



DOVETAIL®
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 estate planning documents, death certificate, financial statements, life insurance policies, and checks made out in the name of the decedent 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 the decedent and how best to communicate with you. This section will ensure that your names are spelled correctly in all legal documents.

Your Information (Client 1)

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

Are you in good health? Yes No

Your Information (Client 2)

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

Are you in good health? Yes No

Who can we thank for referring you to us today? _____

Decedent's Information

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

Also Known As _____ Preferred to be Called _____
(Other names used to title property and accounts)

Birth Date _____ Date of Death _____ U.S. Citizen? Yes No

Home Address _____ City _____ State _____ Zip _____

County of Residence _____

SS# _____

At Death Decedent was:

Married at Death (name of living spouse) _____ Divorced Single

Widowed (name of deceased spouse) _____ Date of Spouse's Death _____

***Please provide a copy of the death certificate of decedent and spouse.**

POTENTIAL BENEFICIARIES

Identify all potential beneficiaries of decedent's estate (e.g., spouse, children, grandchildren, and other named individuals and charities in estate planning documents). We must have ALL the information below or we cannot move forward.

Beneficiary 1

Full Legal Name _____ DOB _____

Address _____ City _____ State _____ Zip _____ Phone _____

SS# _____ Relationship to Decedent: _____

Beneficiary 2

Full Legal Name _____ DOB _____

Address _____ City _____ State _____ Zip _____ Phone _____

SS# _____ Relationship to Decedent: _____

Beneficiary 3

Full Legal Name _____ DOB _____

Address _____ City _____ State _____ Zip _____ Phone _____

SS# _____ Relationship to Decedent: _____

Beneficiary 4

Full Legal Name _____ DOB _____

Address _____ City _____ State _____ Zip _____ Phone _____

SS# _____ Relationship to Decedent: _____

Beneficiary 5

Full Legal Name _____ DOB _____

Address _____ City _____ State _____ Zip _____ Phone _____

SS# _____ Relationship to Decedent: _____

Beneficiary 6

Full Legal Name _____ DOB _____

Address _____ City _____ State _____ Zip _____ Phone _____

SS# _____ Relationship to Decedent: _____

ASSET ASSESSMENT

Determining the ownership, value, and character of decedent's assets is important in the estate administration. The title "ownership" is important for determining if the asset will be subject to probate. 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	Decedent's Name		Other Ownership	
	Asset Yes	Total Value	Asset Yes	Total Value
Personal Residence				
Other Missouri Real Property				
Other Out-Of-State Real Property or Timeshare				
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				
TOTAL VALUE OF ASSETS:				

Liabilities of Decedent at Death	Liability Yes	Total Value
Mortgages		
Car Loans		
Student Loans		
Other Personal Debt		
Business Debt		
Potential Claims		
TOTAL VALUE OF LIABILITIES:		
COMBINED NET ESTATE (Total Assets Minus Total Liabilities)		

Did Decedent have a safe deposit box?

___yes ___no. If yes, where is it located? _____

I understand that Dovetail Estate Planning, P.C. will need to rely on the information I supply to assist with the estate administration. I also understand that inaccurate or incomplete information could negatively impact the administration process. Consequently, if I retain Dovetail Estate Planning, P.C., I will provide the firm accurate and complete information as it becomes available to me.