

# Confidential Estate Plan Personal Information

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Name

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Date

**Sullivan & Schnittker, LLC**  
**Estate & Business Planning Strategies Group**

**Tom H. Sullivan**

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Thomas H. Sullivan was born and raised in Phillipsburg, Kansas. He attended the University of Kansas where he earned a Bachelor Science in Business Administration and Accounting. He earned his Juris Doctor from the University of Kansas Law School and returned to Phillipsburg to join his family firm of Sullivan and Sullivan where he had a diverse law practice.

Tom is a Charter member of the National Network of Estate Planning Attorneys, a member of the Probate and Estate Planning Section of the Kansas Bar Association and a member of the association's Ethics and Grievance committee. In addition to his professional affiliations, Tom is a member of the Leawood, Kansas Rotary Club and co-chair of its 2003 charity auction, the Overland Park, Kansas Chamber of Commerce, and the University of Kansas Alumni Association. He is a director of the Huck Boyd Foundation, a member and co-treasurer of Trinity United Methodist Church in Kansas City, Missouri, and a past director and officer of the County Counselor's Association.

Tom maintains offices in Overland Park and Phillipsburg, Kansas and represents clients in matters from simple to complex, involving estate planning, asset protection, tax planning, revocable living trusts, wills, probate, incapacity, guardianships, conservatorships, retirement planning, business succession, and charitable giving.

**Clay Schnittker**

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Clay was born and raised in the small central Kansas town of Great Bend. He graduated from Kansas State University in 1986 and from the University of Kansas School of Law in 1994, after working in the credit information and collection industry for five years. At the University of Kansas, Clay distinguished himself as a staff writer and Publications Editor for *The Kansas Journal of Law and Public Policy*. After law school graduation, Clay began his legal career as an Assistant District Attorney for Wyandotte County, Kansas.

Licensed in both Kansas and Missouri, Clay focuses his practice on estate planning, including advanced tax and asset protection, revocable living trusts, probate and trust settlement, and on business strategies, including business formation, transactions, liability and asset protection, and business succession and exit strategies.

Currently, Clay is a member of the National Network of Estate Planning Attorneys, Kansas Bar Association, the Missouri Bar, and the Johnson County Bar Association. He lives in Lenexa, Kansas with his wife and three sons.

Clay has personal insights in to the importance of estate and business planning. His parents were business owners who had neither reviewed nor updated their estate plans in more that 22 years when Clay's mother was diagnosed with terminal leukemia. Following the stressful experience of this planning, Clay has been determined to help families and small-business owners complete and maintain effective and meaningful estate and business planning.

# SULLIVAN & SCHNITTKER, LLC

Please return this form at least **3 business days** before your appointment, which is with \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_.

## HELP US GET TO KNOW YOU

Please check each box below that describes the purpose of your visit. Because we focus our practice on estate and business planning, it is important to be sure we are the right attorneys for you.

- |                                                                |                                                                                          |                                                                                               |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> To have my/our existing plan reviewed | <input type="checkbox"/> To reduce or eliminate estate taxes                             | <input type="checkbox"/> To protect my/our assets from lawsuits and future judgment creditors |
| <input type="checkbox"/> To learn about estate planning        | <input type="checkbox"/> To reduce or eliminate capital gains taxes                      | <input type="checkbox"/> To protect my children's inheritance from divorces and creditors     |
| <input type="checkbox"/> To have a Will drawn up               | <input type="checkbox"/> To protect my IRA or other retirement plan from excessive taxes | <input type="checkbox"/> To protect my grandchildren from divorces and creditors              |
| <input type="checkbox"/> To have a Trust drawn up              | <input type="checkbox"/> To reduce or eliminate the costs of Probate                     | <input type="checkbox"/> To start a gifting program to children, grandchildren or others      |
| <input type="checkbox"/> Other: _____                          |                                                                                          |                                                                                               |

