

**DALE & HUFFMAN**

**Basic Estate Planning Data**

**NOTE:** A married couple, neither of whom has been married previously, need only complete one form. If either has been married previously, each should complete a separate form. For convenience, when completing only one form, the husband is the "Client" and the wife is the "Spouse". Otherwise, the sole person completing the form is the "Client".

**A.** Client's Name: \_\_\_\_\_ Male \_\_\_ Female

\_\_\_\_\_

First	Middle Initial	Last
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Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

U. S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ Veteran Yes \_\_\_\_\_ No \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Currently: Married \_\_\_\_\_ Unmarried \_\_\_\_\_

County of domicile: \_\_\_\_\_

Street (Road) address: \_\_\_\_\_

Post Office Box (if applicable): \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone No.: Home: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**B.** Spouse's name: \_\_\_\_\_

First	Middle Initial	Last
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Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

U. S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ Veteran Yes \_\_\_\_\_ No \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone No.: Work: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**C.** If currently a widower or widow, name of deceased spouse and date of his/her death:

\_\_\_\_\_

**D.** Is this a second marriage for you? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this a second marriage for your spouse? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a written pre-nuptial agreement? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please provide a copy.

**E.** During any time after September 30, 1989, have you or your spouse ever been in a hospital and/or nursing home for more than 30 consecutive days?

Yes \_\_\_\_ No \_\_\_\_

**F.** Number of children, both natural and adopted, both living and deceased: \_\_\_\_\_

If any child is not a child of the married couple, indicate "C" to denote Client's child and "S" to denote Spouse's child. If a child of the married couple, ignore the C or S column.

Names and ages of children, in chronological order:

Name (first, middle initial, last):	H or W	Date of Birth	Date of Death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If a child is deceased, was the child survived by a descendant of his/hers:

Yes \_\_\_\_ No \_\_\_\_

**G.** What are your estate planning objectives? (Help children, avoid taxes, avoid probate, make charitable gifts, pass on the family business, etc.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**H.** In general, to whom do you want to distribute your estate? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I.** Is there any reason to treat children (or grandchildren) other than equally?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**J.** Does anyone presently owe you any money (or other debt)? Yes \_\_\_ No \_\_\_  
  
If Yes, do you have written documentation signed by the debtor? Yes \_\_\_ No \_\_\_  
  
If Yes, give a brief description of the documentation: \_\_\_\_\_  
\_\_\_\_\_

**K.** Have you made a gift or "loan" to any person (who is to be a beneficiary under your will) which you intended as an advancement of that person's inheritance from you?  
Yes \_\_\_ No \_\_\_. If Yes, give particulars: \_\_\_\_\_  
\_\_\_\_\_  
  
If Yes and you presently are married, is the advancement to be adjusted at your death, even if your spouse survives you? Yes \_\_\_ No \_\_\_ Or only at the death of the survivor of you and your spouse? Yes \_\_\_ No \_\_\_

**L.** Have you otherwise made any gifts to any person (including cash, property, machinery, etc.) in excess of \$10,000.00 in value to anyone donee in any calendar year? Yes \_\_\_\_\_ No \_\_\_\_\_  
  
If Yes, please explain: \_\_\_\_\_

**M.** To whom (or to which church or charities) do you want your estate to be distributed in the event that all of your preferred beneficiaries predecease you? Please describe:  
\_\_\_\_\_  
\_\_\_\_\_

**N.** If you are married at the time of your death, and you give less than all of your probate estate to your spouse, present Indiana law will provide your spouse with an allowance of \$25,000 (in most cases) in addition to the provisions which you make in your will for your spouse --- unless you indicate (in your will) a clear contrary intention. If you do not intend to name your spouse as the sole beneficiary under your will (if your spouse survives you), do you want the survivor's allowance to apply? Yes \_\_\_ No \_\_\_ (If the survivor's allowance applies, it could effectively reduce or eliminate other bequests you may make.)

