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PERSONAL & BUSINESS INVENTORY

The information disclosed in this booklet will be kept strictly **confidential**.

INTRODUCTION

What is it that you hope to achieve through your estate plan? A clear understanding of what motivates you to prepare your estate plan is critically important to us. An understanding and an appreciation of those beliefs and values which prompt you to take action is the foundation upon which we build your estate plan. Please answer the following questions giving thoughtful consideration to the issues. Please note that there is no right or wrong answer, only *your* answer.

1. Rank the top five (5) concerns you have (1=most important) and identify any remaining issues which are important to you with an "X."

- | | |
|---|---|
| <input type="checkbox"/> Planning for a disability | <input type="checkbox"/> Provide for disabled descendants |
| <input type="checkbox"/> Elimination of probate or guardianship | <input type="checkbox"/> Divorce and Creditor protection for children |
| <input type="checkbox"/> Protection from frivolous lawsuits | <input type="checkbox"/> Protect children from immature spending habits |
| <input type="checkbox"/> Minimize income taxes | <input type="checkbox"/> Protect spouse in the event of a subsequent marriage |
| <input type="checkbox"/> Protect the value of the family business | <input type="checkbox"/> Provide for parents |
| <input type="checkbox"/> Minimize gift and estate taxes | <input type="checkbox"/> Make a positive difference in the community |
| <input type="checkbox"/> Insure liquidity for debts and taxes | <input type="checkbox"/> Pass values and responsibility to family members |

2. Rank the following in the order of most importance. (1=most important)

- | | |
|---|---|
| <input type="checkbox"/> Social status | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Business relationships | <input type="checkbox"/> Material Possessions |
| <input type="checkbox"/> Family | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Church | |

3. If you could pass your estate in any manner you wished, how would you do so?

- % to Heirs % to Internal Revenue Service % to Charitable Organizations

4. What is your monthly after-tax income? \$ _____

5. What percentage of your income or what amount do you spend monthly? \$ _____

6. What amount of annual after-tax dollars would you need in order to live the type of lifestyle you desired? \$ _____

7. If you could leave your heirs any amount of money, what specific dollar amount per heir would that be? \$ _____

8. What level of personal involvement with charitable organizations have you had in your lifetime?
_____ little or none _____ some involvement _____ a great deal of involvement

9. If you were required to give away \$1,000,000 to charitable organizations, to whom and in what amount would you give it?

Recipient	Dollar Amount	or	Percent
_____	\$ _____		_____ %
_____	\$ _____		_____ %
_____	\$ _____		_____ %
_____	\$ _____		_____ %
_____	\$ _____		_____ %

10. Have you ever done any prior estate planning? _____ Yes _____ No

If yes, were you completely satisfied with the experience? _____ Yes _____ No

11. Have you served in the Military? _____ Yes _____ No

If yes, did you serve during a period of declares war? _____ Yes _____ No

If yes, which war? _____

FAMILY INFORMATION

Husband

Full Legal Name _____ Nickname _____ Birthdate _____
Address _____ City _____ State _____ Zip _____
County _____ Home Telephone _____ Home Fax _____
U.S. Citizen? Yes ___ No ___ Social Security Number _____ Cell Phone/Pager _____
Internet E-Mail Address _____
Name as you would like it to appear on legal documents _____

Employer _____ Position _____
Business Address _____ City _____ State _____ Zip _____
Business Telephone _____ Business Fax _____

Wife

Full Legal Name _____ Nickname _____ Birthdate _____
Address _____ City _____ State _____ Zip _____
County _____ Home Telephone _____ Home Fax _____
U.S. Citizen? Yes ___ No ___ Social Security Number _____ Cell Phone/Pager _____
Internet E-Mail Address _____
Name as you would like it to appear on legal documents _____

Employer _____ Position _____
Business Address _____ City _____ State _____ Zip _____
Business Telephone _____ Business Fax _____

Date of Marriage _____ Prenuptial Agreement? Yes ___ No ___

Do either of you have parents who are still living? Yes ___ No ___

Do either of you have grandparents who are still living? Yes ___ No. ___

Previous States of Residence:

_____ Number of Years _____
_____ Number of Years _____
_____ Number of Years _____

Children

1. Full Legal Name _____ Nickname _____ Birthdate _____
Social Security Number _____ Child of: Joint _____ Husband _____ Wife _____

2. Full Legal Name _____ Nickname _____ Birthdate _____
Social Security Number _____ Child of: Joint _____ Husband _____ Wife _____

3. Full Legal Name _____ Nickname _____ Birthdate _____
Social Security Number _____ Child of: Joint _____ Husband _____ Wife _____

4. Full Legal Name _____ Nickname _____ Birthdate _____
Social Security Number _____ Child of: Joint _____ Husband _____ Wife _____

5. Full Legal Name _____ Nickname _____ Birthdate _____
Social Security Number _____ Child of: Joint _____ Husband _____ Wife _____

Pets

1. Name _____ Nickname _____ Birthdate / Age _____ Male _____ Female _____
Owner: Joint _____ Husband _____ Wife _____ Animal Type _____ Breed / Pedigree _____
Description _____

2. Name _____ Nickname _____ Birthdate / Age _____ Male _____ Female _____
Owner: Joint _____ Husband _____ Wife _____ Animal Type _____ Breed / Pedigree _____
Description _____

Advisors

Accountant _____

Telephone _____

Attorney _____

Telephone _____

Primary Personal Bank _____

Telephone _____

Stockbroker _____

Telephone _____

Veterinarian _____

Telephone _____

Referred to Our Firm by _____

Telephone _____

ESTATE SUMMARY

[This information will be kept strictly confidential.]

Detailed financial statements from your CPA may be submitted in lieu of completing the Estate Summary below.

Please list the value of all assets at their gross value, i.e., without accounting for any debt.

Please list all debt associated with the assets in the right column

	Husband	Joint	Wife	Debt
Cash & Bank Accounts				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Brokerage Accounts/Mutual Funds				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Individual Stocks and Bonds held by you. (List each stock or bond on the reverse side.)				
	_____	_____	_____	_____

	Husband	Joint	Wife	Debt
IRA or other Tax Qualified Account (401(k), Profit Sharing, Pension, 403(b))				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Real Estate				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
(List additional parcels on reverse side.)				
Limited Partnership Interests				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Notes Receivable				
_____	_____	_____	_____	_____

	Husband	Joint	Wife	Debt
Business Interests				
Life Insurance Death Benefit (Please list agent for each policy)				
Personal Effects (Cars, Boats, etc.)				

	Husband	Joint	Wife	Debt
Annuities				
Miscellaneous Assets Not Included Elsewhere				
Total Assets				
Liabilities				
Net Worth				
Combined Net Worth				

YOUR SUCCESSORS

Typically, when most people travel, they make arrangements for their affairs to be taken care of while they're gone. When there are children being left at home, there are usually several lists of instructions left for the babysitter, or whoever is left in charge. Your successors are the "babysitters" you're putting in charge of your affairs while you're incapacitated and after you're gone. Who do you want making decisions for you? This is a vital part of the planning process which most people are ill-equipped to decide on the spot. You do not have to have an answer set in stone. We would prefer, however, that you have several choices to consider choosing from.

- Who would you choose to manage your financial affairs if you were incapacitated?

	Husband's Answer	Wife's Answer
First Choice		
Second Choice		
Third Choice		

- Who would you choose to take charge of your estate and administer the terms of your trust or will upon your death?

[] Same as above; or

If different, list names below:

	Husband's Answer	Wife's Answer
First Choice		
Second Choice		
Third Choice		

-
3. Who would you choose to make health care decisions for you if you were incapacitated and could not make these decisions for yourself?

	Husband's Answer	Wife's Answer
First Choice		
Second Choice		
Third Choice		

4. If you have minor children, who would you choose to raise your children if you and your spouse could not?

Guardians for Minor Children:	Relationship:
First Choice:	
Second Choice:	

BUSINESS SUMMARY

In addition to the following information, please supply our office with the past 3 years of business tax returns and financial statements.
If you have more than one business, please copy this section and fill it out for each business.

Business name _____

Type of entity (Corp., Partnership, LLC) _____

State of formation _____

Tax ID number _____ - _____

Number of employees _____

Description of your business (what do you make/do?) _____

Do you have key employees? ____ YES ____ NO

Do you have any long term contracts or obligations with any suppliers or customers? ____ YES ____ NO

Do you own or lease your building/office?

____ Own ____ Lease

Do you have any partners? ____ YES ____ NO

If so, how many? _____

Please list names with % of ownership

_____ %
_____ %
_____ %

Do you have a buy sell arrangement in place?

____ YES ____ NO

Do you have a current business succession plan?

____ YES ____ NO

Do you have a current and up to date business continuation plan?

____ YES ____ NO

Does your business offer any of the following:

Deferred Compensation Plans (eg. 401(k), Pension, IRA, Stock)

<u>Plan Type</u>	<u>Number of Participants</u>	<u>Third Party Administrator (Name & Phone Number)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Fringe Benefit Plans (eg. Medical and Dental Insurance)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Advisors for business (If different from list on page 4)

Accountant_____	Telephone_____
Attorney_____	Telephone_____
Primary Personal Bank_____	Telephone_____
Stockbroker_____	Telephone_____