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Estate Planning Questionnaire

PERSONAL INFORMATION

State the legal names exactly as you want them to appear in your estate planning documents.

Name of **First Person**:			
Date of Birth:		SSN:	
Email:			
Cell Phone:		Home Phone:	
Are you a US citizen:		If not, what country are you a citizen:	
☐ Married ☐ Single ☐ Divorced ☐ Widow			
Name of **Second Person** (spouse) *if applicable*:			
Date of Birth:		SSN:	
Email:			
Cell Phone:		Home Phone:	
Are you a US citizen:		If not, what country are you a citizen:	

PERSONAL RESIDENCE ONLY

Own/Rent: ☐ Own ☐ Rent	Type of Property:	☐ Single Family ☐ Condo/Townhome ☐ Land Contract	
How do you hold title: ☐ Myself only ☐ Joint with spouse ☐ Joint with:			
Home Address:			
City/State/Zip:			
County of Residence:		Mortgage Life Insurance: ☐ Yes ☐ No	
Fair market value: $		Mortgage balance, if any: $	
Do you have a copy of your last recorded deed for your personal residence? ☐ **Yes** ☐ **No** If not, we can obtain a copy for you for an additional fee, or you may request one directly from your county recorder's office and email to us.			**For other real estate owned, see page 6.**

YOUR CHILDREN, THEIR SPOUSES, AND THEIR CHILDREN

Indicate which, if any, of your children is your child, but not your spouse's, or vice versa. Also show the date and place of adoption of any adopted child. Be sure to include any deceased child and indicate the date of the child's death and his or her surviving spouse and children. **State the names exactly as you want them to appear in your estate planning documents.**

1. **Child's Legal Name:**					
Date of Birth:		Age:			
Personal data: ☐ From prior marriage of ☐ me ☐ spouse ☐ Adopted ☐ Deceased ☐ Other:					
Child's children (and their dates of birth):					
2. **Child's Legal Name:**					
Date of Birth:		Age:			
Personal data: ☐ From prior marriage of ☐ me ☐ spouse ☐ Adopted ☐ Deceased ☐ Other:					
Child's children (and their dates of birth):					
3. **Child's Legal Name:**					
Date of Birth:		Age:			
Personal data: ☐ From prior marriage of ☐ me ☐ spouse ☐ Adopted ☐ Deceased ☐ Other:					
Child's children (and their dates of birth):					
4. **Child's Legal Name:**					
Date of Birth:		Age:			
Personal data: ☐ From prior marriage of ☐ me ☐ spouse ☐ Adopted ☐ Deceased ☐ Other:					
Child's children (and their dates of birth):					
5. **Child's Legal Name:**					
Date of Birth:		Age:			
Personal data: ☐ From prior marriage of ☐ me ☐ spouse ☐ Adopted ☐ Deceased ☐ Other:					
Child's children (and their dates of birth):					
6. **Child's Legal Name:**					
Date of Birth:		Age:			
Personal data: ☐ From prior marriage of ☐ me ☐ spouse ☐ Adopted ☐ Deceased ☐ Other:					
Child's children (and their dates of birth):					

Emergency Contact (Name, Address & Phone):

GUARDIANS FOR MINOR CHILDREN

A **legal guardian** is a person recommended in your Will who if appointed by court is legally responsible for looking after your children and their assets if you should die. Although the court ultimately decides the guardian(s) and what's in the best interest of your children, your recommendation is a strong consideration to the court.

☐ **I (We) do not have children under the age of 18 years.**

First Guardian

Name(s):		Relationship:	
Address:			

Backup Guardian

Name(s):		Relationship:	
Address:			

EXECUTOR

An **executor** is the person who administers a person's estate upon their death. Their primary duty is to ensure the wishes of the deceased person based on instructions spelled out in their Will.

First Person – my executor will be:

☐ **My spouse will be listed as executor first, list backup OR ☐ I wish to I nominate the following person as executor:**			
Name(s):		Relationship:	
Address:			
My Backup executor will be (after spouse, if applicable):			
Name(s):		Relationship:	
Address:			

Second Person (Spouse) – my executor will be:

☐ **My spouse will be listed as executor first, list backup OR ☐ I wish to I nominate the following person as executor:**			
Name(s):		Relationship:	
Address:			
My Backup executor will be (after spouse, if applicable):			
Name(s):		Relationship:	
Address:			

TRUSTEES

A **trustee** is a person(s) or firm that holds and administers property or assets for the benefit of another person(s) according to the terms of the trust.

Principal Trustee(s)

Name(s):		Relationship:	
Address:			

Backup Trustee(s) (to act if one or more of the principal trustees cannot or will not act)

Name(s):		Relationship:	
Address:			

POWER OF ATTORNEY

A **power of attorney** is a legally binding document that authorizes one person to act on behalf of another person. The POA can take effect immediately or can become effective only if you are incapacitated.

