

On behalf of Witt, Hicklin & Snider, P.C., we want to thank you for allowing us the opportunity to meet with you to discuss your guardianship needs and goals. If you choose to have us help you with this vital legal process, we will do our very best to merit your trust and confidence, and we will give our best efforts to convince you that you have made the right choice.

We want to be sure to do a good and thorough job of gathering up the information we will need in order to assess your situation. This Questionnaire minimizes the possibility of anything being overlooked, and it allows us to focus the time we spend with you upon discussing your needs and goals and the ideas we can contribute toward developing the estate plan best suited for you. All information you furnish to us with regard to your estate planning will be held in strictest confidence.

Please complete this Questionnaire in advance of our initial meeting, and bring it with you to that meeting. If you need more space than is provided to answer any question, please use the back of the page or attach a separate sheet of paper. If you are unsure about any question, please go ahead and answer it as best you can and mark it with a question mark so I can discuss it with you when we meet.

**The Law Firm of Witt, Hicklin & Snider, P.C.
2300 Higgins Road
P.O. Box 1517
Platte City, Missouri 64079
(816) 858-2750
www.wittlaw.com**

QUESTIONNAIRE FOR GUARDIANSHIP OF MINOR

TODAY'S DATE: _____

1. About You as the Prospective Guardian/Conservator:

Name: _____

Address: _____

Age: _____ Date of birth: _____ Home phone: _____

Social Security number: _____

Employer: _____

Employer Address: _____

Work phone: _____ Position or title: _____

E-mail address: _____

Are you the guardian or conservator for any other individual: YES _____ NO _____

If yes, provide details: _____

2. Are you and your spouse jointly applying for Guardianship and Conservatorship?

YES _____ NO _____

3. If no, are you applying with any other individual as a co-guardian and co-conservator?

YES _____ NO _____

4. If yes, please provide the following information for the co-applicant:

Name: _____

Address: _____

Age: _____ Date of birth: _____ Home phone: _____

Social Security number: _____

Employer: _____

Employer Address: _____

Work phone: _____ Position or title: _____

E-mail address: _____

5. About the individual in need of guardianship and conservatorship:

Name: _____

Address: _____

Age: _____ Date of Birth: _____

Social Security Number: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Marital Status: _____ Spouse's Name: _____

Address for Spouse: _____

Employer Information (if applicable): _____

Dates of Employment of Current Full Time Employer: _____

Please list last two (2) Previous employers: _____

Member of the Armed Services: _____ YES _____ NO

If yes, branch: _____

Service/Veteran's Number: _____

Does this individual/connected disability: _____ YES _____ NO

If yes, provide details: _____

Is the proposed Ward known to any public agency or court: _____ YES _____ NO

If yes, provide details: _____

Will any other individual or individuals claim to have the fiduciary or other form of legal relationship to this proposed Ward: _____

Is anyone else the legal guardian or conservator for this proposed Ward: _____ YES _____ NO

Does the proposed Ward have medical insurance? _____ YES _____ NO
If yes, please provide details, including the individual or individuals paying for the insurance policy: _____

Please advise where you anticipate the Ward residing in the event that a guardian and/or conservator are named: _____

Please note in a legal setting the individual who is named as being in need of a guardian and/or conservator is called a "Ward". When we refer to a person as the Ward, we are asking for information about the person who you believe is in need of a guardian and/or conservator.

6. Relatives of the Ward. Please list the name and address of the following individual relatives of the Ward (person in need of guardianship or conservatorship):

PARENTS:

MOTHER _____

ADDRESS _____

FATHER _____

ADDRESS _____

SPOUSE:

NAME _____

ADDRESS _____

CHILDREN:

NAME _____

ADDRESS _____ AGE _____

NAME _____

ADDRESS _____ AGE _____

NAME _____

ADDRESS _____ AGE _____

(ATTACH ADDITIONAL SHEET IF NECESSARY)

RELATIVES: LIST THE NAMES AND ADDRESSES OF RESPONDENT'S CLOSEST KNOWN RELATIVES OTHER THAN THE ABOVE PARTIES

NAME _____ RELATION _____

ADDRESS _____

NAME _____ RELATION _____

ADDRESS _____

NAME _____ RELATION _____

ADDRESS _____

NAME _____ RELATION _____

ADDRESS _____

(ATTACH ADDITIONAL SHEET IF NECESSARY)

FIDUCIARY: List the names and addresses of any person having power to act in a fiduciary capacity regarding any of respondent's financial resources:

NAME _____

ADDRESS _____

NATURE OF POWER _____

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. About the Ward's assets:

Please list any asset or income of the proposed Ward (if any):

REAL PROPERTY: (List location by address and value):

PERSONAL PROPERTY:

Checking Accounts \$ _____

Savings Accounts \$ _____

Certificates of Deposit	\$ _____
Stocks and Bonds	\$ _____
Vehicles	\$ _____
Household goods and furnishings	\$ _____
Other:	\$ _____

INCOME (Monthly):

Social Security	\$ _____
Supplemental Security Income	\$ _____
Veterans Administration Benefits	\$ _____
Company Pension	\$ _____
Interest	\$ _____
Dividends	\$ _____
Other:	\$ _____

8. About the Ward's Estate Planning:

Do you know if the proposed Ward has a Will? ____ YES ____ NO

If yes, do you know the location of this Will? _____

Do you know if the Ward has a Power of Attorney, Durable Power of Attorney or Living Will (also known as a health care directive)? _____ YES ____ NO

If yes, please provide details: _____

9. Your legal obligations and/or proceedings:

Are you aware if the proposed Ward has any lawsuits or legal actions pending against them or in which they are a party? _____ YES ____ NO

If yes, provide details: _____

10. Other Information, Questions or Concerns:

a. Do the Ward already own substantial property in their own name?
 ____ YES ____ NO

b. Has the Ward received any substantial amount of property from an inheritance, a gift or as a beneficiary of a trust? ____ YES ____ NO

If yes, please provide details: _____

c. Does the Ward anticipate any sizable inheritance or is the Ward the beneficiary of any existing probate estate? _____ YES _____ NO

If yes, please provide details: _____

e. Is the Ward beneficiary or trustee of a trust created under a will or trust agreement or does the Ward have any power of appointment over trust property? _____ YES _____ NO

If yes, indicate the nature of the trust, the proximate value of the trust principal and a copy of the trust agreement. _____

f. Does a third party (individual or corporation) own life insurance on the life of the Ward or does the Ward own a life insurance policy on the life of someone else? _____ YES _____ NO

If yes, indicate the name of the owner, cash value and the face amount of the policy. _____

g. Do the Ward have a safe deposit box? _____ YES _____ NO

If yes, indicate whose names it is rented in and its location. _____

If there is any other information you believe will be important in properly planning your guardianship, or if there are any particular questions or concerns you want to be sure we discuss with you, please be prepared to discuss those at our initial meeting.

Thanks Again...

Thanks again for your time, patience and cooperation in completing this Questionnaire. This information will be of great help to us in preparing a guardianship for you.

Witt, Hicklin & Snider, P.C.