

LAW OFFICES OF TIM J. LARSON, JD, PA
Estate Planning and Trust Administration Attorneys
7570 W. 21st Street, Bldg. 1026, Suite C
Wichita, KS 67205

(316) 729-0100 * (800) 388-8529 * Fax: (316) 729-0508

FOR OFFICE USE ONLY

IC: _____; TS _____
 File/Portfolio Name: _____
 Type of trust: 1. S Male; 2. S Female; 3. M Community Property;
 4. M **Separate** Property; 5. M **Joint** Separate Property
 Federal estate tax planning? Yes No
 State and county of document **signing**: State of _____, County of _____

Trust name: _____ **LIVING TRUST** _____

PART I: PERSONAL INFORMATION

CLIENT ONE Legal name: _____

How do you prefer to sign your name? _____

Home Address _____ City _____ State _____ ZIP Code _____

County of residence: _____

Date of Birth: _____ Soc. Sec. Number: _____ U.S. citizen? _____

Bus. Telephone: (____) _____ Home telephone: (____) _____

CLIENT TWO Legal name: _____

How do you prefer to sign your name? _____

Bus. Telephone: (____) _____ Date of Marriage: _____

Date of Birth: _____ Soc. Sec. Number: _____ U.S. citizen? _____

Children: _____ **Parent: Mark one (X):** _____

Full Name of Child (List married names, if applicable)	Sex	Date of Birth	Joint or Both	Client 1	Client 2
1.					
2.					
3.					
4.					
5.					
6.					

Children/Other Beneficiary Information: Complete the following information about your children and their spouses and children, if any. If your child/beneficiary isn't married, please note "single," "widowed," or "divorced" on the line labeled "Spouse's Name." If you have a deceased child who has living children (your grandchildren), please indicate this below and list the grandchildren. If you have no children, please provide information about persons you plan to name as beneficiaries of your estate plan.

1. CHILD/BENEFICIARY NAME: _____

Complete Address: _____

Spouse's Name: _____

Children's Full Names (Remember to use married names if applicable.). Note if this child is either a biological/adopted child of your child/beneficiary OR a step-child of your child/beneficiary.

<u>Name:</u>	<u>Bio/Adopted</u>	<u>Step</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. CHILD/BENEFICIARY NAME: _____

Complete Address: _____

Spouse's Name: _____

Children's Full Names (Remember to use married names if applicable.). Note if this child is either a biological/adopted child of your child/beneficiary OR a step-child of your child/beneficiary.

<u>Name:</u>	<u>Bio/Adopted</u>	<u>Step</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. CHILD/BENEFICIARY NAME: _____

Complete Address: _____

Spouse's Name: _____

Children's Full Names (Remember to use married names if applicable.). Note if this child is either a biological/adopted child of your child/beneficiary OR a step-child of your child/beneficiary.

<u>Name:</u>	<u>Bio/Adopted</u>	<u>Step</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. CHILD/BENEFICIARY NAME: _____

Complete Address: _____

Spouse's Name: _____

Children's Full Names (Remember to use married names if applicable.). Note if this child is either a biological/adopted child of your child/beneficiary OR a step-child of your child/beneficiary.

<u>Name:</u>	<u>Bio/Adopted</u>	<u>Step</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Guardian(s) for minor children (if any) (list name(s), address, and relationship to you. If not related, indicate the relationship as "friend").

Do you have deceased children who have living children? ____ Yes ____ No
If Yes, complete the information for the deceased child and your grandchildren in the section that begins on page 2 above.

Successor Trustee(s) (Act at any time the initial trustee or either spouse is unable to act)

First _____

Second _____

Agents for Powers of Attorney

Medical POA (after both spouses)

First _____

Second _____

Non-Medical POA

First _____

Second _____

If plan for distribution of assets is anything other than outright to children equally after the death of both spouses, please explain what you wish to accomplish:

Which areas of estate and/or business planning do you wish to discuss at your consultation?

