yes	No	Yes	No
Are you concerned with any potential beneficiary's ability to handle/manage money?	Yes	No	Yes	No
Are you concerned with your children's ability to get along with one another?	Yes	No	Yes	No
Are their problems or concerns relative to your relationship with your children, your spouse's children, or your children's spouses?	Yes	No	Yes	No

Your Financial Situation

Do you have any concerns about the cost of nursing home care eating up your assets and leaving your spouse in financial distress or impacting your ability to leave inheritance to your children?	Yes	No	Yes	No
Other than IRA's / 401ks / Retirement Accounts / Pensions do you hold everything jointly with your spouse, or do you have any separate property?	All Joint		Some Separate	
Have you made gifts to anyone of property, including cash, which required the filing of a gift tax return?	Yes	No	Yes	No
Do you own any property titled with someone other than your spouse? (such as a bank account or real estate)	Yes	No	Yes	No
Do you own property or have plans to purchase property in a community property state? (AZ, CA, ID, LA, NV, NM, TX, WA, WI)?	Yes	No	Yes	No

Your Important “Helpers”

Key to your estate plan is selecting “helpers.” These are the people who will assist you and your family members in times of need, particularly when death or disability occurs. List only those you trust and who you think would be good in these roles. You are not required to have three “helpers” in each role. Select only those people you are comfortable with in the “helper” role.

If you are deceased: Who do you trust and believe would be good to collect your assets, pay your debts, handle the estate/trust and distribute the assets. (If you have young children, it could be the same person as the guardian, or it could be someone else.)

<u>Your choice</u>	<u>Partner’s/Spouse’s choice(if applicable)</u>
First Choice: _____	_____
Second Choice: _____	_____
Third Choice: _____	_____

If you are deceased and have **MINOR CHILDREN**, who would you prefer to act as guardian, and backup guardian, if both parents are deceased? (This is the person who would raise and care for them).

<u>Your choice</u>	<u>Partner’s/Spouse’s choice(if applicable)</u>
First Choice: _____	_____
Second Choice: _____	_____
Third Choice: _____	_____

If you are alive but incapacitated or unable to make your own **FINANCIAL** decisions, who would you most trust to make those decisions for you.

<u>Your choice</u>	<u>Partner’s/Spouse’s choice(if applicable)</u>
First Choice: _____	_____
Second Choice: _____	_____
Third Choice: _____	_____

If you are alive but unable to make your own **MEDICAL** decisions, who would you most trust to make those decisions for you.

<u>Your choice</u>	<u>Partner’s/Spouse’s choice(if applicable)</u>
First Choice: _____	_____
Second Choice: _____	_____
Third Choice: _____	_____