



Ozark Trust and Estate

Protecting Your Legacy, Preserving Your Peace of Mind

Estate Planning Intake Form

SECTION 1: Contact Information

- Full Legal Name (Client 1): _____
- Date of Birth: _____ Email: _____
- Phone Number: _____
- Full Legal Name (Client 2, if applicable): _____
- Date of Birth: _____ Email: _____
- Phone Number: _____
- Home Address: _____
- County of Residence: _____

SECTION 2: Family Structure

- Marital Status (circle one): Single / Married / Divorced / Widowed / Domestic Partnership
- Do you or your spouse have children from a previous relationship? Yes / No
- Do you wish to treat all children equally in your estate plan? Yes / No
- Do you anticipate having more children? Yes/No
- Do you have any deceased children? Yes/No If Yes, did they have any children? Yes/No
- Are any beneficiaries receiving government benefits? Yes/No
- List all children (Name, DOB, Relationship):

SECTION 3: Existing Estate Planning Documents

- Do you have any of the following documents? (Check all that apply)
- Will Trust Durable Power of Attorney Health Care Directive Prenuptial/Postnuptial Agreement
- Please email any copies of existing estate planning documents to Greg@ozarktrustandestate.com

SECTION 4: Estate Planning Goals

- Primary estate planning goals (check all that apply):
- Avoid Probate Plan for Incapacity Provide for Minor Children
- Minimize Estate Taxes Protect Beneficiaries Special Needs Planning
- Charitable Giving Blended Family Trust Healthcare Directives
- Protect Inheritances from Creditors, Divorce, or Lawsuits Business Succession Planning
- Other: _____

SECTION 5: Fiduciary Appointments

- Trustee(s) (The person or entity responsible for managing assets held in a trust on behalf of the beneficiaries, in line with the trust's terms):

- Alternate Trustee _____
- Executor(s) (The individual appointed in your will to manage and settle your estate according to your wishes after your passing): _____
- Alternate Executor _____
- Guardian(s) for Minor Children: _____
- Alternate Guardian(s) _____
- Financial Power of Attorney (Person who manages your affairs and finances if you become incapacitated): _____
- Alternate Financial Power of Attorney _____
- Health Care Agent (Person you designate to make medical decisions on your behalf if you're unable to do so): _____
- Alternate Healthcare Agent _____
- Would you like to discuss Professional Trustee Options? Yes/No

SECTION 6: Assets Overview

- Primary Residence (Address & Value): _____
- Do you own real estate outside AR or MO? Yes / No
- Do you own any property in Joint Tenancy or pay on death(POD) accounts? Yes/No
- Do you anticipate receiving a large inheritance or windfall? Yes/No

- List other property, accounts, life insurance, or business interests with approximate values:

SECTION 7: Business Interests & Tax Planning

- Do you own any business or partnership interests? Yes / No
- If yes, do you have any buy-sell agreements in place? Yes/No
- If yes, provide name, structure, ownership %, and successor plan:
- If yes, who should inherit/manage
- Estimated total estate value (circle one):
- < \$5M \$5–10M \$10–13M Over \$13.61M Not sure
- Would you like to explore advanced strategies? (Mostly used by clients with estates expected to be around or over \$13.61M)
- ILITs Charitable Trusts Family LLCs Lifetime Gifting GST Trusts

SECTION 8: Pet Care Provisions

- Do you want to include a pet care provision? Yes / No
- Pet Name(s) & Type(s): _____
- Pet Caretaker Name: _____
- Do you want to leave funds for care? Yes / No If yes, Amount: \$_____

SECTION 9: Final Instructions

- Burial or Cremation Wishes (optional): _____
- Any other instructions, values, or concerns you want us to know: