

CONFIDENTIAL
ESTATE PLANNING INFORMATION

The requested information will be helpful for us in gathering information about you and your family and in making recommendations to you concerning your estate plan, including property ownership, beneficiary designations, and death tax issues. The requested information also identifies issues that you should consider.

It is helpful if we can have this information prior to our office conference so we will have an opportunity to review this information in advance. Please deliver, fax, or mail this information to us when it is completed.

VOELZ LAW, LLC

James K. Voelz

Attorney At Law

Blake C. Reed

Attorney At Law

Lora R. Mount

Attorney at Law

427 Washington Street, P.O. Box 544
Columbus, IN 47202-0544
Telephone: (812) 372-1303
FAX: (812) 378-9516

PART I - FAMILY INFORMATION

Your Name: _____ Birth Date: ____ / ____ / ____ U.S. Citizen? Yes/No
 First Middle Initial Last

Social Security Number: _____ - _____ - _____

Spouse's Name: _____ Birth Date: ____ / ____ / ____ U.S. Citizen? Yes/No
 First Middle Initial Last

Social Security Number: _____ - _____ - _____

Address: _____

Date of Marriage: _____

Home Phone #: _____ Your Work Phone #: _____

E-mail address: _____, Spouse's Work Phone #: _____
if you authorize us to communicate with you by e-mail

Describe the state of your health and tell us about any disease or health issues affecting you: _____

CHILDREN

<u>Child's Name</u>	<u>Child of:</u> <u>(Both/Husband/Wife)</u>	<u>Age</u>	<u>Address</u>	<u>Number of Children</u>
_____ First Middle Initial Last	(Both/Husband/Wife)	_____	_____ _____ _____	_____
_____ First Middle Initial Last	(Both/Husband/Wife)	_____	_____ _____ _____	_____
_____ First Middle Initial Last	(Both/Husband/Wife)	_____	_____ _____ _____	_____
_____ First Middle Initial Last	(Both/Husband/Wife)	_____	_____ _____ _____	_____
_____ First Middle Initial Last	(Both/Husband/Wife)	_____	_____ _____ _____	_____
_____ First Middle Initial Last	(Both/Husband/Wife)	_____	_____ _____ _____	_____

PARENTS, BROTHERS, AND SISTERS

Your Parents, Brothers, and Sisters:

First Name	Middle Initial	Last	Relationship	Age
------------	----------------	------	--------------	-----

First Name	Middle Initial	Last	Relationship	Age
------------	----------------	------	--------------	-----

First Name	Middle Initial	Last	Relationship	Age
------------	----------------	------	--------------	-----

First Name	Middle Initial	Last	Relationship	Age
------------	----------------	------	--------------	-----

Spouse's Parents, Brothers, and Sisters:

First Name	Middle Initial	Last	Relationship	Age
------------	----------------	------	--------------	-----

First Name	Middle Initial	Last	Relationship	Age
------------	----------------	------	--------------	-----

First Name	Middle Initial	Last	Relationship	Age
------------	----------------	------	--------------	-----

First Name	Middle Initial	Last	Relationship	Age
------------	----------------	------	--------------	-----

QUESTIONS

1. Are you a veteran? Yes/No (circle)
2. Do you have any existing obligations under any Divorce Decree or other court order? Yes/No (circle)
3. Are you a party to any pre-nuptial agreement or post-nuptial agreement? Yes/No (circle)
4. Have you ever filed or should you have filed a Federal Gift Tax Return (Form 709)? Yes/No (circle)
5. Have you ever made any gifts of any future interests to any person? Yes/No (circle)
6. Have you made gifts to any one person that exceeded \$3,000.00 in any calendar year prior to 1982? Yes/No (circle)
7. Have you made gifts to any one person that exceeded \$10,000 in any calendar year after 1981? Yes/No (circle)
8. Do you expect to receive a substantial inheritance, and if so what is the estimated value? \$_____? Yes/No (circle)
9. Do you desire to make a gift of any or all of your body after your death? Yes/No (circle)

NOTE: If you answered "yes" to questions 2., 3., or 4., please furnish us with copies of the applicable documents.

