

# VA BENEFITS ELIGIBILITY PLANNING QUESTIONNAIRE



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## **What to expect:**

Completing this questionnaire will organize your relevant estate and asset planning information for Parks & Jones, Attorneys at Law. Feel free to **EMAIL, FAX, MAIL or bring** the completed form to our office when you have your initial consultation. During the initial meeting, you will be asked more questions, you will be given an opportunity to ask your questions, and you will receive a personalized and detailed outline of specific recommendations.

There is no charge for this initial meeting.

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

**Personal Information:**

- Please **use ink** (not pencil) when completing the form;
- You may not be able to obtain all the requested information prior to this initial visit. **Fill in what you know** and you can collect the rest later;
- Information provided is **confidential and protected by attorney client privilege**; and
- **Bring a copy** of any current wills, trusts, powers of attorney, etc.

**Briefly let us know what your needs and goals are so we can help design your best estate plan:**

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

**Client FULL Legal Name:** \_\_\_\_\_

**Go By Name: Same As Above**  \_\_\_\_\_

Veteran or Widow of Veteran Yes / No Soc Sec Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ County \_\_\_\_\_

Mailing Address: Same As Above  \_\_\_\_\_

Are you  Single  Widowed  Divorced OR Date of **current marriage?** \_\_\_\_\_

**Spouse / Partner's FULL Legal Name:** \_\_\_\_\_

**Go By Name: Same As Above**  \_\_\_\_\_

Veteran or Widow of Veteran Yes / No Soc Sec Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

**Professional Network:**

Financial Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Accountant: \_\_\_\_\_ Phone: \_\_\_\_\_

Life Insurance Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Profession: \_\_\_\_\_ Phone: \_\_\_\_\_

**Where did you hear about us?**  Radio  Yellow Pages  Internet Search  Facebook  Avvo  Workshop

Other: \_\_\_\_\_

Referring Person's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Children Information:

**Instructions:** Use child's FULL legal name. Circle to identify phone and email type. Provide names for all children joint or from previous relationships.

**NOTE:** Beside "Child's Parent(s)" write either: "Joint" if both spouses/partners are parents, "Husband" if husband is the parent, or "Wife" if wife is the parent.\*

Child's Full Legal: \_\_\_\_\_ Birthdate \_\_\_\_\_  
Gender M / F Married Yes / No If Deceased, date of death \_\_\_\_\_ \*Child's Parent(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Work / Cell / Home Phone: \_\_\_\_\_ Work / Personal EMAIL: \_\_\_\_\_  
Receiving Government Benefits No / Yes If yes what kind: \_\_\_\_\_

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Child's Full Legal: \_\_\_\_\_ Birthdate \_\_\_\_\_  
Gender M / F Married Yes / No If Deceased, date of death \_\_\_\_\_ \*Child's Parent(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Work / Cell / Home Phone: \_\_\_\_\_ Work / Personal EMAIL: \_\_\_\_\_  
Receiving Government Benefits No / Yes If yes what kind: \_\_\_\_\_

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Child's Full Legal: \_\_\_\_\_ Birthdate \_\_\_\_\_  
Gender M / F Married Yes / No If Deceased, date of death \_\_\_\_\_ \*Child's Parent(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Work / Cell / Home Phone: \_\_\_\_\_ Work / Personal EMAIL: \_\_\_\_\_  
Receiving Government Benefits No / Yes If yes what kind: \_\_\_\_\_

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Child's Full Legal: \_\_\_\_\_ Birthdate \_\_\_\_\_  
Gender M / F Married Yes / No If Deceased, date of death \_\_\_\_\_ \*Child's Parent(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Work / Cell / Home Phone: \_\_\_\_\_ Work / Personal EMAIL: \_\_\_\_\_  
Receiving Government Benefits No / Yes If yes what kind: \_\_\_\_\_

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Child's Full Legal: \_\_\_\_\_ Birthdate \_\_\_\_\_  
Gender M / F Married Yes / No If Deceased, date of death \_\_\_\_\_ \*Child's Parent(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Work / Cell / Home Phone: \_\_\_\_\_ Work / Personal EMAIL: \_\_\_\_\_  
Receiving Government Benefits No / Yes If yes what kind: \_\_\_\_\_

**NOTE: If you need additional pages for your children please let us know.**

## Financial Information:

**NOTE:** We are looking for **approximate** values of your assets. If you choose to proceed with our firm you will be asked to provide copies of statements, deeds, and/or titles to confirm the titling of your assets. You may wish to gather this information NOW...or you can wait until after your initial consultation.

If you do not have enough room, please complete "Additional Information Section" at the end of this packet.