First Person – Name of my POA will be:

☐ **My spouse will be listed first OR** ☐ **I nominate the following person:**			
Name(s):		Relationship:	
Address:			
County he/she lives in:			
Backup person on my POA will be (after spouse, if applicable):			
Name(s):		Relationship:	
Address:			
County he/she lives in:			

Second Person (Spouse) *if applicable* **– Name of my POA will be:**

☐ **My spouse will be listed first OR** ☐ **I nominate the following person:**			
Name(s):		Relationship:	
Address:			
County he/she lives in:			
Backup person on my POA will be:			
Name(s):		Relationship:	
Address:			
County he/she lives in:			

LIVING WILL

A **living will** is a written, legal document providing instructions for future medical care based on the choices made in the document. Under Indiana Statute, we are required to send a copy of your living will to your family physician. See page 6.

Have you signed any document indicating your wishes concerning the "heroic" or extraordinary measures to save your life in the event of a catastrophic illness or injury? ☐ Yes ☐ No

HEALTHCARE ADVANCED DIRECTIVE

A **healthcare advanced directive** is a legal document that provides instructions for medical care and those authorized to assist with that medical care if you are unable to make decisions on your own.

First Person – Name of my Healthcare Advanced Directive will be:

☐ **My spouse will be listed first OR** ☐ **I nominate the following person:**			
Name(s):		Relationship:	
Address:			
County he/she lives in:			
Backup person on my Healthcare will be (after spouse, if applicable):			
Name(s):		Relationship:	
Address:			
County he/she lives in:			

Second Person (Spouse) *if applicable* **– Name of my Healthcare Advanced Directive will be:**

☐ **My spouse will be listed first OR** ☐ **I nominate the following person:**			
Name(s):		Relationship:	
Address:			
County he/she lives in:			
Backup person on my Healthcare will be:			
Name(s):		Relationship:	
Address:			
County he/she lives in:			

LONG TERM CARE

Do you have long term care in place: ☐ Yes ☐ No If yes, provide all documents to your attorney.

PRIMARY PHYSICIAN – This must be completed

Pursuant to the Indiana Statute, our office is required to mail a copy of your executed living will to your primary physician.

First Person – Name and address of my physician. This must be completed.

Primary physician's Name:	
Physician's address:	

Second Person (Spouse) *if applicable* **– Name and address of my physician. This must be completed.**

Primary physician's Name:	
Physician's address:	

OTHER REAL ESTATE OWNED (Vacation Home, Rental or Land)

Other real estate you own (vacation home, rental or land):

Check all that applies: ☐ Single Family ☐ Condo/Townhome ☐ Other:			
How do you hold title: ☐ Myself only ☐ Joint with spouse ☐ Joint with:			
Address:			
City/State/Zip:			
County:		Mortgage Life Insurance: ☐ Yes ☐ No	
Fair market value: $		Mortgage balance, if any: $	

Do you have a copy of your last recorded deed for your other real estate owned? ☐ Yes ☐ No
If not, we can obtain a copy for you for an additional fee, or you may request one directly from your county recorder's office and email to us.

PERSONAL AND HOUSEHOLD EFFECTS

If you think that the general categories do not provide an adequate description, please provide additional detail. Also state your best estimate of the value of each kind of property and who owns it (how you hold title).

Automobiles:	
Furniture, furnishings, books, and pictures of no special value:	
Valuable jewelry: *(Indicate if insured)*	
Valuable works of art: *(Indicate if insured)*	
Valuable antiques: *(Indicate if insured)*	
Other valuable collections (coins, stamps, or gold): *(Indicate if insured)*	
Other tangible personal property that does not seem to be covered by any of the other categories:	

CASH, CASH DEPOSITS AND CASH EQUIVALENTS

Complete this for each account held:

Owner's Name:	
Type of Account: ☐ Checking ☐ Savings ☐ Money Market ☐ Certificate of Deposit ☐ Other:	
How is Account Held: ☐ Self ☐ Joint with Spouse ☐ Joint with:	
Name of Institution:	
Address:	

Owner's Name:	
Type of Account: ☐ Checking ☐ Savings ☐ Money Market ☐ Certificate of Deposit ☐ Other:	
How is Account Held: ☐ Self ☐ Joint with Spouse ☐ Joint with:	
Name of Institution:	
Address:	

Owner's Name:	
Type of Account: ☐ Checking ☐ Savings ☐ Money Market ☐ Certificate of Deposit ☐ Other:	
How is Account Held: ☐ Self ☐ Joint with Spouse ☐ Joint with:	
Name of Institution:	
Address:	

Owner's Name:	
Type of Account: ☐ Checking ☐ Savings ☐ Money Market ☐ Certificate of Deposit ☐ Other:	
How is Account Held: ☐ Self ☐ Joint with Spouse ☐ Joint with:	
Name of Institution:	
Address:	

INVESTMENTS

With respect to each category, please state the owner (how title is held) and the approximate value.

Owner's Name:		Held Jointly with: ☐ Spouse ☐ Other:	
Type of Investment: ☐ Stocks ☐ Bonds ☐ Long-term U.S. Treasure Notes/Bonds ☐ Limited Partnership Interests			
Other Investment(s):			

Owner's Name:		Held Jointly with: ☐ Spouse ☐ Other:	
Type of Investment: ☐ Stocks ☐ Bonds ☐ Long-term U.S. Treasure Notes/Bonds ☐ Limited Partnership Interests			
Other Investment(s):			

Owner's Name:		Held Jointly with: ☐ Spouse ☐ Other:	
Type of Investment: ☐ Stocks ☐ Bonds ☐ Long-term U.S. Treasure Notes/Bonds ☐ Limited Partnership Interests			
Other Investment(s):			

PENSION & PROFIT-SHARING PLANS, IRAs, ESOPs OR OTHER TAX FAVORED EMPLOYEE-BENEFIT PLANS

Owner's Name:			
Type of Account: ☐ Pension ☐ Profit Sharing ☐ IRA ☐ Other:			
Vested:		Current Value: $	
Name of Institution:			
Address:			

Owner's Name:			
Type of Account: ☐ Pension ☐ Profit Sharing ☐ IRA ☐ Other:			
Vested:		Current Value: $	
Name of Institution:			
Address:			

Owner's Name:			
Type of Account: ☐ Pension ☐ Profit Sharing ☐ IRA ☐ Other:			
Vested:		Current Value: $	
Name of Institution:			
Address:			

LIFE INSURANCE

Owner of Insurance Policy:			
Type of Insurance: ☐ Ordinary ☐ Term ☐ Whole ☐ Other:			
Company Name:			
Address:			
Policy Number:		Face amount of policy (proceeds): $	
Cash Value: $		Loans, if any, against it: $	
Accidental death benefit, if any: $		Beneficiary(ies):	

Owner of Insurance Policy:			
Type of Insurance: ☐ Ordinary ☐ Term ☐ Whole ☐ Other:			
Company Name:			
Address:			
Policy Number:		Face amount of policy (proceeds): $	
Cash Value: $		Loans, if any, against it: $	
Accidental death benefit, if any: $		Beneficiary(ies):	

COMMUNITY PROPERTY

If you now live in or have lived in one of the states listed below, or if you own real estate in one of these states, please check the name of the state and indicate whether you and your spouse have entered into any agreement about whether that property is separate property. ☐ Does not apply

States: ☐ Arizona ☐ California ☐ Idaho ☐ Louisiana ☐ Nevada ☐ New Mexico ☐ Texas ☐ Washington ☐ Wisconsin

BUSINESS INTERESTS

Describe any interest you have in a family or other business with partners or shareholders. Include the nature of the business, its form of organization (e.g., corporation, partnership, or the like), whether you are active in its operations, and your estimate of its value. Please provide a copy of the operating agreement for any llc or the bylaws and Buy-Sell Agreement of a corporate entity.

With respect to any such business, do you believe it would continue to operate successfully in the event of your permanent absence from it or the permanent absence of some other key person?

OTHER INTERESTS OF CURRENT OR FUTURE VALUE

Interests in trusts. Describe any trusts created by you, by any other person, such as a parent or ancestor, in which you or a member of your immediate family has a right to receive distributions of income or principal, whether or not such distributions are actually being received or anticipated in the future. Please submit a copy of the trust agreement.

Anticipated inheritances. If you or any other members of your immediate family are likely to receive substantial inheritances in the foreseeable future from persons other than yourself or your spouse, describe your best estimate of the value and the nature of each inheritance.

Other assets or interests of value. Describe the general nature, form of ownership, and your estimate of the value of any asset or interest of value that does not seem to fit in any of the categories above.

PERSONAL ESTATE PLANNING OBJECTIVES

How would you dispose of your estate at your death if there were no such thing as estate or inheritance taxes?

In the event of your death, would your spouse or children be likely to receive income from sources other than your estate, such as the continuance or resumption by your spouse of his or her vocation or profession?

Describe any personal objectives you have for your family and your estate that override possible adverse tax consequences arising from trying to achieve them.

OTHER FACTORS

Describe or list here any facts or matters that do not seem to be covered by the other sections of this questionnaire and that you believe may be important for your estate planning attorney to know.

EXECUTED ESTATE PLANNING DOCUMENTS

Our office will retain an electronic copy of your estate planning documents and return the originals to you, please keep them in a safe location.

ACKNOWLEDGMENT

You may provide as much or as little information as you want. We recognize that this questionnaire is an intrusive document. Keep in mind, however, that the more complete the information is, the better it will equip you and our firm throughout the planning process to come up with the best posssible estate planning alternatives. Your information will be kept confidential by our firm unless you authorize or request its release to others.

I acknowledge that I have completed the Estate Planning Questionnaire to the best of my knowledge and the information contained herein is accurate.

Signature _____ Date _____