### Client # 1

Full Legal Name \_\_\_\_\_

Signature used on formal documents (please print) \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_ Home telephone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-Mail address \_\_\_\_\_

Occupation \_\_\_\_\_ Business telephone \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Married Date: \_\_\_\_\_  Divorced: Date \_\_\_\_\_  Widowed: Date \_\_\_\_\_  Single

U.S. Citizen

### Client # 2 (Spouse or Significant Other)

Full Legal Name \_\_\_\_\_

Signature used on formal documents (please print) \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_ Home telephone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-Mail address \_\_\_\_\_

Occupation \_\_\_\_\_ Business telephone \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Married Date: \_\_\_\_\_  Divorced: Date \_\_\_\_\_  Widowed: Date \_\_\_\_\_  Single

U.S. Citizen

# CHILDREN'S INFORMATION

## Child # 1

Child's Full Legal Name \_\_\_\_\_

Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Business telephone \_\_\_\_\_

Whose child?  Client #1  Client #2  Both

Special Needs:  Medical  Educational  Financial

Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_

| Grandchildren's Names | Parents | Ages  | Special Needs            |
|-----------------------|---------|-------|--------------------------|
| _____                 | _____   | _____ | <input type="checkbox"/> |
| _____                 | _____   | _____ | <input type="checkbox"/> |
| _____                 | _____   | _____ | <input type="checkbox"/> |

## Child # 2

Child's Full Legal Name \_\_\_\_\_

Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Business telephone \_\_\_\_\_

Whose child?  Client #  Client #2  Both

Special Needs:  Medical  Educational  Financial

Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_

| Grandchildren's Names | Parents | Ages  | Special Needs            |
|-----------------------|---------|-------|--------------------------|
| _____                 | _____   | _____ | <input type="checkbox"/> |
| _____                 | _____   | _____ | <input type="checkbox"/> |
| _____                 | _____   | _____ | <input type="checkbox"/> |

## Child # 3

Child's Full Legal Name \_\_\_\_\_

Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Business telephone \_\_\_\_\_

Whose child?  Client #1  Client #2  Both

Special Needs:  Medical  Educational  Financial

Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_

| Grandchildren's Names | Parents | Ages  | Special Needs            |
|-----------------------|---------|-------|--------------------------|
| _____                 | _____   | _____ | <input type="checkbox"/> |
| _____                 | _____   | _____ | <input type="checkbox"/> |
| _____                 | _____   | _____ | <input type="checkbox"/> |

**Child # 4**

Child's Full Legal Name \_\_\_\_\_

Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Business telephone \_\_\_\_\_

Whose child?  Client #1  Client #2  Both

Special Needs:  Medical  Educational  Financial

Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_

| Grandchildren's Names | Parents | Ages  | Special Needs            |
|-----------------------|---------|-------|--------------------------|
| _____                 | _____   | _____ | <input type="checkbox"/> |
| _____                 | _____   | _____ | <input type="checkbox"/> |
| _____                 | _____   | _____ | <input type="checkbox"/> |

**Child # 5**

Child's Full Legal Name \_\_\_\_\_

Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Business telephone \_\_\_\_\_

Whose child?  Client #1  Client #2  Both

Special Needs:  Medical  Educational  Financial

Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_

| Grandchildren's Names | Parents | Ages  | Special Needs            |
|-----------------------|---------|-------|--------------------------|
| _____                 | _____   | _____ | <input type="checkbox"/> |
| _____                 | _____   | _____ | <input type="checkbox"/> |
| _____                 | _____   | _____ | <input type="checkbox"/> |

**OTHER DEPENDENTS (Friends or relatives who are dependents.)**

Dependent's Full Legal Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Special Needs:  Medical  Educational  Financial

## PERSONAL INFORMATION - BACKGROUND

### PARENTS

#### Client # 1

Father's Full Legal Name \_\_\_\_\_ Age or Date of Death \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Health \_\_\_\_\_

Mother's Full Legal Name \_\_\_\_\_ Age or Date of Death \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Health \_\_\_\_\_