### 1. Cash Accounts

**Indicate Owner:** "JT" if owned **jointly** by both spouses, "H" if **Husband**, "W" if **Wife**.

**Indicate Type:** Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD"

Name of Institution	Owner	Type	Amount	(For Office Use )
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

### 2. Investment Accounts (Not IRAs, 401K, or other retirement plan or qualified plan assets.

Individually held stocks or bonds are to be listed on next page #4.)

**Indicate Owner:** "JT" if owned **jointly** by both spouses / partners, "H" if **Husband**, "W" if **Wife**.

**Indicate Type:** Money Market "MM", Investment "I", Cash Management "CM", or account in a street name.

Name of Company or Brokerage Firm	Owner	Type	Amount	(For Office Use)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

### 3. Retirement Plans (Such as IRAs, 401(k), 403(b), and Qualified Annuities)

**Indicate Owner:** "JT" if owned **jointly** by both spouses, "H" if **Husband**, "W" if **Wife**.

**Indicate Type:** Simple IRA, 401(k), 403(b), SEP, QA (Qualified Annuities).

Name of Company or Brokerage Firm	Owner	Type	Amount	(For Office Use)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

**4. Stocks and Bonds** Owned in Certificate or Book form (not in an investment or retirement account).

Indicate Owner: "JT" if owned jointly by both spouses, "H" if Husband, "W" if Wife.

Name of Company or Brokerage Firm	Owner	Type	Amount	(For Office Use)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

**5. Life Insurance Policies**

Ins. Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Name of Insured \_\_\_\_\_ **Circle:** Term / Whole / Universal / Group / Other  
Primary Beneficiary \_\_\_\_\_  
Contingent Beneficiary \_\_\_\_\_  
Death Benefit Amount \_\_\_\_\_ Cash Value (if any) \_\_\_\_\_

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Ins. Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Name of Insured \_\_\_\_\_ **Circle:** Term / Whole / Universal / Group / Other  
Primary Beneficiary \_\_\_\_\_  
Contingent Beneficiary \_\_\_\_\_  
Death Benefit Amount \_\_\_\_\_ Cash Value (if any) \_\_\_\_\_

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Ins. Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Name of Insured \_\_\_\_\_ **Circle:** Term / Whole / Universal / Group / Other  
Primary Beneficiary \_\_\_\_\_  
Contingent Beneficiary \_\_\_\_\_  
Death Benefit Amount \_\_\_\_\_ Cash Value (if any) \_\_\_\_\_

-----  
Ins. Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Name of Insured \_\_\_\_\_ **Circle:** Term / Whole / Universal / Group / Other  
Primary Beneficiary \_\_\_\_\_  
Contingent Beneficiary \_\_\_\_\_  
Death Benefit Amount \_\_\_\_\_ Cash Value (if any) \_\_\_\_\_

**6. Non-Qualified Annuities** (Similar to life insurance, but NOT owned inside an IRA)

Ins. Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Name of Insured \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_  
Contingent Beneficiary \_\_\_\_\_  
Death Benefit Amount \_\_\_\_\_ Cash Value (if any) \_\_\_\_\_

-----  
Ins. Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Name of Insured \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_  
Contingent Beneficiary \_\_\_\_\_  
Death Benefit Amount \_\_\_\_\_ Cash Value (if any) \_\_\_\_\_

-----  
Ins. Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Name of Insured \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_  
Contingent Beneficiary \_\_\_\_\_  
Death Benefit Amount \_\_\_\_\_ Cash Value (if any) \_\_\_\_\_

**7. Real Property / Real Estate/ Mineral or Subsurface Interests**

Indicate Owner: "JT" if owned jointly by both spouses, "H" if Husband, "W" if Wife.

Address and/or General Description	Owner	Debt Amt.	Fair Market Value
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

**8. Does anyone owe you money?** (Promissory Notes and Other Receivables)

Indicate if Secured By: "DOT" if Deed of Trust or "M" if Mortgage

Name of Debtor	Note Origin Date / Due Date	Note Balance	Secured By
1. _____	_____ / _____	_____	_____
2. _____	_____ / _____	_____	_____
3. _____	_____ / _____	_____	_____

**9. Business Interests:** (Corporations, LLCs, Partnerships, Sole Proprietorships, etc.)

Company, Partnership, or Business Name	State Organized or Incorporated	Percentage Owned	Value
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**10. Personal Effects** (Vehicles, antiques, firearms, jewelry, precious metals, cattle, livestock, equipment, etc.)

Type	Face Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**11. Anticipated Inheritance, or Pending Lawsuit Settlements**

Type of Inheritance or Settlement	Date expected?	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____