Wills Trusts Powers of Attorney Longterm Care/Medicaid

Family Business issues Non-family Business Living Wills

Capital Gains Federal Estate Tax

Charitable Planning Special Planning for children or grandchildren

Other (Please list): _____

PART II: ASSET INFORMATION

The following information is being requested of you so that we can assist you in assessing your estate planning needs. As with any information you provide to us, this data will remain personal and confidential. By determining the types of assets you are currently holding in your estate and the values of those assets, we can assist you in establishing a thorough and comprehensive estate plan that will provide for your financial and personal needs.

The information requested here is limited primarily to the asset make-up of your estate. More information about your estate planning needs and desires will be discussed at length at your initial estate planning consultation in our office. It has been our experience that it is easier for our clients to gather their financial information when they are at home where there is access to financial documents.

DIRECTIONS: Please complete the following sections. If a section does not apply, please write "N/A" in the space provided and go forward to the next section. If you are uncertain how to answer a question, leave it blank and bring the related documents to your appointment so we may assist you in answering the question.

KEY ADVISORS

Accountant: _____

Banker: _____

Stockbroker: _____

Life insurance agent: _____

Other(s): _____

INCOME

Client One: \$_____/month from employment or self-employment

Client One: \$_____/month from Social Security

Client One: \$_____/month from other (Please describe: _____)

Client Two: \$_____/month from employment or self-employment

Client Two: \$_____/month from Social Security

Client Two: \$_____/month from other (Please describe: _____)

Anticipated date of retirement (Please note year or age at which retirement is expected.)

Client One: _____ Client Two: _____

LIQUID ASSETS

<u>Name of Institution</u>	<u>Type *</u>	<u>Acct. No.</u>	<u>Owner +</u>	<u>Amount</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

* Type: Checking Account (CA); Savings Account (SA); Certificates of Deposit (CD)

+ Owner: Husband (H); Wife (W); Joint Tenancy (JT); Tenants in Common (TC)

Note: If an account is in your name for the benefit of a minor, please specify and give the minor's name and relationship to you.

NOTES RECEIVABLE (Notes receivable are debts owed to you.)

List these even if they are with family members.

<u>Name of Debtor</u>	<u>Date of Note/Date Due</u>	<u>Owed To +</u>	<u>Balance Owed</u>
_____	_____/____	_____	\$ _____
_____	_____/____	_____	\$ _____

+ Owed To: Husband (H); Wife (W); Joint Tenancy (JT); Tenants in Common (TC)

STOCKS

Please list all stock ownership in publicly owned corporations (i.e. stock traded on an exchange or over the counter). Stock owned in family or nonpublicly traded companies should be listed under the corporate business section. (If you have a recent statement, list or print-out that reflects your current holdings, please provide a copy of that printed out information and leave this section blank.)

<u>Company</u>	<u>Owner +</u>	<u>No. of Shares</u>	<u>Cost Basis</u>	<u>Current Value</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

+ Owner: Husband (H); Wife (W), Joint Tenancy (JT); Tenants in Common (TC)

Note: If stock is owned either in JT or TC with someone other than your spouse, please furnish name and relationship to you.

STOCKS CONTINUED

If any of your shares are held in a street name account with your broker, please furnish us with the following information:

Brokerage Firm: _____

Broker: _____

Exact name and number on account: _____

MUTUAL FUNDS

Please list all mutual funds (both stock and bond funds). If you have a recent statement, list or print-out that reflects your current holdings, please provide a copy of that printed out information and leave this section blank.

<u>Company</u>	<u>Owner +</u>	<u>No. of Shares</u>	<u>Current Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

+ Owner: Husband (H); Wife (W), Joint Tenancy (JT); Tenants in Common (TC)

Note: If mutual fund is owned either in JT or TC with someone other than your spouse, please furnish name and relationship to you.

BONDS

Please list all U. S. Savings Bonds, corporate and municipal bonds. If you have several of one type of bond, indicate the total number and the total face value.

