

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 estate planning 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.

Other documents you should bring to the initial meeting are as follows:

- 1. A copy of your Warranty Deed, Quit Claim Deed or Special Warranty Deed showing when you acquired ownership of any real property, cemetery lots or mineral rights.*
- 2. A copy of any Divorce Decrees.*
- 3. A copy of any Trust in which you are a beneficiary.*
- 4. A copy of any past estate planning documents.*
- 5. A copy of any Operating Agreements, Bylaws, Stock Certificates or Membership Certificates for any corporation, limited liability company or partnership that you hold an interest in.*

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CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

TODAY'S DATE: _____

1. ABOUT YOU

Name: _____

Address: _____

Age: _____ Date of birth: _____

Home phone: _____

Cell phone: _____

Social Security number: _____

Employer: _____

Work phone: _____

Position or title: _____

E-mail address: _____

2. ABOUT YOUR SPOUSE

I am single I am widowed

Name: _____

Address: _____

Age: _____ Date of birth: _____

Home phone: _____

Cell phone: _____

Social Security number: _____

Employer: _____

Work phone: _____

Position or title: _____

E-mail address: _____

3. ABOUT YOUR CURRENT OR PAST MARRIAGES

a) If you are married, please state the date of marriage: _____

b) If you were married, but no longer married, please state:

i. Date of Divorce: _____ and location of Divorce: _____

or

ii. Spouse's Date of Death: _____

4. ABOUT YOUR CHILDREN (*Full Name and Complete Address*)

| Name | Address | Telephone Number | Date of Birth | Marital Status |
|------|---------|------------------|---------------|----------------|
| | | | | |
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CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

If anyone listed is the child of only one spouse, please write (H) next to the name of anyone who is only husband's child, and (W) next to the name of anyone who is only wife's child.

Are any of the children from a non-marriage relationship? Yes No

If yes, is there a Court Judgment establishing maternity or paternity? Yes No

Are there any special circumstances or concerns regarding any of your children of which we should be aware? ___ Yes ___ No *If so, please be prepared to discuss them at our initial meeting.*

5. ABOUT YOUR GRANDCHILDREN (Full Name and Complete Address)

| Name | Whose Is He or She | Address | Age | Marital Status |
|------|--------------------------|---------|-----|-------------------|
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If anyone listed is the grandchild of only one spouse, please write (H) next to the name of anyone who is only husband's grandchild, and (W) next to the name of anyone who is only wife's grandchild.

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PLEASE NOTE: IN MISSOURI – Probate law treats step-children and step-grand children differently, whether or not your child was married when their child was born. If you believe we need to discuss this please indicate: Yes No

Are there any special circumstances or concerns regarding any of your grandchildren of which we should be aware? Yes No *If so, please be prepared to discuss them at our initial meeting.*

6. ABOUT OTHERS YOU MAY WANT TO PROVIDE FOR

Are there any other relatives, or any friends, you may want to provide for in your estate plan?

Yes No If so, please state as to each:

(Full Name and Complete Address)

| Name | Address | Relationship |
|------|---------|--------------|
| | | |
| | | |
| | | |

Are there any religious, charitable, educational, or civic organizations you may want to provide for in your estate plan? Yes No If so, state as to each:

| Name | Address |
|------|---------|
| | |
| | |
| | |

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

7. ABOUT YOUR OTHER ADVISORS (i.e. Accountants, Brokers, etc.)

| Position | Name | Address |
|----------|------|---------|
| | | |
| | | |
| | | |

8. ABOUT YOUR PREVIOUS ESTATE PLANNING

Do you or your spouse have a will, trust or other estate planning document in effect?

Yes No

If so, please bring the original or a copy of each such document with you to our first meeting.

9. ABOUT YOUR CURRENT ESTATE VALUE

Taking into consideration everything you own, including real estate, personal property, money, investments, IRAs and other retirement benefits, money owed to you, life insurance, annuities, and anything else of value, which of the following best describes the current value of your estate?

- Less than \$100,000
- \$100,000 to \$250,000
- \$250,000 to \$500,000
- \$500,000 to \$1,000,000
- \$1,000,000 to \$1,500,000
- \$1,500,000 to \$2,000,000
- \$2,000,000 to \$3,000,000
- \$3,000,000 to \$4,000,000
- More than \$4,000,000

10. DESCRIBE THE CONTENTS OF YOUR ESTATE

Personal Residence: Address _____

Description (e.g. single family, condo, or co-op, similar description): _____

How you hold title: _____ FMV: _____

Mortgage balance, if any: _____ Mortgage life insurance? _____

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Other personal residences or vacation homes: Address _____
Description (e.g. single family, condo, or co-op, similar description): _____

How you hold title: _____ FMV: _____
Mortgage balance, if any: _____ Mortgage life insurance? _____