#### Client # 2

Father's Full Legal Name \_\_\_\_\_ Age or Date of Death \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Health \_\_\_\_\_

Mother's Full Legal Name \_\_\_\_\_ Age or Date of Death \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Health \_\_\_\_\_

### BROTHERS AND SISTERS

#### Client # 1

Name \_\_\_\_\_ Age \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_ Home telephone \_\_\_\_\_

Occupation \_\_\_\_\_ Work telephone \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_ Home telephone \_\_\_\_\_

Occupation \_\_\_\_\_ Work telephone \_\_\_\_\_

Name\_\_\_\_\_Age\_\_\_\_\_Spouse's Name\_\_\_\_\_  
Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_  
County of Residence\_\_\_\_\_Home telephone\_\_\_\_\_  
Occupation\_\_\_\_\_Work telephone\_\_\_\_\_

Name\_\_\_\_\_Age\_\_\_\_\_Spouse's Name\_\_\_\_\_  
Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_  
County of Residence\_\_\_\_\_Home telephone\_\_\_\_\_  
Occupation\_\_\_\_\_Work telephone\_\_\_\_\_

**Client # 2**

Name\_\_\_\_\_Age\_\_\_\_\_Spouse's Name\_\_\_\_\_  
Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_  
County of Residence\_\_\_\_\_Home telephone\_\_\_\_\_  
Occupation\_\_\_\_\_Work telephone\_\_\_\_\_

Name\_\_\_\_\_Age\_\_\_\_\_Spouse's Name\_\_\_\_\_  
Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_  
County of Residence\_\_\_\_\_Home telephone\_\_\_\_\_  
Occupation\_\_\_\_\_Work telephone\_\_\_\_\_

Name\_\_\_\_\_Age\_\_\_\_\_Spouse's Name\_\_\_\_\_  
Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_  
County of Residence\_\_\_\_\_Home telephone\_\_\_\_\_  
Occupation\_\_\_\_\_Work telephone\_\_\_\_\_

Name\_\_\_\_\_Age\_\_\_\_\_Spouse's Name\_\_\_\_\_  
Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_  
County of Residence\_\_\_\_\_Home telephone\_\_\_\_\_  
Occupation\_\_\_\_\_Work telephone\_\_\_\_\_

**OTHER FAMILY & FRIENDS**

**Client # 1**

Name \_\_\_\_\_ Age \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County of Residence \_\_\_\_\_ Home telephone \_\_\_\_\_  
Occupation \_\_\_\_\_ Work telephone \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County of Residence \_\_\_\_\_ Home telephone \_\_\_\_\_  
Occupation \_\_\_\_\_ Work telephone \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County of Residence \_\_\_\_\_ Home telephone \_\_\_\_\_  
Occupation \_\_\_\_\_ Work telephone \_\_\_\_\_

**Client # 2**

Name \_\_\_\_\_ Age \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County of Residence \_\_\_\_\_ Home telephone \_\_\_\_\_  
Occupation \_\_\_\_\_ Work telephone \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County of Residence \_\_\_\_\_ Home telephone \_\_\_\_\_  
Occupation \_\_\_\_\_ Work telephone \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County of Residence \_\_\_\_\_ Home telephone \_\_\_\_\_  
Occupation \_\_\_\_\_ Work telephone \_\_\_\_\_

## IMPORTANT FAMILY QUESTIONS

| Please Check "Yes" or "No" for Your Answer                                                                                  | YES | NO |
|-----------------------------------------------------------------------------------------------------------------------------|-----|----|
| Do any of your children receive governmental support or benefits?                                                           |     |    |
| Do you have any adopted children?                                                                                           |     |    |
| Are any of your children institutionalized?                                                                                 |     |    |
| Are you or your spouse receiving social security, disability, or other governmental benefits?                               |     |    |
| Do you provide primary or other major financial support to adult children?                                                  |     |    |
| Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy.)                    |     |    |
| Have you and your spouse ever signed a pre-nuptial and/or post-nuptial marriage agreement? (Please furnish a copy.)         |     |    |
| Have you or significant other ever signed an agreement relating to property rights?                                         |     |    |
| Have you or your spouse been widowed? (If a Federal estate tax or State death tax return was filed, please furnish a copy.) |     |    |
| Have you or your spouse ever filed Federal or State gift tax returns? (Please furnish a copy.)                              |     |    |
| Have you or your spouse completed previous Health Care Powers of Attorney or Living Wills? (Please furnish copies.)         |     |    |
| Have you or your spouse completed previous wills, trusts, or estate planning? (Please furnish copies.)                      |     |    |
| Are you or your spouse a trustee or beneficiary of a trust created by you or anyone else? (Please furnish copies.)          |     |    |
| Do you wish to benefit any charities in your estate plan?                                                                   |     |    |
| Do you have Disability or Long Term Care Insurance in Place?                                                                |     |    |

### YOUR ADVISORS In case we need to consult with them.

|                           |      |         |       |
|---------------------------|------|---------|-------|
| Accountant                | Name | Firm    | Phone |
| Financial Advisor         | Name | Firm    | Phone |
| Financial Advisor         | Name | Firm    | Phone |
| Life Insurance Agent      | Name | Firm    | Phone |
| Attorney if other than us | Name | Firm    | Phone |
| Client #1 Physician       | Name | Address | Phone |
| Client #2 Physician       | Name | Address | Phone |

### Who referred you to us?

|      |      |       |
|------|------|-------|
| Name | Firm | Phone |
|------|------|-------|

**YOUR ASSETS**

Please provide us with an estimate of the value of your estate by completing the following schedule. Use your **best estimate** of each asset's value, assuming you could cash it in or sell it today at a fair price. Disregard what you paid for the asset, or what it was worth when you inherited it.

| <b>ASSETS*</b>                             | <b><u>AMOUNT</u></b> |                 |                |
|--------------------------------------------|----------------------|-----------------|----------------|
|                                            | <b>CLIENT 1</b>      | <b>CLIENT 2</b> | <b>JOINTLY</b> |
| Cash Accounts                              |                      |                 |                |
| Investment Accounts                        |                      |                 |                |
| Stocks                                     |                      |                 |                |
| Personal Effects                           |                      |                 |                |
| Retirements Plans                          |                      |                 |                |
| Pension Plans                              |                      |                 |                |
| Life Insurance Policies (Death Benefit)    |                      |                 |                |
| Annuities                                  |                      |                 |                |
| Bonds                                      |                      |                 |                |
| Monies Owed to You                         |                      |                 |                |
| Business Interests (Corp., LLC, etc...)    |                      |                 |                |
| Anticipated Inheritance, Gift, or Judgment |                      |                 |                |
| Oil, Gas, and Mineral Interests            |                      |                 |                |
| Farm and Ranch Interests                   |                      |                 |                |
| Other Assets                               |                      |                 |                |
| Real Property                              |                      |                 |                |
| <b>TOTAL ASSETS</b>                        |                      |                 |                |

| <b>LIABILITIES</b>            | <b><u>AMOUNT</u></b> |                 |                |
|-------------------------------|----------------------|-----------------|----------------|
|                               | <b>CLIENT 1</b>      | <b>CLIENT 2</b> | <b>JOINTLY</b> |
| Loans payable                 |                      |                 |                |
| Accounts payable              |                      |                 |                |
| Real estate mortgages payable |                      |                 |                |
| Loans against life insurance  |                      |                 |                |
| Unpaid taxes                  |                      |                 |                |
| Other obligations             |                      |                 |                |
| <b>TOTAL LIABILITIES</b>      |                      |                 |                |
| <b>NET ESTATE</b>             |                      |                 |                |
| <b>ANNUAL INCOME</b>          |                      |                 |                |