

# Confidential Estate Plan Personal Information

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Name

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Date

**Sullivan Estate law, LLC**  
**Estate & Business Planning Strategies Group**

**Thomas H. Sullivan**

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Thomas H. Sullivan was born and raised in Phillipsburg, Kansas. He attended the University of Kansas where he earned a Bachelor Science in Business Administration and Accounting. He earned his Juris Doctor from the University of Kansas Law School and returned to Phillipsburg to join his family firm of Sullivan and Sullivan where he had a diverse law practice.

Tom is a member of Wealth Counsel, LLC, a member of the Probate and Estate Planning Section of the Kansas Bar Association and a member of the Kansas Bar Association's Ethics and Grievance committee. In addition to his professional affiliations, Tom is a member of the Leawood, Kansas Rotary Club, and the University of Kansas Alumni Association. He is a director of the Huck Boyd Foundation, a board member and treasurer of Heartland Men's Chorus in Kansas City, Missouri, and a past director and officer of the County Counselor's Association.

Tom maintains offices in Overland Park and Phillipsburg, Kansas and represents clients in matters from simple to complex, involving estate planning, elder law, asset protection, tax planning, revocable living trusts, wills, probate, incapacity, guardianships, conservatorships, retirement planning, business succession, and charitable giving.

# SULLIVAN ESTATE LAW, LLC

Please bring this form with you to your appointment, which is with

Thomas H. Sullivan on \_\_\_\_\_ at \_\_\_\_\_.

## HELP US GET TO KNOW YOU

Please check each box below that describes the purpose of your visit. Because we focus our practice on estate and business planning, it is important to be sure we are the right attorneys for you.

- |                                                                |                                                                                          |                                                                                               |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> To have my/our existing plan reviewed | <input type="checkbox"/> To reduce or eliminate estate taxes                             | <input type="checkbox"/> To protect my/our assets from lawsuits and future judgment creditors |
| <input type="checkbox"/> To learn about estate planning        | <input type="checkbox"/> To reduce or eliminate capital gains taxes                      | <input type="checkbox"/> To protect my children's inheritance from divorces and creditors     |
| <input type="checkbox"/> To have a Will drawn up               | <input type="checkbox"/> To protect my IRA or other retirement plan from excessive taxes | <input type="checkbox"/> To protect my grandchildren from divorces and creditors              |
| <input type="checkbox"/> To have a Trust drawn up              | <input type="checkbox"/> To reduce or eliminate the costs of Probate                     | <input type="checkbox"/> To start a gifting program to children, grandchildren or others      |
| <input type="checkbox"/> Other: _____                          |                                                                                          |                                                                                               |

### **Client # 1**

Full Legal Name \_\_\_\_\_

Signature used on formal documents (please print) \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_ Home telephone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-Mail address \_\_\_\_\_

Occupation \_\_\_\_\_ Business telephone \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Married Date: \_\_\_\_\_  Divorced: Date \_\_\_\_\_  Widowed: Date \_\_\_\_\_  Single

U.S. Citizen

### **Client # 2 (Spouse or Significant Other)**

Full Legal Name \_\_\_\_\_

Signature used on formal documents (please print) \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_ Home telephone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-Mail address \_\_\_\_\_

Occupation \_\_\_\_\_ Business telephone \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Married Date: \_\_\_\_\_  Divorced: Date \_\_\_\_\_  Widowed: Date \_\_\_\_\_  Single

U.S. Citizen

# CHILDREN'S INFORMATION

## Child # 1

Child's Full Legal Name \_\_\_\_\_

Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Business telephone \_\_\_\_\_

Whose child?  Client #1  Client #2  Both

Special Needs:  Medical  Educational  Financial

Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

## Child # 2

Child's Full Legal Name \_\_\_\_\_

Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Business telephone \_\_\_\_\_

Whose child?  Client #  Client #2  Both

Special Needs:  Medical  Educational  Financial

Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

## Child # 3

Child's Full Legal Name \_\_\_\_\_

Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Business telephone \_\_\_\_\_