<u>Type of Bond</u>	<u>Owner +</u>	<u>Face Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

+ Owner: Husband (H); Wife (W); Joint Tenancy (JT); Tenants in Common (TC); Bearer Bonds (BB)

REAL ESTATE

Please list all real estate interests you have whether you possess a deed or a land contract. Land or buildings owned inside a formal partnership should be listed under the partnership section. **PLEASE BRING COPIES OF YOUR DEEDS TO YOUR INITIAL ESTATE PLANNING CONSULTATION!** If you are unable to locate your deeds or copies of the deeds, you should contact the register of deeds for the county in which the real estate is located to request a copy. Tax statements are not adequate because they do not contain the proper legal description. **ALSO: LIST TIMESHARES AND OTHER VACATION PROPERTY INTERESTS HERE.** Bring deeds or timeshare contracts to the consultation.

Note: If you have farm property and you refer to it by name, such as "Jones Farm," please provide that information as well under "General Description."

<u>General Description and/or Address</u>	<u>Owner +</u>	<u>Fair Market Value</u>
<u>Mortgage</u>		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

+ Owner: Husband (H); Wife (W); Joint Tenancy (JT); Tenants in Common (TC)

CORPORATE BUSINESS INTERESTS

Please list ownership interests in all privately owned nonpublicly traded corporations.

<u>Company</u>	<u>Number of Shares</u>	<u>Buy/Sell Agreement *</u>	<u>Percentage Ownership</u>	<u>Owner +</u>	<u>Value</u>
_____	_____	_____	_____%	_____	\$ _____
_____	_____	_____	_____%	_____	\$ _____

* Please mark "Yes" if you have a buy/sell agreement.

+ Owner: Husband (H); Wife (W); Joint Tenancy (JT); Tenants in Common (TC)

PARTNERSHIP INTERESTS

<u>Partnership Name</u>	<u>General Partner %</u>	<u>Limited Partner %</u>	<u>Owner +</u>	<u>Buy/Sell Agreement *</u>	<u>Value</u>
_____	_____%	_____%	_____	_____	\$ _____
_____	_____%	_____%	_____	_____	\$ _____

* Please mark "Yes" if you have a buy/sell agreement.

+ Owner: Husband (H); Wife (W); Joint Tenancy (JT); Tenants in Common (TC)

SOLE PROPRIETORSHIP BUSINESS INTERESTS

<u>Name of Business</u>	<u>Description of Business</u>	<u>Owner +</u>	<u>Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

+ Owner: Husband (H); Wife (W); Joint Tenancy (JT); Tenants in Common (TC)

FARM AND RANCH INTERESTS

Please list all livestock, machinery, leases, etc.

<u>Description</u>	<u>Owner +</u>	<u>Value</u>
_____	_____	\$ _____

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

+ Owner: Husband (H); Wife (W); Joint Tenancy (JT); Tenants in Common (TC)

OIL AND GAS INTERESTS

Please list all leases, overriding royalty, fee mineral estate, working interest, pooling agreement, etc. Please provide a copy of the lease, assignment, or division order (or some documentation) reflecting key information as to your specific interest and the name and legal description for the lease.

<u>Description</u>	<u>Owner +</u>	<u>Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

+ Owner: Husband (H); Wife (W); Joint Tenancy (JT); Tenants in Common (TC)

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

Do you expect an inheritance, gift, lawsuit judgment, or other event that may affect the size of your estate? If so, please describe here:

RETIREMENT PLANS, IRA'S, ANNUITIES

<u>Type of Plan *</u>	<u>Beneficiary Upon Your Death</u>	<u>Percent Vested</u>	<u>Value</u>
_____	_____	_____%	\$ _____
_____	_____	_____%	\$ _____
_____	_____	_____%	\$ _____

* Type of Plan: Pension (P); Profit Sharing (PS); Keogh (K); Tax Deferred Annuity (TDA); KPERS (KPERS); IRA (IRA); 403(b); 401(k)

PERSONAL EFFECTS AND OTHER ASSETS

Please list models, years, and values of your automobiles and other titled assets (such as boats, boat trailers, campers, etc.). Estimate a lump sum for furniture, jewelry, collectibles, and other personal assets of. Please note if you have antiques or other substantially valuable collectibles.