If your spouse does not survive you, the same \$25,000 allowance will be payable equally to all of your children who survive you and are under 18 years of age at your death (to the exclusion of those who are 18 or older) --- unless you indicate (in your will) a clear contrary intention. Do you want the survivor's allowance to be paid to your minor children, if any, who survive you --- over and above the provisions you intend to make for them in your will? Yes \_\_\_ No \_\_\_

**O.** If you are unmarried and your gross estate --- or if you are married and the combined gross estate of you and your spouse --- exceeds the amount of one federal exemption at the time of your death (presently \$3,500,000, under present law, but increasing incrementally over the next several years), a potentially substantial federal estate tax liability could be payable at your death --- or at the death of the survivor of you and your spouse. With appropriate planning, one's potential federal estate tax liability frequently can be reduced and sometimes eliminated. Is your estate likely to be of sufficient size (considering your separate property, jointly owned property, life insurance, IRAs, qualified plan benefits, annuities, inheritances, etc.) to incur a federal estate tax liability? Yes \_\_\_ No \_\_\_. If Yes, do you want us to discuss death tax reduction planning with you? Yes \_\_\_ No \_\_\_.

**P.** Do you own any property outside of Indiana? Yes \_\_\_ No \_\_\_. If yes, please describe: \_\_\_\_\_

**Q.** Do you wish to include in your will a specific gift of any tangible or intangible property, or cash, to any individual, church, or charity? Yes \_\_\_ No \_\_\_. If yes, please describe: \_\_\_\_\_

**R.** Who (individual or bank) do you want to serve as the primary personal representative of your estate (to be in charge of the settlement of your estate)? \_\_\_\_\_

If that person (bank) does not so serve, who (individual or bank) is your second choice as personal representative? \_\_\_\_\_

**S.** Do you want your personal representative to serve with \_\_\_ or without \_\_\_ court supervision?

**T.** If at your death you have a minor child (one who is under 18 years of age), who do you want the Court to appoint as guardian of the child's person (parent substitute)?

\_\_\_\_\_ As a back up? \_\_\_\_\_  
Who (individual or bank) do you want the court to appoint as guardian of the child's property? \_\_\_\_\_ As a back up? \_\_\_\_\_

**U.** If during your life you were to become incapacitated, temporarily or permanently,

who would you want to place in charge of your personal and business affairs (to have a general power of attorney for you)? \_\_\_\_\_

Who would you want as a back up? \_\_\_\_\_

**V.** If at any time during your life your physician certifies that you are not able to make your own health care decisions, who would you want to authorize to make health care decisions for you (to have a health care power of attorney for you)?

Name: \_\_\_\_\_; Address: \_\_\_\_\_

\_\_\_\_\_ ; Home telephone number: \_\_\_\_\_;

Work telephone number: \_\_\_\_\_. Who would you want as a back

up? Name: \_\_\_\_\_; Address: \_\_\_\_\_

\_\_\_\_\_ ; Home telephone number: \_\_\_\_\_;

Work telephone number: \_\_\_\_\_.

**W.** Who referred you to this office?

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**X.** Please complete the attached financial summary.

\* \* \* \* \*

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

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Spouse's signature

Your Estate

Please complete carefully by filling in an approximate dollar amount of each asset type. This summarizes the value of the property that constitutes your estate and the information provided has important death tax implications.

Type of Asset	Property in Client's Name	Property in Spouse's Name	Property Held Jointly
<b>A. Cash</b> <input type="checkbox"/> <i>savings, checking accounts, CD's</i>			
<b>B. Securities</b> <input type="checkbox"/> <i>stocks, bonds, mutual funds</i>			
<b>C. Real estate (fair market value)</b> <input type="checkbox"/> <i>home, vacation home, farmland</i>			
<b>D. Tangible Personal Property</b> <input type="checkbox"/> <i>furniture, personal effects, machinery, livestock appliances</i>			
<b>E. Vehicles</b> <input type="checkbox"/> <i>cars, trailers, boats, aircraft</i>			
<b>F. