



DAVID LEE WELLS LAW OFFICE

329 Armour Road, North Kansas City, Missouri 64116
Phone: 816-842-2171 · Fax: 816-842-2173

David Lee Wells

Theresa L. Yount
Paralegal – Deaf Interpreter

RE: Will Packet

Dear Client:

Enclosed is your Will Packet. Please fill out the enclosed documents.

1. Client Will Worksheet - Comprehensive list of your Assets, Liabilities, Life Insurance and whom you will designate as your Personal Representative.
2. Asset Location Record – List of where your important papers and documents are located. Provides a basis for your personal representative to locate necessary information should the need arise. This is for your files, however, we will be happy to keep a copy in our files if you so desire.
3. Why Make a Will – a brief description of the process that may take place after you are deceased.

If you have had a financial plan prepared by a Financial Planner, please bring it with you to your consultation with us.

Please call if you have any questions prior to your consultation. Our offices are located in Downtown North Kansas City at the corner of Armour & Erie Roads – one block east of CVS Drug Store and two doors east of Chappell's Restaurant on the south side of the street. We look forward to meeting with you.

Sincerely,
DAVID LEE WELLS LAW OFFICE

David Lee Wells

DLW:lw



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WILL INTAKE SHEET

The following information will be needed by your attorney in order to properly advise you and handle your case. Please *print* and fill out every applicable question. If a question is not applicable, please write N/A in the space. DO NOT LEAVE BLANKS. **This information will help us help you. If Mr. Wells is not available please leave detailed questions with the staff in order to obtain a response. Staff cannot give legal advice.**

DATE: _____ NEW CLIENT PRESENT CLIENT EXISTING WILL?: Yes No

HOW DID YOU FIND OUR OFFICE? WALK IN INTERNET REFERRED BY: _____

NAME: _____ **ADDRESS:** _____

SSN: _____ DOB: _____ WHERE WERE YOU BORN? _____ U.S. Citizen? Yes No

SPOUSE: _____ WHERE WERE THEY BORN? _____ U.S. Citizen? Yes No

EMPLOYER: _____ ADDRESS: _____

Notice: Fax, Cellular phone and e-mail communications are not secure. By providing our office the email address, fax number or cellular number is consent for us to use that conduit to contact you. You will need to provide an emergency contact number where we may leave a message for you.

CELL PHONE: () _____ HOME PHONE: () _____

BUSINESS PHONE: () _____ FAX LINE:() _____

EMAIL: _____ EMERGENCY CONTACT: _____

NOTICE: David Lee Wells does not give immigration advice or tax advice. You must discuss those issues with a specialized attorney. If you are not a United States Citizen and plead guilty or are found guilty of a crime, abuse, protective order and/or for other reasons you may be deported.

Children

NAME: _____ DOB: _____

WHERE WERE THEY BORN? _____ U.S. Citizen? Yes No

NAME: _____ DOB: _____

WHERE WERE THEY BORN? _____ U.S. Citizen? Yes No

NAME: _____ DOB: _____

WHERE WERE THEY BORN? _____ U.S. Citizen? Yes No

NAME: _____ DOB: _____

WHERE WERE THEY BORN? _____ U.S. Citizen? Yes No

Children from prior marriage:

NAME: _____ DOB: _____

WHERE WERE THEY BORN? _____ U.S. Citizen? Yes No

NAME: _____ DOB: _____

WHERE WERE THEY BORN? _____ U.S. Citizen? Yes No

NAME: _____ DOB: _____

WHERE WERE THEY BORN? _____ U.S. Citizen? Yes No

NAME: _____ DOB: _____

WHERE WERE THEY BORN? _____ U.S. Citizen? Yes No

Other dependents: (Parents, grandchildren, etc.)

NAME: _____ DOB: _____

WHERE WERE THEY BORN? _____ U.S. Citizen? Yes No

NAME: _____ DOB: _____

WHERE WERE THEY BORN? _____ U.S. Citizen? Yes No

NAME: _____ DOB: _____

WHERE WERE THEY BORN? _____ U.S. Citizen? Yes No

ASSETS

	Name & Number	Value	J/H/W
Real Estate & Location			
Savings Account			
Checking Account			
C.D.			
Money Market Account			
Mutual Funds			
Stock/Bonds			
IRA/Keogh/TSA			
Pension Plan			
Profit Sharing			
Other Tax Shelters			
Business Interests			
Other Property			
Funeral/Burial Provisions			
	Total Value of Assets		

LIABILITIES

Mortgage \$ _____
 Auto \$ _____
 Other \$ _____

Credit Cards \$ _____
 Notes \$ _____

Total Value of Liabilities \$ _____

Assets \$ _____ (-) **Liabilities** \$ _____ (=) **Net Worth** \$ _____

LIFE INSURANCE

	Name of Co	Beneficiary	Policy Number	Amount
h/w Group				
Individual				
			TOTAL	

Anticipated Inheritance \$ _____

Value of Estate at Death (Net Worth + Insurance) \$ _____

Personal Representative (entering of will, please be sure to provide a complete address, and telephone number)

1ST _____

Address: _____

Telephone Number: _____

2ND _____

Address: _____

Telephone Number: _____

3RD _____

Address: _____

Telephone Number: _____

Guardian for Minor Children:

1ST _____

Address: _____

Telephone Number: _____

2ND _____

Address: _____

Telephone Number: _____

FILE DESTRUCTION POLICY: The attorney will retain the paperwork generated on a legal matter for one (1) year after the conclusion of the legal matter in storage. After one (1) year, unless you instruct my office otherwise, in writing, to the contrary we have the authority to destroy the file including your original documents without further notice to the client. The client should obtain all documents the client desires from the file at the time of the conclusion of the matter, and no later than three (3) month after the file is closed.

I have read and understand the above and foregoing and the information I have provided is true and accurate to the best of my knowledge and belief and I am only seeking advice on the matter and/or matter(s) I have listed above.

SIGNATURE _____ **DATE** _____

SIGNATURE _____ **DATE** _____

DO NOT WRITE BEYOND THIS POINT - ATTORNEY USE ONLY

ATTORNEY WORKSHEET

Disp. with Admin. _____ Declaration of Life Support _____

Organ Donation _____

Estate Divided: Trust _____ Charity _____

Specific Bequest: List _____ Other _____

Remainder to Spouse _____

If Spouse deceased then divide:

_____ % To _____

Address _____

Telephone Number: _____

_____ % To _____

Address _____

Telephone Number: _____

_____ % To _____

Address _____

Telephone Number: _____

_____ % To _____

Address _____

Telephone Number: _____

Safety Deposit Box _____ will be kept at _____

Additional Notes: _____

Date Prepared: _____ Fee: _____

Date of Execution: _____ Notary _____

Witnesses: _____

FEE ARRANGEMENT

Will - \$ _____ Beneficiary Deed - \$ _____

Power of Attorney - \$ _____ Living Will - \$ _____

Trust - \$ _____ Per hour \$ _____

FILES

_____ **Open New File** _____ **Include in Existing file** _____ **Annual MISC File**

NON-EMPLOYMENT:

David Lee Wells will do nothing in this matter. He has told me to see another attorney.

DATE: _____

SIGNATURE: _____

ASSET LOCATION RECORD

Name: _____ Date: ____/____/____

Social Security Number: ____-____-____ Spouse: _____

Employer: _____

(Complete specifics on all that apply)

A. Residence: _____

B. Safe Deposit Box: _____

Number Bank Address

C. Office: _____

Address: _____

D. _____

E. _____

F. _____

ITEM	LOCATION A B C D E F	ACCOUNT #
Birth Certificate	_____	_____
Marriage Certificate	_____	_____
Birth Certificate / adoption papers for children	_____	_____
Social Security Card	_____	_____
Divorce Decree	_____	_____
Passport	_____	_____
Power of Attorney – financial / health	_____	_____
Health Care Directive	_____	_____
My Will (original)	_____	_____
My Will (copy)	_____	_____
Spouse's Will (original)	_____	_____
Spouse's Will (copy)	_____	_____
My Burial Instructions	_____	_____
Spouse's Burial Instructions	_____	_____
Cemetery plot deed	_____	_____
Guardian documents	_____	_____
Written list of Special Bequests	_____	_____
Safe combination, business	_____	_____
Safe combination, home	_____	_____
Trust Agreements	_____	_____
Group Life Insurance	_____	_____
Individual Life Insurance	_____	_____
Health Insurance	_____	_____
Homeowner's Insurance	_____	_____
Renter's Insurance	_____	_____
Automobile Insurance	_____	_____

Other Death Benefits

Pension Plan

Profit-sharing Plan

401(k), 403(b)

Other:

Checking account

Savings account

Bank Books

Checking statements

Certificates of Deposit

Safe deposit boxes / keys

Investment accounts statements

Investment accounts statements

IRA or Roth IRA statement

Stock Certificate

Bond Certificate

Income Tax Returns

Housing improvement records

Property Tax Payments

Mortgage statements

Appliance warranties

Credit / charge accounts

Employment Contracts

Partnership Agreements



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WHY MAKE A WILL...?

A person who makes a Will obtains the greatest freedom to dispose of their property. If a Will does not exist, the state controls your estate and appoints the Public Administrator to collect and divide your property for a fee. Your property in Missouri will be divided as follows:

1. With surviving children of deceased and spouse: First \$20,000 to spouse and remainder $\frac{1}{2}$ to spouse and $\frac{1}{2}$ to children.
2. With surviving children, one being a stepchild of the spouse (second marriage): $\frac{1}{2}$ to the children and $\frac{1}{2}$ to the spouse.
3. No surviving children, but surviving parent: $\frac{1}{2}$ to parent and $\frac{1}{2}$ to spouse.
4. Spouse receives 100% of estate only where there are no surviving children or parent. (All joint property passes to the survivor).
5. If no children or spouse: the Court will further divide your property to your heirs at law.

If you do not have a Will, you are not able to:

1. Have a say in who should be guardian of your minor children;
2. Dispense with administration of your estate and thereby reduce probate costs;
3. Provide for dispensing of personal property by a signed list.

Changes in your Will are usually made upon remarriage, moving to another state, death of heirs, need for tax planning, passage of time and changes in the law.

Because estate planning or making a Will looks to the future, you need to bring your Financial Plan for the future with you. Complete the Worksheet and Asset Location Record because it will be kept with the Worksheet to be available to your Personal Representative for help in locating all of your assets.