



Hunsinger Law Group, LLC

Guiding Success, Protecting Futures

Estate Planning Questionnaire

Confidential Client Information

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Prepared for the exclusive use of our clients

How to Use This Questionnaire

Thank you for choosing Hunsinger Law Group to help you plan for the future. This questionnaire collects the information we need to prepare your estate plan. Please take your time and answer as completely as you can.

- **Fill in what you can.** Don't worry if you don't have every answer right now. Leave any field blank that you're unsure about — we'll discuss it during your consultation.
- **Estimates are fine.** For asset values and account balances, approximate numbers are perfectly acceptable. We're looking for a general picture, not exact figures.
- **Both spouses should participate.** If you are married or have a partner, please complete this questionnaire together so we have information for both of you.
- **Bring supporting documents.** If you have existing wills, trusts, powers of attorney, deeds, insurance policies, or account statements, please bring copies to your appointment. These help us understand your current situation.
- **Everything is confidential.** All information you provide is protected by attorney-client privilege and will be kept strictly confidential.

Your consultation appointment

To schedule or reschedule, call us at **(833) 256-6644** or book online at bit.ly/HLGconsult.

Please return this completed questionnaire at least **48 hours before** your appointment so your attorney has time to review it.

Documents to bring to your appointment (if available):

- Current will, trust, or estate planning documents
- Powers of attorney (financial and healthcare)
- Life insurance policies
- Real estate deeds
- Prenuptial or postnuptial agreements
- Recent tax returns
- Retirement account and investment statements
- Business agreements (operating agreements, partnership agreements, buy-sell agreements)

Section 1: Your Information

Full Legal Name: _____

Any Former or Maiden Names: _____

Date of Birth: _____

SSN (Last 4 Digits Only):

Current Address (Street): _____

City: _____

State: _____

Zip Code: _____

Phone (Home): _____ Phone (Cell): _____ Phone (Work): _____

Email Address: _____

U.S. Citizen: Yes No

State of Residence: Missouri Illinois Other: _____

Employer: _____

Occupation: _____

Have you ever been known by another name: Yes No If yes: _____

Section 2: Spouse / Partner Information

Spouse's Full Legal Name: _____

Any Former or Maiden Names: _____

Date of Birth: _____

SSN (Last 4 Digits Only):

Current Address (if different from above): _____

City: _____

State: _____

Zip Code: _____

Phone (Home): _____ Phone (Cell): _____ Phone (Work): _____

Email Address: _____

U.S. Citizen: Yes No

State of Residence: Missouri Illinois Other: _____

Employer: _____

Occupation: _____

Date of Marriage: _____

Is this a first marriage for you: Yes No

Is this a first marriage for your spouse: Yes No

If no to either, please describe prior marriages: _____

Is there a prenuptial or postnuptial agreement: Yes No — If yes, please bring a copy to your appointment.

Section 3: Children & Dependents

Please list all of your children, including biological, adopted, and stepchildren.

Name	Date of Birth	Relationship	Address	Special Needs?

Are any children from a prior relationship: Yes No

Are any children currently minors (under 18): Yes No

Do any children have special needs that may require a Special Needs Trust: Yes No

Are there any children you specifically wish to exclude from your estate plan? Yes No

If yes, please explain: _____

Section 4: Other Beneficiaries

List any other people or organizations (charities, churches, schools, etc.) you would like to include in your estate plan beyond your spouse and children.

Name	Relationship	Address	Specific Gift or Percentage

Section 5: Fiduciary Appointments

Below are the key roles in an estate plan. We've explained each one in plain English. For each, please list your first choice and an alternate. Your alternate will serve only if your first choice is unable or unwilling to act.

Personal Representative / Executor

This is the person who carries out the instructions in your will — paying debts, distributing assets, and handling paperwork with the court.

Primary Choice:

Name: _____

Address: _____

Phone: _____

Alternate Choice:

Name: _____

Address: _____

Phone: _____

Guardian for Minor Children

If something happens to both parents, this is the person who would raise your minor children. Choose someone who shares your values and parenting style.

Primary Choice:

Name: _____

Address: _____

Phone: _____

Alternate Choice:

Name: _____

Address: _____

Phone: _____

Trustee

This is the person (or institution) who manages assets held in a trust — investing, distributing, and protecting them according to the trust's terms.

Primary Choice:

Name: _____

Address: _____

Phone: _____

Alternate Choice:

Name: _____

Address: _____

Phone: _____

Power of Attorney — Financial

This person handles your financial affairs (bank accounts, bills, property, taxes) if you become unable to do so yourself.

Primary Choice:

Name: _____

Address: _____

Phone: _____

Alternate Choice:

Name: _____

Address: _____

Phone: _____

Important: In Missouri, your Power of Attorney must be signed before two witnesses. In Illinois, it must be notarized.

Power of Attorney — Healthcare

This person makes medical decisions on your behalf if you are unable to communicate your own wishes. This is sometimes called a 'healthcare proxy' or 'healthcare surrogate.'

Primary Choice:

Name: _____

Address: _____

Phone: _____

Alternate Choice:

Name: _____

Address: _____

Phone: _____

Tip: Your healthcare agent should be someone who understands your medical preferences and can advocate for your wishes under pressure.

Section 6: Your Assets

We need a general picture of what you own. Exact values aren't necessary right now — estimates are perfectly fine. This helps us recommend the right plan for you.

Real Estate

(Joint, individual, trust, tenancy by entirety, etc.)

