r clancy parks
ATTORNEY AT LAW
clancyparks.com

ESTATE PLANNING QUESTIONNAIRE

WHAT TO EXPECT:

Completing this questionnaire will organize your relevant estate planning information for R. Clancy Parks, Attorney at Law. Feel free to **FAX** or **MAIL** the completed form to our **Springfield office.** During the initial meeting, you will be asked more questions, you will be given an opportunity to ask your questions, and you will receive a personalized and detailed outline of specific recommendations.

There is no charge for this initial meeting.
Please use blue or black ink when completing the form.

NOTE: If you already have a will or a trust, please furnish our office a copy along with this completed form. Thank you!

springfield
ph: 417.823.9898
fax: 417.887.4711

1354 e kingsley, suite b
springfield, mo 65804

branson
ph: 417.335.7944
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1. **FULL LEGAL NAME** ____

BIRTHDATE ____________________ **SOCIAL SECURITY NUMBER** ______________

HOME ADDRESS	BUSINESS NAME: ____________________
________________________________	ADDRESS: ____________________
________________________________ Zip Code	____________________ Zip Code

HOME PHONE ______________________ **WORK PHONE** __________________

CELL PHONE NUMBER _______________ **EMAIL ADDRESS** ____________________

COUNTY YOU RESIDE IN? ______________________________

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2. **SPOUSE'S LEGAL NAME (IF APPLICABLE)**

____

BIRTHDATE ____________________ **SOCIAL SECURITY NUMBER** ______________

HOME ADDRESS	BUSINESS NAME: ____________________
________________________________	ADDRESS: ____________________
________________________________ Zip Code	____________________ Zip Code

HOME PHONE ______________________ **WORK PHONE** __________________

CELL PHONE NUMBER _________________ **EMAIL ADDRESS** ____________________

COUNTY YOU RESIDE IN? ____________**DATE OF MARRIAGE** ____________________

CHILDREN

(Use full legal name. Use "JT" if both spouses are parents, "H" if husband is the parent, "W" if wife is the parent,"S" if you are a single parent.)

Name	Parent(s)	Birth Date	Address / Phone Number

	ADVISORS	Telephone
Financial Advisor	______________________________	____________
Accountant	______________________________	____________
Life Insurance Agent	______________________________	____________

WHO REFERRED YOU TO OUR OFFICE? ______________________________

NOTE: As you complete this form, know that we are looking for approximate values of your assets. Also, if you elect to proceed with our firm you will be asked to provide copies of statements, deeds, and/or titles to confirm the existence and titling of your assets. You may wish to gather this information NOW…or you can wait until after your initial (and free) consultation.

FINANCIAL QUESTIONS

THIS INFORMATION IS CONFIDENTIAL
If you do not have enough room, please complete "Additional Information Section" at the end of this packet.

1. CASH ACCOUNTS

TYPE: Checking Account **"CA",** Savings Account **"SA",** Certificates of Deposit **"CD"** (indicate type below).

Name of Institution	Type	Owner	Amount
1. ______________	________	______________	________
2. ______________	________	______________	________
3. ______________	________	______________	________
4. ______________	________	______________	________

2. INVESTMENT ACCOUNTS

TYPE: Money Market **"MM",** Investment **"I",** Cash Management **"CM",** or other account that is in a street name (indicate type below).

Name of Brokerage Firm	Type	Owner	Amount
1. ______________	________	______________	________
2. ______________	________	______________	________
3. ______________	________	______________	________

3. RETIREMENT PLANS

TYPE: IRA, Pension **"P",** Profit Sharing **"PS", H.R. 10, SEP, 401(K)** (indicate type below)**.**
EVIDENCE OF TITLE: Summary plan description, documents you signed to set up the plan, account statement, beneficiary designation.

Type of Plan	Company	Beneficiary upon Your Death	Account Number	Value
1.________	______________	____________	____________	________
2.________	______________	____________	____________	________
3.________	______________	____________	____________	________
4.________	______________	____________	____________	________

4. STOCKS

TYPE: Stock in publicly owned corporations which is stock traded on an exchange or over the counter. List only stocks not listed in Sections 2 and 3. (Stock owned in family or nonpublicly traded companies should be listed under "Corporate Business Professional Interests. Stocks held in a street name or investment account should be listed under "Investment Accounts".)

	Company	**Owner**	**Number of Shares**	**Fair Market Value**
1.	________________	________________	________	________
2.	________________	________________	________	________
3.	________________	________________	________	________
4.	________________	________________	________	________

5. BONDS

TYPE: U.S. Savings Bonds, Corporate, Municipal, etc. (indicate type below). List only bonds not listed in Sections 2 and 3.

	Type of Bond	**Owner**	**Face Value**
1.	________________	________________	________________
2.	________________	________________	________________
3.	________________	________________	________________

6. LIFE INSURANCE POLICIES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity (indicate type of policy below). If a corporation or company owns the policy or pays the premium on the policy, write "Corporation".

Company____

Policy Number ____________________ **Type** ____________________

Insured ____

Primary Beneficiary ____

Secondary Beneficiary ____

Owner ____________________ **Who pays premium** ____________________

Face Amount ____________________ **Cash Value** ____________________

Amount of loans on policy ____

Company____
Policy Number ____________________ **Type** ____________________
Insured ____
Primary Beneficiary ____________________________________
Secondary Beneficiary ___________________________________
Owner ________________________ **Who pays premium** ____________________
Face Amount ____________________ **Cash Value** ____________________
Amount of loans on policy ___________________________________

Company____
Policy Number ____________________ **Type** ____________________
Insured ____
Primary Beneficiary ____________________________________
Secondary Beneficiary ___________________________________
Owner ________________________ **Who pays premium** ____________________
Face Amount ____________________ **Cash Value** ____________________
Amount of loans on policy ___________________________________

Company____
Policy Number ____________________ **Type** ____________________
Insured ____
Primary Beneficiary ____________________________________
Secondary Beneficiary ___________________________________
Owner ________________________ **Who pays premium** ____________________
Face Amount ____________________ **Cash Value** ____________________
Amount of loans on policy ___________________________________

Company____
Policy Number ____________________ **Type** ____________________
Insured ____
Primary Beneficiary ____________________________________
Secondary Beneficiary ___________________________________
Owner ________________________ **Who pays premium** ____________________
Face Amount ____________________ **Cash Value** ____________________
Amount of loans on policy ___________________________________

7. REAL PROPERTY/REAL ESTATE

TYPE: Land, buildings, homes. Where you have either a deed or land contract interest (land or buildings) that you own in partnership with someone else you should list those under the **"Partnership Interests"** section. If two or more names are on a deed or a contract that does not state the type of ownership, please use "**?**".
EVIDENCE OF TITLE: Deed or land contract (**DO NOT** use mortgage, deed of trust or tax assessment).

	General Description and/or Address	Owner	Mortgage Amount	Fair Market Value
1.				
2.				
3.				
4.				

8. DOES SOMEONE OWE YOU MONEY?
MORTGAGES, DEEDS OF TRUST, NOTES, AND OTHER RECEIVABLES

TYPE: Mortgages, Deeds of Trust, or Promissory Notes payable to you: other monies owed to you. **EVIDENCE OF TITLE:** Promissory Note, written contract, or other documents creating right to receive payment.

	Name of Debtor	Date of Note	Date Note Due	Owed to	Current Balance
1.					
2.					
3.					

9. PARTNERSHIP INTERESTS

TYPE: General and Limited Partnerships. Please state the percentage interest you have in the partnership when you list your interest as a general or limited partner.
EVIDENCE OF TITLE: Partnership agreement, certificate of partnership, or any documents you signed when purchasing the partnership interest. Include any buy/sell agreements.

Percentage of Partnership Interest

	Partnership Name	General Partner	Limited Partner	Value
1.				
2.				

10. CORPORATE BUSINESS AND PROFESSIONAL INTERESTS

TYPE: Privately owned (nonpublicly traded) stock.

	Company	Number of Shares	Percentage of Ownership	Owner	Value
1.					
2.					
3.					

11. SOLE PROPRIETORSHIP BUSINESS AND PROFESSIONAL INTERESTS

TYPE: All of the assets used by you in a sole proprietorship type of business ownership.

	Name of Business	Description of Business	Owner	Value
1.				
2.				
3.				

12. PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats, jewelry, collections, antiques, furs, and all other valuable nonbusiness personal property (indicate type below and give a lump sum value for miscellaneous, and/or less valuable items).

Type	Owner	Face Value

13. ADDITIONAL INFORMATION

Please provide any additional information that the previous form did not allow for. Describe the asset type and provide the approximate fair market value of the asset.

____

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Be prepared to discuss issues related to the following types of assets/interests.

- **Farm/Ranch Interests (i.e., livestock, machinery, leases)**
- **Oil/Gas Mineral Interests (i.e., leases, royalties, mineral estates, pooling agreements)**
- **Are you anticipating any inheritance or lawsuit awards?**

Additional comments you wish to make?

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