

THE O'MALLEY LAW FIRM
Terence M. O'Malley - Attorney-at Law
Estate Planning, Trust and Probate (KS & MO)
1050 W Blue Ridge Blvd, Kansas City, MO 64145
www.OMalleyLawKC.com

Dear New Client,

I look forward to meeting with you to discuss your estate planning needs.

PLEASE NOTE: There are 2 forms attached. For purposes of our meeting, it's important that you take a few moments and complete the forms as best you can. Don't worry if you don't have both forms completely filled out, we'll discuss them when we meet and can fill them in as needed.

You should also each bring to our initial meeting any of the following that may apply to you:

- a) the deed(s) to any real estate that you may own (if you do not have the deed(s), you can bring the correct legal description(s) from a mortgage, deed of trust or title insurance policy or commitment -- **NOT from a real estate tax notice, assessment or bill or closing/settlement statement**)
- b) any contract for deed for any real estate that you may be buying or selling on contract for deed
- c) any promissory note or other obligation(s) that someone else may owe you
- d) the name, address and tax ID#, if any, of any **unincorporated** business (sole proprietorship, partnership, LLC, etc.) in which you may have an interest
- e) your current estate planning documents, if any (e.g. wills, powers of attorney, trusts)

Again, please take the time to review both pages of this form because these are some of the issues that we will go over when we visit. For any minor child(ren) (under 18), you may want to determine in advance the person(s) ("Guardian(s)") who would take physical custody of the child(ren) should something happen to the two of you (back-up Guardian(s) would also be helpful) -- you may also want to check with the potential Guardian(s) in advance of our meeting.

In the meantime, if you have any questions, please do not hesitate to contact me.

Sincerely,

Terence M. O'Malley

Terence M. O'Malley
816-714-4962
Terence@OMalleyLawKC.com

P.S. I offer you a plan that is personalized for your needs and the needs of your loved ones and is currently available to qualified referrals. It's best dollar for best value.

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INFORMATION FORM (Page 1)

(Please type or print all information)

PERSONAL INFORMATION:

Client:

Name: _____
Last First Middle Initial or Name Preferred First Name

Address: _____
Street or P.O. Box Apt. #

City: _____ State: _____ Zip: _____

County: _____ Phone: Home (____) _____ Phone: Cell (____) _____

Phone: Business (____) _____ Date of Birth: ____/____/____

Email Address: _____@_____

Spouse:

Name: _____
Last First Middle Initial or Name Preferred First Name

Phone: Cell (____) _____ Phone: Business (____) _____

Date of Birth: ____/____/____ Date of Marriage: ____/____/____

Email Address: _____@_____

Child(ren):

Complete Name(s) & Age(s) of
Child(ren) from this marriage:

Complete Name(s) & Age(s) of
Client's Other Child(ren):

Complete Name(s) & Age(s) of
Spouse's Other Child(ren):

ADDITIONAL INFORMATION: _____

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INFORMATION FORM (Page 2) - Please type or print all information

FINANCIAL INFORMATION:

DESCRIPTION OF ASSET	AMOUNT OWNED BY			TOTAL AMOUNT
	(Client)	(Spouse)	(Joint Name)	
1. Cash, Checking, Savings	\$ _____	\$ _____	\$ _____	\$ _____
2. Certificates of Deposit	\$ _____	\$ _____	\$ _____	\$ _____
3. Real Estate:				
Home	\$ _____	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____	\$ _____
4. Qualified Plans:				
IRA(s)	\$ _____	\$ _____	\$ _____	\$ _____
401k(s), etc.	\$ _____	\$ _____	\$ _____	\$ _____
5. Stocks	\$ _____	\$ _____	\$ _____	\$ _____
6. Bonds	\$ _____	\$ _____	\$ _____	\$ _____
7. Mutual Funds	\$ _____	\$ _____	\$ _____	\$ _____
8. Life Insurance:				
Term	\$ _____	\$ _____	\$ _____	\$ _____
Whole Life	\$ _____	\$ _____	\$ _____	\$ _____
9. Annuities	\$ _____	\$ _____	\$ _____	\$ _____
10. Tangible Personal Property:				
Home contents (assume 50% of home value)	\$ _____	\$ _____	\$ _____	\$ _____
Vehicles (Cars, etc.)	\$ _____	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____	\$ _____
11. Business Interest(s)	\$ _____	\$ _____	\$ _____	\$ _____
12. Loan(s)/Note(s) due you	\$ _____	\$ _____	\$ _____	\$ _____
13. Other _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL VALUE OF ASSETS				\$ _____

DESCRIPTION OF DEBT	AMOUNT OWED BY			TOTAL AMOUNT
	(Client)	(Spouse)	(Joint Name)	
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL AMOUNT OWED				\$ _____

TOTAL VALUE OF ASSETS (From above).....\$ _____

Minus: TOTAL AMOUNT OWED (From above).....\$ _____

Equals: NET ASSETS (Before Probate Costs and Federal Estate Taxes).....\$ _____

To better coordinate our Estate Planning advice with your other professional advisors, **please provide us with the Names and Phone Numbers of the following individuals**, if any:

	Name	Phone No.
CPA/Accountant/Tax Return Preparer:	_____	() _____
Financial/Investment/Retirement Advisor:	_____	() _____
Life Insurance Advisor:	_____	() _____
Long-term Care Insurance Advisor:	_____	() _____
Other Professional Advisor (please specify):	_____	() _____

PLANNING DECISIONS FORM (Page 1)

(Please type or print all information)

PLEASE CONSULT YOUR ESTATE PLANNING ATTORNEY BEFORE COMPLETING THIS FORM. For a married couple, the information for "Trustee(s)", "Beneficiary(ies)", "Executor(s)", and "Guardian(s)" is normally the same for both CLIENT and SPOUSE.

CLIENT

SPOUSE

1. TRUSTEE(S) -- Living Trust:

Initial Trustee -- The following is normally you and your spouse, if any, although it could be a close relative or friend or a bank or trust company.

Name: _____

Name: _____

Successor Trustee(s) -- The following are normally adult children, although they could be a close relative or friend or a bank or trust company. Also, the Successor Trustee(s) may serve "**In Order**" or "**Jointly**."

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Name: _____

Name: _____

Relationship: _____

Relationship: _____

2. BENEFICIARY(IES) -- The following are normally your children, although they could be your relatives, friends, charities or any other person or organization who you want to receive your property after your death.

Name: _____

Name: _____

Relationship: _____ % or \$ _____

Relationship: _____ % or \$ _____

Name: _____

Name: _____

Relationship: _____ % or \$ _____

Relationship: _____ % or \$ _____

Name: _____

Name: _____

Relationship: _____ % or \$ _____

Relationship: _____ % or \$ _____

Name: _____

Name: _____

Relationship: _____ % or \$ _____

Relationship: _____ % or \$ _____

3. EXECUTOR(S) -- Pour-over Will:

Initial Executor -- The following is normally your spouse, if any, a close relative or friend or a bank or trust company.

Name: _____

Name: _____

Successor Executor(s) -- The following are normally adult children, although they could be a close relative or friend or a bank or trust company. Also, the Successor Executor(s) may serve "**In Order**" or "**Jointly**."

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Name: _____

Name: _____

Relationship: _____

Relationship: _____

PLANNING DECISIONS FORM (Page 2)

(Please type or print all information)

CLIENT _____

SPOUSE _____

4. GUARDIAN(S) -- If you have a minor child or children:

Guardian of the Person -- The following is to have physical custody of the minor child(ren).

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Guardian of the Estate -- The following is to have control of the property of the minor child(ren) -- may be the same as the above Guardian(s).

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Name: _____

Name: _____

Relationship: _____

Relationship: _____

5. POWER OF ATTORNEYS -- If you are incapacitated and neither you nor your spouse, if any, could make certain decisions, the following would make these decisions.

Health Care Decisions:

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State ___ Zip ____

City: _____ State ___ Zip ____

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State ___ Zip ____

City: _____ State ___ Zip ____

General/Financial Decisions -- may be the same as the above for Health Care Decisions:

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State ___ Zip ____

City: _____ State ___ Zip ____

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State ___ Zip ____

City: _____ State ___ Zip ____

6. ADDITIONAL INFORMATION: _____