Whose child?  Client #1  Client #2  Both

Special Needs:  Medical  Educational  Financial

Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

**Child # 4**

Child's Full Legal Name \_\_\_\_\_

Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Business telephone \_\_\_\_\_

Whose child?  Client #1  Client #2  Both

Special Needs:  Medical  Educational  Financial

Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

**Child # 5**

Child's Full Legal Name \_\_\_\_\_

Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Business telephone \_\_\_\_\_

Whose child?  Client #1  Client #2  Both

Special Needs:  Medical  Educational  Financial

Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

**OTHER DEPENDENTS (Friends or relatives who are dependents.)**

Dependent's Full Legal Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Business telephone \_\_\_\_\_

Special Needs:  Medical  Educational  Financial

# PERSONAL INFORMATION - BACKGROUND

## PARENTS

### Client # 1

Father's Full Legal Name \_\_\_\_\_ Age or Date of Death \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Health \_\_\_\_\_

Mother's Full Legal Name \_\_\_\_\_ Age or Date of Death \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Health \_\_\_\_\_

### Client # 2

Father's Full Legal Name \_\_\_\_\_ Age or Date of Death \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Health \_\_\_\_\_

Mother's Full Legal Name \_\_\_\_\_ Age or Date of Death \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Health \_\_\_\_\_

## BROTHERS AND SISTERS

### Client # 1

Name \_\_\_\_\_ Age \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ Home telephone \_\_\_\_\_

E-mail \_\_\_\_\_ Work telephone \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ Home telephone \_\_\_\_\_

E-mail \_\_\_\_\_ Work telephone \_\_\_\_\_

Name\_\_\_\_\_Age\_\_\_\_\_Spouse's Name\_\_\_\_\_  
Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_  
Cell phone\_\_\_\_\_Home telephone\_\_\_\_\_  
E-mail\_\_\_\_\_Work telephone\_\_\_\_\_

Name\_\_\_\_\_Age\_\_\_\_\_Spouse's Name\_\_\_\_\_  
Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_  
Cell phone\_\_\_\_\_Home telephone\_\_\_\_\_  
E-mail\_\_\_\_\_Work telephone\_\_\_\_\_

**Client # 2**

Name\_\_\_\_\_Age\_\_\_\_\_Spouse's Name\_\_\_\_\_  
Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_  
Cell phone\_\_\_\_\_Home telephone\_\_\_\_\_  
E-mail\_\_\_\_\_Work telephone\_\_\_\_\_

Name\_\_\_\_\_Age\_\_\_\_\_Spouse's Name\_\_\_\_\_  
Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_  
Cell phone\_\_\_\_\_Home telephone\_\_\_\_\_  
E-mail\_\_\_\_\_Work telephone\_\_\_\_\_

Name\_\_\_\_\_Age\_\_\_\_\_Spouse's Name\_\_\_\_\_  
Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_  
Cell phone\_\_\_\_\_Home telephone\_\_\_\_\_  
E-mail\_\_\_\_\_Work telephone\_\_\_\_\_

Name\_\_\_\_\_Age\_\_\_\_\_Spouse's Name\_\_\_\_\_  
Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_  
Cell phone\_\_\_\_\_Home telephone\_\_\_\_\_  
E-mail\_\_\_\_\_Work telephone\_\_\_\_\_

**OTHER FAMILY & FRIENDS**

**Client # 1**

Name\_\_\_\_\_Age\_\_\_\_\_Spouse's Name\_\_\_\_\_  
Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_  
Cell phone\_\_\_\_\_Home telephone\_\_\_\_\_  
E-mail\_\_\_\_\_Work telephone\_\_\_\_\_

Name\_\_\_\_\_Age\_\_\_\_\_Spouse's Name\_\_\_\_\_  
Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_  
Cell phone\_\_\_\_\_Home telephone\_\_\_\_\_  
E-mail\_\_\_\_\_Work telephone\_\_\_\_\_

