



INTAKE QUESTIONNAIRE

Today's Date: ____/____/____

Name (First, Middle, Last): _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

☐ **OK** to send mail to my HOME ADDRESS

☐ **DO NOT** send mail to my HOME ADDRESS

Mailing Address: _____

City: _____ State: _____ Zip: _____

Work Phone Number: (____) _____ - _____ Cell Phone Number: (____) _____ - _____

Home Phone Number: (____) _____ - _____ Email Address: _____

Are there any restrictions on contacting you by Telephone? ☐ No. ☐ Yes.

If yes, please specify: _____

(Initial) *I understand that communication via the internet, including e-mail, may be intercepted. If at any time I do not wish Lake Munro to communicate with me via e-mail or other electronic means, I will notify Lake Munro in writing.*

(Initial) *I understand that attorney-client privilege protects all communication between the attorney and client from being discovered by any third party. By sharing the content of these communications, particularly by sharing or forwarding email communications to outside parties, this attorney-client privilege will be lost. Therefore, I understand that I should not include any third party on any attorney-client email communications, and I should not forward an attorney-client email communication to any third party.*

(Initial) *Lake Munro may SEND ME E-MAIL.*

How Did You Hear About Us?

☐ Referred by: _____ ☐ Internet/Website: _____

☐ Other: _____

ST. LOUIS COUNTY:
1650 DES PERES ROAD, STE.
220
ST. LOUIS, MO 63131
(314) 863-0077

ST. CHARLES COUNTY:
6 WESTBURY DRIVE
ST. CHARLES, MO
63301
(314) 863-0077

(EP)

Name (First, Last): _____

Spouse 1

Spouse 2

Full Name: _____

Full Name: _____

Home Address: _____

Home. Address: _____

Telephone: _____

Telephone: _____

SS#: _____

SS#: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

E-mail: _____

E-mail: _____

Citizenship: _____

Citizenship: _____

Marital Status: _____

Date of Marriage: _____

CHILDREN (natural and adopted of current or most recent marriage)

<u>FULL NAME</u>	<u>ADDRESS & PHONE NUMBER</u>	<u>DATE OF BIRTH</u>

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Name (First, Last): _____

CHILDREN (from prior relationships)

<u>FULL NAME</u>	<u>ADDRESS & PHONE NUMBER</u>	<u>DATE OF BIRTH</u>

OTHER PERSONS YOU WISH TO PROVIDE FOR IN YOUR ESTATE PLAN

<u>FULL NAME</u>	<u>ADDRESS & PHONE NUMBER</u>	<u>Relationship</u>

ESTATE PLANNING CONSIDERATIONS

	<u>Spouse 1</u>	<u>Spouse 2</u>
1. Are you covered by Social Security?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have a will? If so what is the date of your will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you self employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you the beneficiary of any trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have a Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have Medicare Part A?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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7. Do you have Medicare Part B?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you have supplemental insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you have long term health care insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you or an immediate family member have any illness or disability that should be considered in your estate plan?

Do you have any unusual expenses that should be considered in planning your estate?

ANNUAL INCOME

	Spouse 1	Spouse 2
List your income this year from the following sources:		
1. Employment		
2. Self Employment		
3. Social Security		
4. Interest		
5. Dividends		
6. Retirement Benefits		
7. Rental Income		
8. Other		

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Name (First, Last): _____

ASSETS

REAL ESTATE:

<u>Address</u>	<u>Owner on Title</u>	<u>Mortgage</u>	<u>Value</u>

TOTAL EQUITY (Value less mortgage amount): _____

MOTOR VEHICLES, BOATS, TRAILERS:

<u>Vehicle</u>	<u>Owner on Title</u>	<u>Amount Owed</u>	<u>Value</u>

TOTAL VALUE (Less Amount Owed): _____

BANK ACCOUNTS:

<u>Bank & Acct. #</u>	<u>Type of Account</u>	<u>Balance</u>	<u>Name on Account</u>