Automobiles

<u>Year</u>	<u>Make/Model</u>	<u>Owner</u>	<u>Current Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Household Goods and Furnishings Estimated Value: \$ _____

Other Collectibles of Significant Value:

LIFE INSURANCE POLICIES

Policy Number _____

Company _____

Face Amount \$ _____

Owner + _____

Loans on Policy \$ _____

Insured _____

Cash Value \$ _____

Type * _____

Who pays premium? _____

Primary Beneficiary _____

Secondary _____

+ Owner: Husband (H); Wife (W); Corporation (C)

* Type: Whole Life (WL); Term (T); Split Dollar (SD); Group Life (GL); Annuity (A)

^ Who pays premium: Husband (H); Wife (W); Corporation (C); Trust (T)

Policy Number _____

Company _____

Face Amount \$ _____

Owner + _____

Loans on Policy \$ _____

Insured _____

Cash Value \$ _____

Type * _____

Who pays premium? _____

Primary Beneficiary _____

Secondary _____

Policy Number _____

Company _____

Face Amount \$ _____

Owner + _____

Loans on Policy \$ _____

Insured _____

Cash Value \$ _____

Type * _____

Who pays premium? _____

Primary Beneficiary _____

Secondary _____

Policy Number _____

Company _____

Face Amount \$ _____

Owner + _____

Loans on Policy \$ _____

Insured _____

Cash Value \$ _____

Type * _____

Who pays premium? _____

Primary Beneficiary _____

Secondary _____

Policy Number _____

Company _____

Face Amount \$ _____

Owner + _____

Loans on Policy \$ _____

Insured _____

Cash Value \$ _____

Type * _____

Who pays premium? _____

Primary Beneficiary _____

Secondary _____

Policy Number _____

Company _____

Face Amount \$ _____

Owner + _____

Loans on Policy \$ _____

Insured _____

Cash Value \$ _____

Type * _____

Who pays premium? _____

Primary Beneficiary _____

Secondary _____

Do you have long-term care (nursing home) insurance? ___ Yes ___ No

Do have have life insurance on the lives of third-parties, such as children, grandchildren, business partners, etc.? ___ Yes ___ No

(If Yes, please provide the details requested in this section above. Attached additional pages if necessary.)

FINANCIAL SUMMARY: Completion of this page is optional.

Please total amounts for each succeeding section, and write in the sums here in the appropriate spaces. Use the "Joint" column if the assets are owned jointly by both husband and wife, if applicable. If the assets are separately titled, please place the sum for those assets in either the "Husband" or "Wife" column as appropriate.

<u>ASSETS</u>	<u>Joint</u>	<u>Husband</u>	<u>Wife</u>
Liquid Assets	\$ _____	\$ _____	\$ _____
Notes Receivable	\$ _____	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____	\$ _____
Stocks	\$ _____	\$ _____	\$ _____
Bonds	\$ _____	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____	\$ _____
Corporate Business			
Interests	\$ _____	\$ _____	\$ _____
Partnership Interests	\$ _____	\$ _____	\$ _____
Sole Proprietorship			
Business Interests	\$ _____	\$ _____	\$ _____
Farm and Ranch	\$ _____	\$ _____	\$ _____
Oil and Gas	\$ _____	\$ _____	\$ _____
Anticipated Inheritance, Gift, or Lawsuit			
Judgment	\$ _____	\$ _____	\$ _____
Retirement Plans	\$ _____	\$ _____	\$ _____
Personal Effects and			
Other Assets	\$ _____	\$ _____	\$ _____
Life Insurance Face			
Amounts	\$ _____	\$ _____	\$ _____
TOTAL ASSETS	\$ _____	\$ _____	\$ _____
 <u>LIABILITIES</u>			
Loans Payable	\$ _____	\$ _____	\$ _____
Accounts Payable	\$ _____	\$ _____	\$ _____
Real Estate Mortgages			
Payable	\$ _____	\$ _____	\$ _____
Contingent			
Liabilities	\$ _____	\$ _____	\$ _____
Loans Against Life			
Insurance	\$ _____	\$ _____	\$ _____
Unpaid Taxes	\$ _____	\$ _____	\$ _____
Other Obligations			
_____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
TOTAL LIABILITIES	\$ _____	\$ _____	\$ _____
 NET ESTATE	\$ _____	\$ _____	\$ _____

