



VINCENT | FONTG | HANSEN | LLC

## Initial Planning Conference Questionnaire

Our future discussions in connection with your planning will be based on your specific personal and financial situation. Please provide the following information as completely as possible and return the completed questionnaire to our office prior to our conference via fax (816-421-5480 attn: Kerry) or email to [kchandler@vfhlc.com](mailto:kchandler@vfhlc.com). If you are unable to complete the questionnaire beforehand, please bring it with you to our conference.

### I. General Information

Marital Status: Married \_\_\_\_\_ (date \_\_\_\_\_ ) Single \_\_\_\_\_ Divorced (date \_\_\_\_\_ )

Widowed \_\_\_\_\_  
(deceased spouse's name, date, and place of death)

\_\_\_\_\_  
*Your Name (First, Middle, Last) Social Security Number Date of Birth*

\_\_\_\_\_  
*Spouse's Name (First, Middle, Last) Social Security Number Date of Birth*

\_\_\_\_\_  
*Home Address (Number Street) City County State Zip*

\_\_\_\_\_  
*Mailing Address if Different from Above (Number, Street) City State Zip*

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*Home Phone Your Work Phone Spouse's Work Phone*

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*Your Cell Phone Spouse's Cell Phone Fax (Specify Whose/Where)*

\_\_\_\_\_  
*Your Email Address Spouse's Email Address*

\_\_\_\_\_  
*Your Employer Your Occupation Annual Salary*

\_\_\_\_\_  
*Employer's Address (Number, Street) City State Zip*

\_\_\_\_\_  
*Spouse's Employer Spouse's Occupation Annual Salary*

\_\_\_\_\_  
*Spouse's Employer's Address (Number, Street) City State Zip*

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## II. Personal Information

1. Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Is your spouse? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Do you have a will or trust now? Yes \_\_\_\_\_ No \_\_\_\_\_ Does your spouse? Yes \_\_\_\_\_ No \_\_\_\_\_

3. List your living children, their addresses and birth dates:

*Child's Name*

*Address*

*Birth Date*

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4. List any deceased children, their birth dates and dates of death:

*Child's Name*

*Address*

*Birth Date*

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5. List your living grandchildren:

*Name*

*Address*

*Birth Date*

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6. Are all of your children legally yours  
(natural or legally adopted)?

You  
Yes \_\_\_\_\_ No \_\_\_\_\_

Spouse  
Yes \_\_\_\_\_ No \_\_\_\_\_

7. How many stepchildren do you have?

You \_\_\_\_\_

Spouse \_\_\_\_\_

8. Do you have any dependents that require special care?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how are they related to you and how old are they?

\_\_\_\_\_ Age \_\_\_\_\_  
*Relationship*

9. How many of your brothers & sisters are still living?

You  
Brothers \_\_\_\_\_  
Sisters \_\_\_\_\_

Spouse  
Brothers \_\_\_\_\_  
Sisters \_\_\_\_\_

10. Are you expecting to receive property or money from (check all that apply):

You: Gift \_\_\_\_\_ Inheritance \_\_\_\_\_ Lawsuit \_\_\_\_\_ Other \_\_\_\_\_  
Spouse: Gift \_\_\_\_\_ Inheritance \_\_\_\_\_ Lawsuit \_\_\_\_\_ Other \_\_\_\_\_

If so, approximately how much?

You: \$ \_\_\_\_\_

Spouse: \$ \_\_\_\_\_

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### III. Financial Information

1. Do you own a home or any other real estate? Yes \_\_\_\_\_ No \_\_\_\_\_

<i>DESCRIPTION AND LOCATION</i>	<i>TITLED IN WHOSE NAME</i>	<i>PURCHASE PRICE</i>	<i>MARKET VALUE</i>	<i>- MORTGAGE</i>	<i>= EQUITY</i>

Total Net Value \$ \_\_\_\_\_

*Are you receiving rental income from any of the above properties?* Yes \_\_\_ (monthly amount \$ \_\_\_\_\_) No \_\_\_

2. Do you own any other titled property such as a car, boat, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_

<i>DESCRIPTION</i>	<i>TITLED IN WHOSE NAME</i>	<i>MARKET VALUE</i>	<i>- MORTGAGE</i>	<i>= EQUITY</i>

Total Net Value \$ \_\_\_\_\_

3. Do you have any checking accounts? Yes \_\_\_\_\_ No \_\_\_\_\_

<i>NAME OF BANK</i>	<i>TITLED IN WHOSE NAME</i>	<i>APPROXIMATE BALANCE</i>

Total Net Value \$ \_\_\_\_\_

4. Do you have any interest bearing accounts (savings, money market and/or CDs)? Yes \_\_\_\_\_ No \_\_\_\_\_

<i>NAME OF BANK</i>	<i>TITLED IN WHOSE NAME</i>	<i>APPROXIMATE BALANCE</i>

Total Net Value \$ \_\_\_\_\_

5. Do you own any stocks, bonds or mutual funds (including closely-held business stock, LLC, or partnership interest) that are **NOT** in an IRA or other retirement or pension plan? (For brokerage accounts, you may attach a recent copy of your statement.) Yes \_\_\_\_\_ No \_\_\_\_\_