PART II - PROPERTY AND OWNERSHIP

Your Employer: _____ Approx. Yearly Income: \$ _____

Spouse's Employer: _____ Approx. Yearly Income: \$ _____

**CHECKING, SAVINGS, CERTIFICATES OF DEPOSIT,
MONEY MARKET ACCOUNTS**

<u>Description</u>	<u>Present Amount</u>	<u>Ownership (circle)</u>
_____	\$ _____	H W JOINT
_____	\$ _____	H W JOINT
_____	\$ _____	H W JOINT
_____	\$ _____	H W JOINT
Total: \$ _____		

STOCKS, BONDS, MUTUAL FUNDS, INVESTMENT ACCOUNTS

<u>Description</u>	<u>Present Fair Market Value</u>	<u>Ownership (circle)</u>
_____	\$ _____	H W JOINT
_____	\$ _____	H W JOINT
_____	\$ _____	H W JOINT
_____	\$ _____	H W JOINT
_____	\$ _____	H W JOINT
_____	\$ _____	H W JOINT
_____	\$ _____	H W JOINT
_____	\$ _____	H W JOINT
_____	\$ _____	H W JOINT
Total: \$ _____		

RETIREMENT PLANS AND ACCOUNTS
(Pension, Profit Sharing, Retirement Annuities,
401K, 403B, H.R. 10, IRA)

<u>Company or Custodian</u>	<u>Type of Plan</u>	<u>Value</u>	<u>Beneficiary(ies)</u>	<u>Ownership (circle)</u>
_____	_____	\$ _____	_____	H W JOINT
_____	_____	\$ _____	_____	H W JOINT
_____	_____	\$ _____	_____	H W JOINT
_____	_____	\$ _____	_____	H W JOINT
_____	_____	\$ _____	_____	H W JOINT
Total: \$ _____				

REAL ESTATE

Include your residence and all other real estate in which you have an interest in Indiana or any other state.

<u>Description</u>	<u>Estimated Present Fair Market Value</u>	<u>Mortgage Pay-Off</u>	<u>Ownership (circle)</u>
	\$	\$	H W JOINT
	\$	\$	H W JOINT
	\$	\$	H W JOINT
	\$	\$	H W JOINT
Totals: \$		\$	

BUSINESS INTERESTS

Include all interests in sole proprietorship, partnership, limited liability company, and closely held corporation stock.

<u>Description</u>	<u>Estimated Fair Market Value</u>	<u>Ownership (circle)</u>
	\$	H W JOINT
	\$	H W JOINT
	\$	H W JOINT
Total: \$		

Are any of these interests subject to any type of "Buy/Sell Agreement" or any type of restrictions on sale or transfer? Yes _____ No _____ If so, furnish us with copies of all written agreements and restrictions.

LIFE INSURANCE

Include all life insurance furnished by your employer, all group life insurance, all life insurance that would pay your mortgage or other debts, and all other policies.

<u>Insurance Company</u>	<u>Insured</u>	<u>Death Proceeds</u>	<u>Owner</u>	<u>Beneficiary(ies)</u>
		\$		
		\$		
		\$		
		\$		
		\$		
Total: \$				

DEBTS OWED TO YOU

<u>Name of Debtor</u>	<u>Date of Debt</u>	<u>Due Date</u>	<u>Current Balance</u>	<u>Owed To Whom?</u>
_____			\$ _____	
_____			\$ _____	
_____			\$ _____	
			Total: \$ _____	

OTHER PERSONAL PROPERTY

	<u>Estimated Fair Market Value</u>	<u>Lien Pay-off</u>	<u>Ownership (circle)</u>
Furniture and Household Goods:	\$ _____	\$ _____	H W JOINT
Motor Vehicle:	\$ _____	\$ _____	H W JOINT
Motor Vehicle:	\$ _____	\$ _____	H W JOINT
Recreational Vehicle:	\$ _____	\$ _____	H W JOINT
Boat(s):	\$ _____	\$ _____	H W JOINT
Jewelry:	\$ _____	\$ _____	H W JOINT
Collections: (Art, Coins, Stamps, Guns, etc.)	\$ _____	\$ _____	H W JOINT
Other:	\$ _____	\$ _____	H W JOINT
_____	Totals: \$ _____	\$ _____	_____

ALL OTHER PROPERTY NOT PREVIOUSLY DESCRIBED

<u>Description</u>	<u>Estimated Fair Market Value</u>	<u>Lien Pay-off</u>	<u>Ownership (circle)</u>
_____	\$ _____	\$ _____	H W JOINT
_____	\$ _____	\$ _____	H W JOINT
_____	\$ _____	\$ _____	H W JOINT
_____	\$ _____	\$ _____	H W JOINT
Totals: \$ _____		\$ _____	

YOUR DEBTS

Include all of your debts not disclosed above as a "Lien Pay-off."