Property Address	Approx. Value	Mortgage Balance	How Titled

Bank Accounts

(Checking, savings, CDs, money market accounts)

Institution	Account Type	Approx. Balance	How Titled

Retirement Accounts

Retirement accounts pass to the named beneficiary, not through your will. It's important to confirm that your beneficiary designations are up to date.

Institution	Type (401k, IRA, Roth, Pension)	Approx. Balance	Beneficiary on File?

Investment / Brokerage Accounts

(Stocks, bonds, mutual funds, ETFs, and other investment accounts)

Institution	Approx. Value	How Titled

Life Insurance

Like retirement accounts, life insurance passes to the named beneficiary. We'll review whether your policies should be owned by a trust.

Company	Policy Type (Term/Whole/Universal)	Death Benefit Amount	Beneficiary

Business Interests

If you own a business, succession planning is a critical part of your estate plan. Please bring any operating agreements or buy-sell agreements.

Business Name	Type (LLC, Corp, etc.)	Your Ownership %	Approx. Value

Vehicles, Boats & Other

(Cars, trucks, motorcycles, boats, RVs, trailers, ATVs, etc.)

Description	Approx. Value

Description	Approx. Value

Valuable Personal Property

(Art, jewelry, collections, antiques, firearms, etc.)

Description	Approx. Value

Other Assets

(Digital assets, cryptocurrency, intellectual property, royalties, money owed to you, storage units, etc.)

Description	Approx. Value

Section 7: Your Debts

Please list your outstanding debts below. Mortgage information captured in the Real Estate section above does not need to be repeated. Include student loans, auto loans, personal loans, credit card balances, medical debts, and any other obligations.

Creditor	Type (Student Loan, Auto, Credit Card, Other)	Approx. Balance

Total estimated debt (excluding mortgage): \$ _____

Are you current on all debt payments: Yes No

Are any debts jointly held with someone other than your spouse: Yes No

If yes, explain: _____

Section 8: Existing Estate Planning Documents

Please let us know if you already have any of the following documents. Reviewing your existing documents helps us avoid duplication and ensure your new plan properly replaces or supplements what you already have.

Current Will: Yes No Date: _____ Location: _____

Current Trust: Yes No Type: _____ Date: _____

Power of Attorney (Financial): Yes No Date: _____ Agent Named: _____

Power of Attorney (Healthcare): Yes No Date: _____ Agent Named: _____

Healthcare Directive / Living Will: Yes No Date: _____

HIPAA Authorization: Yes No

Beneficiary Designations (retirement/insurance): Yes No

Were your existing documents prepared by another attorney? Yes No Attorney name:

What prompted you to review or update your estate plan?

If you answered Yes to any of the above, please bring copies to your appointment.

Section 9: Your Goals & Concerns

These questions help us understand what matters most to you. There are no right or wrong answers — just share what's on your mind. The more we understand about your priorities, the better we can tailor your estate plan to your family's needs.

- What are the most important things you want your estate plan to accomplish?

- Are there specific people or causes you want to provide for?

- Do you have concerns about any beneficiary's ability to manage money?

- Are there family situations we should know about? (blended families, estranged relatives, etc.)

- Are you interested in avoiding probate? (We'll explain your options.)

- Do you have charitable giving goals?

- Is asset protection a concern? (protecting assets from creditors, lawsuits, or a beneficiary's divorce)

- Is Medicaid or long-term care planning a concern for you or a family member?

- Do you have any concerns about estate taxes or minimizing the tax burden on your beneficiaries?

- Anything else you'd like us to know?

Section 10: Missouri & Illinois Notes

Since our firm serves clients in both Missouri and Illinois, here are a few important things to keep in mind:

- **Property in Both States**

If you own property in both Missouri and Illinois, your estate plan may need to address both states' laws to avoid probate in multiple states.

- **Illinois Estate Tax**

Illinois has a state estate tax with an exemption of \$4 million. Estates above that threshold are taxed at rates from 0.8% to 16%. Missouri does not have a state estate tax (repealed since 2005).

- **Power of Attorney Requirements**

Missouri requires your POA to be signed before **two witnesses**. Illinois requires **notarization** (no witnesses needed). If you have ties to both states, we may prepare documents that satisfy both requirements.

- **Federal Estate Tax**

The current federal estate tax exemption is approximately \$13.99 million per individual. This exemption is subject to sunset provisions that may significantly reduce it in the coming years.

- **We'll Guide You**

We'll walk you through everything that applies to your specific situation during your consultation.

What to Expect Next

Here's an overview of the estate planning process at Hunsinger Law Group:

- **Return this questionnaire** at least 48 hours before your appointment so your attorney has time to review your responses.
- **Your attorney will review** your answers and prepare a recommended plan tailored to your family's needs and goals.
- **During your consultation**, we will discuss your goals, answer your questions, and explain all of your options in plain English — no legal jargon.
- **After the consultation**, we will draft your documents and schedule a signing appointment at one of our offices or via video conference.
- **We will guide you** through any follow-up steps, such as funding a trust, updating beneficiary designations, or retitling assets.
- **Ongoing support:** Your estate plan should evolve as your life changes. We're here to help you keep it current.

Additional Notes

Authorization & Signatures

By signing below, I confirm that the information provided in this questionnaire is accurate to the best of my knowledge. I understand that this information will be used by Hunsinger Law Group, LLC to prepare my estate plan.

Client Signature Date

Print Name: _____ **Date:** _____

Spouse / Partner (if applicable) Signature Date

Print Name: _____ **Date:** _____

This questionnaire is for informational purposes to help your attorney prepare your estate plan. Completing this form does not create an attorney-client relationship. All information will be kept strictly confidential.

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