<i>PURCHASE PRICE OR BASIS</i>	<i># OF SHARES OR PERCENTAGE OWNED</i>	<i>TITLED IN WHOSE NAME</i>	<i>NAME OF SECURITY - IF HELD SEPARATELY, OR LIST BROKERAGE ACCOUNT IF AVAILABLE</i>	<i>CURRENT VALUE</i>


Total Net Value \$ \_\_\_\_\_

6. Do you have any profit sharing, IRAs, pension plans or other retirement accounts, such as 401(k) plans?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

<i>DESCRIPTION/LOCATION</i>	<i>OWNER &amp; BENEFICIARY</i>	<i>CURRENT VALUE</i>

Total Net Value \$ \_\_\_\_\_

7. Do you have any life insurance policies and/or annuities? Yes \_\_\_\_\_ No \_\_\_\_\_

<i>NAME OF COMPANY</i>	<i>POLICY OWNER</i>	<i>INSURED</i>	<i>PRIMARY BENEFICIARY</i>	<i>CONTINGENT BENEFICIARY</i>	<i>DEATH BENEFIT</i>

(Indicate whether insurance or annuity)

Total Net Value \$ \_\_\_\_\_

8. Does anyone owe you money? Yes \_\_\_\_\_ No \_\_\_\_\_

<i>DESCRIPTION</i>	<i>APPROXIMATE VALUE</i>

Total Net Value \$ \_\_\_\_\_

9. What is an estimate of the approximate total value of all your remaining personal property--whatever you own that has not been included above? (clothes, furniture, sports equipment, electronics, etc.)

<i>DESCRIPTION</i>	<i>APPROXIMATE VALUE</i>

Total Net Value \$ \_\_\_\_\_

10. Do you have any special items of value such as coin collections, antiques, jewelry, art, etc.?

<i>DESCRIPTION</i>	<i>APPROXIMATE VALUE</i>

Total Net Value \$ \_\_\_\_\_

11. Do you have debts besides mortgage(s)/loans listed above (credit cards, personal loans, etc.)?

<i>DESCRIPTION</i>	<i>AMOUNT OUTSTANDING</i>

Total Debt \$ \_\_\_\_\_

12. Total value of everything you (and your spouse) own  
(add totals of Line 1 through Line 10 above)

Total Net Value \$ \_\_\_\_\_

13. Total amount you (and your spouse) owe (Line 11 above)

Total Debt \$ \_\_\_\_\_

14. Subtract Line 13 from Line 12.

**TOTAL NET ESTATE VALUE \$ \_\_\_\_\_**

15. Do you have a safe deposit box?      Yes \_\_\_\_\_      No \_\_\_\_\_

Location \_\_\_\_\_

Titled in whose name \_\_\_\_\_

#### IV. Who Will Handle Your Estate or Trust?

1. Fiduciary (executor under your will and/or trustee of a trust created under your will or during your lifetime) who will administer, manage and distribute assets in accordance with your plan:

#1 Choice: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

#2 Choice: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

\* You may wish to name a bank or trust company. We can discuss this further.

2. Guardians for minor children (responsible adult who will raise your children if something happens to you):

#1 Choice: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_

#2 Choice: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_

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## V. Beneficiaries

1. Special cash gifts to Charitable Organizations and Individuals? Yes \_\_\_\_\_ No \_\_\_\_\_

<i>NAME OF PERSON OR ORGANIZATION</i>	<i>DESCRIPTION OF GIFT</i>

2. Special gifts of property to Individuals? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have wishes for specific items of tangible personal property to give to family members or other individuals (for example; wedding ring to your daughter, stamp collection to a son, etc.)?

If so, please prepare a separate list describing these items in detail and indicating the name and relationship of the person you wish to receive each item. This list will be incorporated as part of your estate plan.

3. Beneficiaries – Whom you wish to receive the rest of your estate after these special gifts have been distributed (you may designate dollar amounts and/or percentages)?

<i>NAME OF PERSON OR ORGANIZATION</i>	<i>AMOUNT/PERCENTAGE</i>

4. Distribution Instructions – Do you want your children or other beneficiaries to receive their distributions in Installments, at certain ages, or all at once? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Alternate Beneficiaries – Whom do you wish to receive your estate if you (and your spouse) outlive the beneficiaries you have named above?

<i>NAME OF PERSON OR ORGANIZATION</i>	<i>AMOUNT/PERCENTAGE</i>

6. Disinheriting – Are there any relatives that you specifically do not want to receive anything from your estate?

\_\_\_\_\_

\_\_\_\_\_

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## VI. Decisions for Incompetency

### 1. Living Will

A Living Will makes your wishes known to family members and doctors for life support in the event you become terminally ill or injured with no hope for recovery.

Do you want a Living Will? Yes \_\_\_\_\_ No \_\_\_\_\_  
Does your spouse want a Living Will? Yes \_\_\_\_\_ No \_\_\_\_\_

### 2. Durable Power of Attorney

A Durable Power of Attorney allows you to designate an Agent to act on your behalf to make either health care and/or financial decisions.

Do you want a Durable Power of Attorney? Yes \_\_\_\_\_ No \_\_\_\_\_  
Does your spouse want a Durable Power of Attorney? Yes \_\_\_\_\_ No \_\_\_\_\_

Whom do you wish to name as Agent? \_\_\_\_\_  
As back-up Agent if first named can't serve? \_\_\_\_\_

Whom does your spouse wish to name as Agent? \_\_\_\_\_  
As back-up Agent if first named can't serve? \_\_\_\_\_

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## VII. Medicaid and Veterans Affairs Planning

*Please fill out the following with respect to yourself, spouse, parents or close relatives*

1. Dates of Military Service \_\_\_\_\_ 2. Date of Discharge \_\_\_\_\_

3. Locations of Military Service \_\_\_\_\_

4. Was your discharge: Honorable \_\_\_\_\_ Other then honorable \_\_\_\_\_

5. If a veteran, did you or your spouse have prior marriages? Yes \_\_\_\_\_ No \_\_\_\_\_  
How did the marriage end: Divorce \_\_\_\_\_ Date: \_\_\_\_\_ Death \_\_\_\_\_ Date: \_\_\_\_\_

6. Has anyone in your home sold or given away money, vehicles, property or any other resources within the last five years?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the following:

What? \_\_\_\_\_ When: \_\_\_\_\_

To Whom? \_\_\_\_\_ Why? \_\_\_\_\_

Amount Received? \_\_\_\_\_

7. Have you or your spouse created or been a party to a Trust Estate within the last five years?  
Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

8. Do you currently reside in an assisted care facility Yes \_\_\_ No \_\_\_ If yes, length of residence: \_\_\_\_\_  
Name of facility: \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Monthly Cost of Care? \_\_\_\_\_ Private Room \_\_\_\_\_ Semi-Private Room \_\_\_\_\_

9. Please indicate any current forms of care: Living Independently \_\_\_ Living with family/friends \_\_\_  
Home Health Care: \_\_\_\_\_

10. Do you have long term care insurance? Yes \_\_\_ No \_\_\_ If so, name of insurance co: \_\_\_\_\_  
Daily/Monthly benefit: \_\_\_\_\_ Benefit period \_\_\_\_\_

### VIII. Health Questions:

1. Check all activities of daily living that require assistance or supervision:  
Bathing \_\_\_ Dressing \_\_\_ Eating \_\_\_ Transferring \_\_\_ Toileting \_\_\_ Contenance \_\_\_ Medications \_\_\_

2. Is there any history of: Stroke \_\_\_ High Blood Pressure \_\_\_ Cancer \_\_\_ Heart Problems \_\_\_ Other \_\_\_  
Please explain: \_\_\_\_\_

3. Primary Doctor (name, address, phone#) \_\_\_\_\_

4. Medications:

MEDICATION	DOSE / FREQUENCY	REASON

*Please remember to sign below:*

X \_\_\_\_\_  
*Your Signature* *Date*

X \_\_\_\_\_  
*Spouse's Signature* *Date*

Whom may we thank for referring you to us? \_\_\_\_\_



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## DOCUMENTATION FOR INITIAL PLANNING CONFERENCE

Please gather as much of the following documentation as possible and bring to your initial conference with our office, if applicable. Having the documentation at our meeting will allow for a more productive conference. You may bring either originals or copies, unless otherwise indicated - we will make copies of any original documents and return them to you.

- 1) Any existing estate planning documents such as Wills, Trusts, Powers of Attorney, Health Care Directives, Living Wills or a Pre/Postnuptial Agreement
- 2) Your most recently filed income tax return
- 3) Any gift tax returns you have filed
- 4) Any prepared financial statement
- 5) A recent statement from any brokerage accounts
- 6) A recent statement for each bank account, certificate of deposit or bank IRA account
- 7) The original certificate (or a copy) for any certificated stocks or bonds
- 8) A recent statement from the mutual fund company for any interest in a mutual fund
- 9) A recent statement for any 401K or other retirement plan accounts
- 10) Vehicle title certificates
- 11) The partnership agreement, operating agreement, or corporate papers for any partnership, LLC or closely held corporation
- 12) The deed for any real estate
- 13) The actual policy for any life insurance or annuities
- 14) A note, mortgage and other documentation of any debts owed to you
- 15) Documentation of ALL other investments

## MEDICAID & VETERAN'S AFFAIRS (IF APPLICABLE)

- 16) Military Discharge Paperwork (Please bring original so we may make a certified copy)
- 17) Marriage License/Divorce papers for ALL marriages for both Veteran and Spouse
- 18) Dependant children's birth certificate or adoption papers
- 19) Amount paid monthly for Non-Medical expenses (Education, Mortgage Payments, Property Insurance, Taxes, Food, Clothing/Laundry, Grooming, Home Maintenance, Utilities, Banking fees, Charitable Donations)
- 20) Proof of all Household GROSS Income (Monthly Pension Statement, Social Security Statement, SSI and SSDI Payments)
- 21) Pharmacy Printout of last 6 months of Out-of-Pocket Medical costs related to prescriptions for Veteran, Spouse or Dependents
- 22) Proof of Medical Insurance Premiums

For any other asset not mentioned above, please bring any documentation you have pertaining to the asset. If you have any questions, please do not hesitate to call our office.



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## **Directions to Vincent Fontg & Hansen LLC**

### From **I-35 N**

- Merge onto I-35 N/ US-56 E toward DES MOINES
- Merge onto US-56 E via EXIT 228B (Crossing into MISSOURI)
- Turn SLIGHT LEFT onto US-56 E/ ROANOKE PKWY
- Turn RIGHT onto W 47TH ST/ US-56
- End at 330 W 47th St Kansas City, MO 64112-1659

### From **I-35 S**

- Merge onto I-35 S
- Take the SOUTHWEST TRAFFICWAY exit, EXIT 1A, on the LEFT
- SOUTHWEST TRFY becomes BELLEVIEW AVE
- Turn SLIGHT LEFT onto ROANOKE PKWY
- Turn SLIGHT LEFT onto W 47TH ST/US-56
- End at 330 W 47th St Kansas City, MO 64112-1659

### From **US-71 N**

- Merge onto US-71 N
- Take the US-56 W exit
- Merge onto SWOPE PKWY
- Turn SLIGHT RIGHT onto VOLKER BLVD/ US-56 W. Continue to follow US-56 W
- Turn LEFT onto W 47TH ST/ US-56/ EMANUEL CLEAVER II BLVD. Continue to follow W 47TH ST/ US-56
- End at 330 W 47th St Kansas City, MO 64112-1659

### From **US-71 S**

- Merge onto US-71 S
- Take the BRUSH CREEK BLVD/ US-56/ SWOPE PARKWAY exit
- Stay STRAIGHT to go onto BRUCE R WATKINS DR/ US-71
- Turn SLIGHT RIGHT onto BRUSH CREEK BLVD/ EMANUEL CLEAVER II BLVD. Continue to follow EMANUEL CLEAVER II BLVD
- EMANUEL CLEAVER II BLVD becomes US-56/ W 47TH ST/ SEVILLE AVE
- End at 330 W 47th St Kansas City, MO 64112-1659

### From **I-70 E**

- Merge onto I-70 E/ KANSAS TURNPIKE
- Keep LEFT to take I-670 E/ I-70 ALT E (Crossing into MISSOURI)
- Merge onto I-35 S via EXIT 2T toward WICHITA
- Take the SOUTHWEST TRAFFICWAY exit, EXIT 1A, on the LEFT
- Merge onto SOUTHWEST TRFY
- SOUTHWEST TRFY becomes BELLEVIEW AVE
- Turn SLIGHT LEFT onto ROANOKE PKWY
- Turn SLIGHT LEFT onto W 47TH ST/ US-56
- End at 330 W 47th St Kansas City, MO 64112-1659



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From I-70 W

- Merge onto I-70 W
- Take the VAN BRUNT BLVD exit, EXIT 6
- Turn LEFT onto VAN BRUNT BLVD
- VAN BRUNT BLVD becomes EMANUEL CLEAVER II BLVD
- EMANUEL CLEAVER II BLVD becomes US-56/ W 47TH ST/ SEVILLE AVE
- End at 330 W 47th St Kansas City, MO 64112-1659



**Parking:**

A covered parking garage is available behind our office, to the North, accessible by turning on Broadway St. (across from the entrance to The 810 Zone).