CONFIDENTIAL ESTATE PLANNING INFORMATION FORM

A. BASIC INFORMATION:

1. Name:____ DOB:_______ SSN:___________

2. Spouse:____ DOB:_______ SSN:___________

3. Address:____
____
Telephone No.:_______________________________________

4. Employer Name & Address: Current Position:___________________________
____
____
____
Telephone No.:_______________________________________
FAX No.:____

5. Spouse's Employer Name & Address: Current Position:__________________________
____
____
____
Telephone No.:_______________________________________
FAX No.:____

6. Marital Status?: ___Married ___Single___Divorced___Widowed

If Married:
Date of Marriage:____________________________________

If Divorced:
1. Name of Former Spouse____
2. Number of Children from prior marriage: ____
(List below)

7. Do you or any of your children suffer from any disabilities _____________________

8. Does anyone receive government or other benefits as a result? ___________________
____

9. Children and Grandchildren: (Please designate if children are from a prior marriage)

Name	Birthday	Relationship	Address	Name of Spouse

HAVE YOU LISTED ALL OF YOUR CHILDREN: Yes ____________ No ______________

ARE THERE ANY OF YOUR NATURAL HEIRS YOU WISH TO EXCLUDE? ___________________________
____

DO ANY OF YOUR CHILDREN/GRANDCHILDREN/HEIRS:	Yes	No
Have a medical, physical or mental problem (blind, disabled, etc.)?	____	____
Nave a drug/alcohol problem?	____	____
Need governmental or private agency support?	____	____
Need Medicaid planning to protect their benefits?	____	____
Need protection to avoid squandering their inheritance?	____	____
Need divorce and/or creditor protection to protect their inheritance?	____	____
Need special needs planning to protect their governmental benefits?	____	____
Need financial assistance for education purposes?	____	____
Need financial assistance for their support?	____	____
Need financial assistance for other purposes?	____	____
Live with you in your home?	____	____
Have other problems?	____	____

10. Other Individuals Who Benefit Under the Will/Trust

Name of Individual	Relationship	Address

11. Entities (such as charitable organizations) Who Benefit Under the Will/Trust

Name of Entity Address

____
____
____
____

B. CHECKLIST OF DOCUMENTS AND ADVISORS:

1. Safe Deposit Box (location):____

2. Bank Accounts (name, address and account numbers):
____
____

3. Accountant (name, address and phone number): ______________________________________
____
____

4. Attorney (name, address and phone number): ______________________________________
____
____

5. Banker (name, address and phone number): ______________________________________
____
____

6. Stockbroker (name, address and phone number): ______________________________________
____
____

7. Life Insurance Agent (name, address and phone) ______________________________________
____
____

8. Will dated (attach copy)____.

9. Trust(s) created (attach copy(ies) by you ____.

10. Trust(s) created by others for you (attach copy)____.

11. Gift Tax Returns? (attach copies) ________ Years?_____________________________________

12. WHO REFERRED YOU TO OUR OFFICE?
Name
____
Address
____
Telephone number
____

C. INCOME

1. Present Annual Income From All Sources:

		Amount	Husband/Wife	
Wages				
Wages				
Business Income				
Social Security				
Pensions				
Annuities				
Investment Income				
Other				
Total Annual Income		$		

2. Post Death Salary				

D. ASSETS (Add additional pages if needed)

			Shares/Value	Title or Ownership Husband/Wife/ Joint	Beneficiary Designation
1.	Real Estate in IN				
	Out of IN				
2.	Checking (Name Bank)				
3.	Savings (Name Bank)				
4.	IRA/401K/Keough Plan				
5.	C.D.'s				

6. Bonds & Securities

______________________________ _____________ _______ ________
______________________________ _____________ _______ ________
______________________________ _____________ _______ ________

Title or Ownership
Husband/Wife/
Beneficiary
Shares/Value Joint Designation

7. Stocks ______________________________ _____________ _______ ________
______________________________ _____________ _______ ________
______________________________ _____________ _______ ________
______________________________ _____________ _______ ________

8. Annuities ______________________________ _____________ _______ ________
______________________________ _____________ _______ ________
______________________________ _____________ _______ ________
______________________________ _____________ _______ ________

9. Corporations/ ______________________________ _____________ _______ ________
Partnerships/ ______________________________ _____________ _______ ________

LLC/LLP ______________________________ _____________ _______ ________

10. Tangible Personal______________________________
Property ______________________________
(Cars, boats, ______________________________ _____________ _______ ________
jewelry, antiques,
paintings, etc.
General disclosure
include aggregate value)

11. Employee Benefits:
Deferred Compensation ______________________ _____________ _______ ________
Stock Options ______________________ _____________ _______ ________
Pension Plan ______________________ _____________ _______ ________
Profit-Sharing ______________________ _____________ _______ ________
Other Benefit Plan ______________________ _____________ _______ ________

Insurance Company **Owner** **Death Benefit** **Cash Surrender Value** **Beneficiary**

12. Life Insurance ___________________ ________ $__________ $____________ _________
___________________ ________ $__________ $____________ _________
___________________ ________ $__________ $____________ _________
___________________ ________ $__________ $____________ _________
___________________ ________ $__________ $____________ _________

13. Do you anticipate receiving benefits from any estates or trusts (other than from your spouse)? ______
____

14. Life Insurance on the life of another?________
____

TOTAL ESTATE ASSETS:	**$**_________________	Husband
	$_________________	Wife
	$_________________	Joint
TOTAL	**$**_________________	

E. LIABILITIES

		Husband	Wife	Joint
1.	Taxes Accrued	___________________	_________________	______________
2.	Mortgages Payable	___________________	_________________	______________
3.	Notes Payable	___________________	_________________	______________
4.	Judgments	___________________	_________________	______________
5.	Life Insurance Loans	___________________	_________________	______________
6.	Credit Card Debts	___________________	_________________	______________
7.	Other Obligations	___________________	_________________	______________
	TOTAL LIABILITIES	___________________	_________________	______________

F. GROSS ESTATE

Gross Estate Assets $_________________________________

Minus

Estate Liabilities $_________________________________

NET ESTATE VALUE: $_________________________________

G. ESTATE PLANNING OBJECTIVES

1. Retirement objectives____
____
____
____
____
____

2. Provisions for spouse at death____
____
____
____
____

3. Provision for children at death______________________________

4. Gift program for spouse and children______________________________

5. Gifts to charities______________________________

6. Other provisions______________________________

After you have completed the Questionnaire, please sign the following statement:

I understand that it is my responsibility to disclose correct and complete information. I hereby attest that the information I have supplied is complete and accurate to the best of my knowledge.

Sign:______________________________ Date:____________________