Name\_\_\_\_\_Age\_\_\_\_\_Spouse's Name\_\_\_\_\_  
Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_  
Cell phone\_\_\_\_\_Home telephone\_\_\_\_\_  
E-mail\_\_\_\_\_Work telephone\_\_\_\_\_

**Client # 2**

Name\_\_\_\_\_Age\_\_\_\_\_Spouse's Name\_\_\_\_\_  
Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_  
Cell phone\_\_\_\_\_Home telephone\_\_\_\_\_  
E-mail\_\_\_\_\_Work telephone\_\_\_\_\_

Name\_\_\_\_\_Age\_\_\_\_\_Spouse's Name\_\_\_\_\_  
Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_  
Cell phone\_\_\_\_\_Home telephone\_\_\_\_\_  
E-mail\_\_\_\_\_Work telephone\_\_\_\_\_

Name\_\_\_\_\_Age\_\_\_\_\_Spouse's Name\_\_\_\_\_  
Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_  
Cell phone\_\_\_\_\_Home telephone\_\_\_\_\_  
E-mail\_\_\_\_\_Work telephone\_\_\_\_\_



## IMPORTANT FAMILY QUESTIONS

Please Check "Yes" or "No" for Your Answer	YES	NO
Do any of your children receive governmental support or benefits?		
Do you have any adopted children?		
Are any of your children institutionalized?		
Are you or your spouse receiving social security, disability, or other governmental benefits?		
Do you provide primary or other major financial support to adult children?		
Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy.)		
Have you and your spouse ever signed a pre-nuptial and/or post-nuptial marriage agreement? (Please furnish a copy.)		
Have you or significant other ever signed an agreement relating to property rights?		
Have you or your spouse been widowed? (If a Federal estate tax or State death tax return was filed, please furnish a copy.)		
Have you or your spouse ever filed Federal or State gift tax returns? (Please furnish a copy.)		
Have you or your spouse completed previous Health Care Powers of Attorney or Living Wills? (Please furnish copies.)		
Have you or your spouse completed previous wills, trusts, or estate planning? (Please furnish copies.)		
Are you or your spouse a trustee or beneficiary of a trust created by you or anyone else? (Please furnish copies.)		
Do you wish to benefit any charities in your estate plan?		
Do you have Disability or Long Term Care Insurance in Place?		

### YOUR ADVISORS In case we need to consult with them.

Accountant	Name	Firm	Phone
Financial Advisor	Name	Firm	Phone
Financial Advisor	Name	Firm	Phone
Life Insurance Agent	Name	Firm	Phone
Attorney if other than us	Name	Firm	Phone
Client #1 Physician	Name	Address	Phone
Client #2 Physician	Name	Address	Phone

### Who referred you to us?

Name	Firm	Phone
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**YOUR ASSETS**

Please provide us with an estimate of the value of your estate by completing the following schedule. Use your **best estimate** of each asset's value, assuming you could cash it in or sell it today at a fair price. Disregard what you paid for the asset, or what it was worth when you inherited it.

<b>ASSETS*</b>	<b><u>AMOUNT</u></b>		
	<b>CLIENT 1</b>	<b>CLIENT 2</b>	<b>JOINTLY</b>
Cash Accounts			
Investment Accounts			
Stocks			
Personal Effects			
Retirements Plans			
Pension Plans			
Life Insurance Policies (Death Benefit)			
Annuities			
Bonds			
Monies Owed to You			
Business Interests (Corp., LLC, etc...)			
Anticipated Inheritance, Gift, or Judgment			
Oil, Gas, and Mineral Interests			
Farm and Ranch Interests			
Other Assets			
Real Property			
<b>TOTAL ASSETS</b>			

<b>LIABILITIES</b>	<b><u>AMOUNT</u></b>		
	<b>CLIENT 1</b>	<b>CLIENT 2</b>	<b>JOINTLY</b>
Loans payable			
Accounts payable			
Real estate mortgages payable			
Loans against life insurance			
Unpaid taxes			
Other obligations			
<b>TOTAL LIABILITIES</b>			
<b>NET ESTATE</b>			
<b>ANNUAL INCOME</b>			