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TOTAL: _____

SAFE DEPOSIT BOX:

<u>Bank</u>	<u>Branch & Address</u>	<u>Box #</u>

STOCKS, BONDS & OTHER SECURITIES:

<u>Company</u>	<u>Owner</u>	<u>Shares</u>	<u>Value</u>

TOTAL: _____

LIFE INSURANCE:

<u>Company & Policy #</u>	<u>Type of Account</u>	<u>Insured</u>	<u>Beneficiary</u>	<u>Value</u>

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RETIREMENT BENEFITS:

<u>Company and Type of Acct.</u>	<u>Owner</u>	<u>Benficiary</u>	<u>Value</u>

PERSONAL PROPERTY:

Personal property includes, but is not limited to, furniture, appliances, audio/video and computer equipment, books, works of art, antiques, collections (i.e. coin, stamp, collectibles, etc.), wearing apparel, furs, jewelry; firearms, sports, outdoors, photographic, and other hobby equipment.

Do you have any items of special value that should be considered in planning your estate?

<u>Description</u>	<u>Owner</u>	<u>Amount Owed</u>	<u>Value</u>

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BUSINESS ASSETS:

<u>Description</u>	<u>Value</u>
_____	_____
_____	_____
_____	_____

MISCELLANEOUS ASSETS:

<u>Description</u>	<u>Value</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

LIABILITIES:

<u>Named Debtor</u>	<u>Creditor</u>	<u>Due Date</u>	<u>Current Amount Owng</u>

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Name (First, Last): _____

GIFTS OF SPECIFIC ITEMS OF PROPERTY YOU WISH TO GIVE (INCLUDING MONEY):

<u>Item</u>	<u>Recipient (Full Name)</u>	<u>Relationship</u>	<u>Value</u>

DESIGNATIONS:

A. Trustee:

This is the person, after you and your spouse (if applicable), responsible to make sure the terms of your Trust are carried out according to your instructions, to the benefit of the beneficiaries. Please name at least 2, but 3 is preferred.

1. Name: _____

Address: _____

Phone: _____

2. Name: _____

Address: _____

Phone: _____

3. Name: _____

Address: _____

Phone: _____

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Name (First, Last): _____

B. Personal Representative (Executor of Will):

This is the person, after your spouse (if applicable), responsible to make sure the terms of your Will are carried out, according to your instructions. Often, the Personal Representative is the same person as your Trustee, but this is not required. Please name at least 2, but 3 is preferred.

1. Name: _____

Address: _____

Phone: _____

2. Name: _____

Address: _____

Phone: _____

3. Name: _____

Address: _____

Phone: _____

C. Guardian for Minor Children:

This is the person to care for your minor child(ren) upon your death (assuming the other parent is also deceased). Often, people will want to name a family member and his or her spouse. My recommendation is to name the family member only and not his or her spouse (in case they divorce). Please name at least 2, but 3 is preferred.

1. Name: _____

Address: _____

Phone: _____

2. Name: _____

Address: _____

Phone: _____

3. Name: _____

Address: _____

Phone: _____

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Name (First, Last): _____

D. Attorney-in-Fact (Financial Power of Attorney):

This is the person that will make financial decisions at any point while you are alive, but unable to handle your own financial affairs. This does not include property subject to your Trust. After your spouse (if applicable) this can be the same person you have named as your Trustee and/or Personal Representative. Please name at least 2, but 3 is preferred.

1. **Name:** _____

Address: _____

Phone: _____

2. **Name:** _____

Address: _____

Phone: _____

3. **Name:** _____

Address: _____

Phone: _____

E. Attorney-in-Fact (Health Care Power of Attorney):

This is the person that will make medical decisions for you at any point while you are alive, but unable to make competent decisions for yourself. After your spouse (if applicable), please name at least 2, but 3 are preferred.

1. **Name:** _____

Address: _____

Phone: _____

2. **Name:** _____

Address: _____

Phone: _____

3. **Name:** _____

Address: _____

Phone: _____

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