

LAW OFFICES OF  
**BATY, HOLM, NUMRICH & OTTO, P.C.**

ESTABLISHED 1921

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New Clients,

I look forward to visiting with you at our appointed time and place. If you need driving directions, please contact me.

**PLEASE NOTE:** For purposes of our meeting, it is very important that you each take just a few minutes and **complete both pages of the following confidential INFORMATION FORM** and bring them to our initial meeting.

**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, and
- e) your current estate planning documents, if any.

The following PLANNING DECISIONS form **does not need to be completed** prior to our initial meeting. **However, please take the time to review both pages of this form -- these are some of the questions 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,

Gregory ("Greg") M. Kratofil, Sr.

P.S. With **more than 25 years of experience**, 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 at a **very competitive price** for a comprehensive basic estate plan.



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

**FINANCIAL INFORMATION:**

<u>DESCRIPTION OF ASSET</u>	<u>AMOUNT OWNED BY</u>			<u>TOTAL AMOUNT</u>
	<u>(Client)</u>	<u>(Spouse)</u>	<u>(Joint Name)</u>	
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 _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>TOTAL VALUE OF ASSETS</b> .....				\$ _____

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

**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:

	<u>Name</u>	<u>Phone No.</u>
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 \$ \_\_\_\_\_

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:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_