Valuable jewelry (indicate if insured): _____

Valuable works of art (indicate if insured): _____

Valuable antiques (indicate if insured): _____

Other valuable collections, e.g. coins, stamps, or gold (indicate if insured): _____

Cash, cash deposits, and cash equivalents: State the name and address of each bank or institution and who owns each item:

Checking accounts, including money market accounts:

You: _____

Spouse: _____

Jointly with: _____

Ordinary savings accounts:

You: _____

Spouse: _____

Jointly with: _____

Certificates of deposit:

You: _____

Spouse: _____

Jointly with: _____

Short-term U.S. Obligations (T-bills):

You: _____

Spouse: _____

Jointly with: _____

Person and profit-sharing plans, IRAs, ESOPS or other tax-favored employee-benefits plans:

Pension Plans. You: _____ Vested: _____ Current Value: _____

Spouse: _____ Vested: _____ Current Value: _____

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Profit Sharing Plans. You: _____ Vested: _____ Current Value: _____
Spouse: _____ Vested: _____ Current Value: _____

Individual Retirement Accounts (IRAs): You: _____ Current Value: _____
Spouse: _____ Current Vaue: _____

Other tax-qualified employee benefit plan interest: Please provide similar information.

Life Insurance on your life.

Ordinary life insurance: List company, name, address, and policy number.

Face amount of policies (proceeds): _____ If you do not own it, who
does? _____ Beneficiaries: _____
_____ Cash value: _____ Loans, if any, against
it: _____ Amount of accidental death benefits, if any: _____

Term group life insurance. List company, name, address, and policy number.

Face amount of policies (proceeds): _____ Owner other than you: _____
_____ Beneficiaries: _____
_____ Accidental death benefits: _____

Please supply similar information with respect to other life insurance or other insurance
having life insurance features: _____

Life insurance on your spouse's life.

List company, name, address, and policy number.

Face amount of ordinary life insurance: _____ Owner other than
spouse: _____ Beneficiaries: _____
_____ Cash value: _____
Loans, if any, against it: _____ Accidental death benefits: _____

Term group life insurance.

List company, name, address, and policy number.

Face amount of term/group insurance: _____ Owner other than
spouse: _____ Beneficiaries: _____
_____ Cash value: _____ Loans, if any: _____
Accidental death benefits: _____

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Other insurance on spouse's life: _____

Closely held business interests. Describe any interest you have in a family or other business with limited shareholders. Include the nature of the business, its form of organization (e.g. corporation, partnership, or the like), whether you are active in its operations, and your estimate of its value. If it is a corporation, please indicate whether a "S election" is in force with respect to the federal taxation of the corporation. _____

With respect to any such business, do you believe it would continue to operate successfully in the event of your permanent absence from it or the permanent absence of some other key person? _____

Investment assets. With respect to each category, please state the owner (how title is held) and the approximate value.

Publicly traded stocks and corporate bonds.

You: _____

Spouse: _____

Jointly owned with: _____

Municipal bonds.

You: _____

Spouse: _____

Jointly owned with: _____

Long-term U.S. Treasury Notes and Bonds.

You: _____

Spouse: _____

Jointly owned with: _____

Limited partnership interests.

You: _____

Spouse: _____

Jointly owned with: _____

Other investments. Please describe the general nature and value of other investment interests.

You: _____

Spouse: _____

Jointly owned with: _____

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11. LIABILITIES

Describe here substantial financial liabilities not reflected in the asset information you have provided above. If they are secured, indicate the nature of the security. Also show any substantial contingent liabilities, such as personal guarantees you have made on obligations of a business, a family member, or any other person. Indicate whether you have insured against any of these obligations in the event of your death, or if the obligations do not survive your death.

12. ABOUT POSSIBLE CHANGES IN YOUR ESTATE VALUE

Do you or your spouse expect to receive a significant amount of money or property as a gift, by inheritance, or through distribution of a trust of which you are a beneficiary?

Yes No

If so, please be prepared to discuss those circumstances at our initial meeting.

During the past five years, has your estate value ... ?

Increased significantly Decreased significantly
 Stayed about the same

During the next five years, do you expect your estate value to ... ?

Increase significantly Decrease significantly
 Stay about the same

13. ABOUT GIFTS YOU HAVE MADE

Have you or your spouse (either directly or through any trust) made any gifts to other individuals for estate planning purposes? Yes No If so, please furnish the information requested as to each such gift. If you have made gifts on an annual basis, put "Annual" in the box under "Year."

| Donor(s) | Recipient(s) | Amount or Value of Gift | Year | Was a Gift Tax Return Filed? |
|----------|--------------|-------------------------|------|------------------------------|
| | | | | |
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| | | | | |

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

14. ABOUT YOUR OTHER LEGAL OBLIGATIONS

Are you or your spouse a party to a divorce or one of the following types of agreement, or any other agreement which may have a significant bearing on your estate planning?

| | | | |
|-----------------------|--|--------------------|--|
| Divorce decree | <input type="checkbox"/> Yes <input type="checkbox"/> No | Divorce settlement | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Prenuptial agreement | <input type="checkbox"/> Yes <input type="checkbox"/> No | Buy-sell agreement | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Partnership agreement | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If so, please bring a copy of each such document to our first meeting.

15. ABOUT CARRYING OUT YOUR ESTATE PLAN

Whom would you like to take care of settling your affairs after you die? (Please name at least a first and second choice. You can have more than three choices; list others on the back.)

| YOUR CHOICES | | | |
|--------------|------|---------|------------------|
| Choice | Name | Address | Telephone Number |
| 1 | | | |
| 2 | | | |
| 3 | | | |

| YOUR SPOUSE'S CHOICES | | | |
|-----------------------|------|---------|------------------|
| Choice | Name | Address | Telephone Number |
| 1 | | | |
| 2 | | | |
| 3 | | | |

Whom would you like to attend to your financial affairs if you become unable to attend to them personally during your lifetime?

| YOUR CHOICES | | | |
|--------------|------|---------|------------------|
| Choice | Name | Address | Telephone Number |
| 1 | | | |
| 2 | | | |
| 3 | | | |

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

| YOUR SPOUSE'S CHOICES | | | |
|-----------------------|------|---------|------------------|
| Choice | Name | Address | Telephone Number |
| 1 | | | |
| 2 | | | |
| 3 | | | |

Whom would you like to make health care decisions for you if you become unable to make them personally during your lifetime?

| YOUR CHOICES | | | |
|--------------|------|---------|------------------|
| Choice | Name | Address | Telephone Number |
| 1 | | | |
| 2 | | | |
| 3 | | | |

| YOUR SPOUSE'S CHOICES | | | |
|-----------------------|------|---------|------------------|
| Choice | Name | Address | Telephone Number |
| 1 | | | |
| 2 | | | |
| 3 | | | |

If you or your spouse have any children under age 18, whom would you want to raise them ("act as guardian") if you die?

| Guardian | Name | Address |
|---------------|------|---------|
| First Choice | | |
| Second Choice | | |
| Third Choice | | |

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

16. ABOUT MEETING YOUR SPECIAL NEEDS

Do you or your spouse have any physical or mental disability or other special needs that should be taken into consideration in your estate plan? Yes No

If so, please be prepared to discuss those circumstances at our initial meeting.

Does any intended beneficiary of your or your spouse's estate have any physical or mental disability or other special needs that should be taken into consideration in your estate plan? Yes No

If so, please be prepared to discuss those circumstances at our initial meeting.

17. OTHER INFORMATION, QUESTIONS OR CONCERNS

a. Any adopted Children? _____

b. Do your children already own substantial property in their own name?

c. Has either you or your spouse received a substantial amount of property from an inheritance, a gift, or as a beneficiary of a trust?

d. Do you or your spouse anticipate any sizable inheritance or are you the beneficiary of any existing probate estate?
_____ (approximate its value)

e. Are either you or your spouse, or any of your children the beneficiary or trustee of a trust created under a Will or a trust agreement or do you or any of your children have any power of appointment over any trust property?

(indicate nature of your trust, approximate value of the trust principal and provide a copy of the trust agreement.)

f. Have either of you created a Trust under a written Trust Agreement?

(indicate value of trust principal and provide a copy of trust agreement.)

g. Do either of you own property jointly with a third party or do you own property which is payable on your death to another? _____
_____ (Please describe)

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

h. Does a third party (individual or corporation) own life insurance on the life of either of you or does either of you own life insurance on the life of someone else? _____

(Indicate the name of the owner, cash value and the face amount of the policy.)

i. Do you have a safe deposit box? _____
(If so, indicate whose names it is rented in and its location.)

j. Have you lived outside of your present state of domicile during your marriage? _____ (Indicate where.)

k. Do you have a specific opinion about whether or not you wish to be buried or cremated? Yes or No. What is your preference? _____

l. Have you paid for any prepaid funeral or burial plan? Yes or No. If yes, where _____ and the amount paid for the plan \$ _____.

m. Do you own any cemetery plots? If yes, where? _____

n. Do you have a specific opinion about where you wish to be buried or alternatively, what you would like done with your ashes? _____

If there is any other information you believe will be important in properly planning your estate, 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 developing a personalized estate plan for you that is best suited to meet your needs and goals, and to give you the peace of mind which comes from knowing you have done all you can to provide for your future security and that of your loved ones.

Witt, Hicklin & Snider, P.C.