<u>Creditor</u>	<u>Pay-off</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total: \$

SUMMARY OF TOTAL VALUES

Checking, Savings, Certificates of Deposit, and Money Market Accounts	\$ _____
Stocks, Bonds, Mutual Funds, Investment Accounts	\$ _____
Retirement Plans and Accounts	\$ _____
Real Estate	\$ _____
Business Interests	\$ _____
Life Insurance	\$ _____
Debts Owed to You	\$ _____
Other Personal Property	\$ _____
All other Property Not Previously Described	\$ _____
Total	\$ <u> </u>
Minus Total Pay-Off of Debts	\$ _____
Net Value of Estates	\$ <u> </u>

SAFETY DEPOSIT BOX

Do you have a safety deposit box? Yes No If so, where: _____

Who is authorized to enter box? _____

PART III - ISSUES

Note: Some of these issues may not apply to you if you have no children or your children or other heirs are old enough to wisely manage outright distributions of property. Do not answer any questions that are not applicable.

If your child/children are under age 18 at the time of your deaths, who would be your choices as guardian? A guardian has custody and the right to make decisions about education, religion, and health care.

First Choice:

Name(s)	Relationship	Address

Second Choice:

Name(s)	Relationship	Address

Without having a trust, a child is entitled to outright distributions of property/money as long as he/she is 18 years of age or older. Most of our clients think this is too young. Many of our clients choose to establish a trust for their children and to have a trustee manage and invest the property/money, pay sums as needed for the child's support, health, and education while the trust is in effect, and then at specified ages the children get outright distributions. For example, one might distribute everything left in the trust at age 25, or may distribute 1/2 at age 30 and 1/2 at age 35, or may distribute 1/3 at age 30, 1/3 at age 35, and 1/3 at age 40. Some people do not want their children to receive too much property/money while they are in their 20's, because this may impair their incentive to work, to get a good education, and to be productive.

At what age(s) do you think your child/children will have sufficient maturity, good judgment, and financial ability to handle outright distributions of property/money? All at age _____ OR

_____ % at age _____, _____ % at age _____, _____ % at age _____.

The personal representative of your estate makes decisions about your estate administration and works closely with the attorney to settle your estate. The personal representative should have good judgment and should have the time to devote to the responsibilities. The duties of a personal representative usually last about 1 year.

Think about who would do the best job in being the personal representative of your estate. Most of our clients name their spouse first and then their designated child or children.

First Choice: _____ Relationship: _____

Second Choice(s): _____ Relationship: _____

_____ Relationship: _____

You may need to think about who would get your property if you, your spouse, and all of your children and their descendants were deceased. It may not be necessary to include this information if you have several children who do not live and travel with you. Many of our clients leave 1/2 of the estate to each of the spouse's side of the family. If parents do not need the property, then you should think about leaving your estate to your brothers and sisters. You could also consider leaving all or a portion of your estate to your church or to charities. What persons, church, or charities should have your estate if you, your spouse, your children, and their descendants are all deceased?

<u>Name</u>	<u>Relationship</u>	<u>% of Estate</u>

If you could not make your own health care decisions due to incompetency or incapacity, then who would you trust the most to make those decisions? For example, you could designate your spouse as first choice and 1 or more of your children as second choice.

First Choice: _____ Relationship: _____

Second Choice: _____ Relationship: _____

Third Choice: (optional) _____ Relationship: _____

Spouse's First Choice: _____ Relationship: _____

Spouse's Second Choice: _____ Relationship: _____

Spouse's Third Choice: (optional) _____ Relationship: _____

If you could not take care of your financial or property matters due to incompetency or incapacity, then who would you trust most to make those decisions? For example, you could designate your spouse as first choice and one (1) of your children as second choice.

First Choice: _____ Relationship: _____

Second Choice: _____ Relationship: _____

Third Choice: (optional) _____ Relationship: _____

Spouse's First Choice: _____ Relationship: _____

Spouse's Second Choice: _____ Relationship: _____

Spouse's Third Choice: (optional) _____ Relationship: _____

How did you find out about our office or who referred you to us? _____

Date: _____ Prepared by: _____

Please provide this information to our office prior to our initial conference if possible.

Voelz Law, LLC
427 Washington Street
P.O. Box 544
Columbus, IN 47202-0544
Telephone: (812) 372-1303
FAX: (812) 378-9516

G:/Wills/Confidentplan.info.wpd 06-21-11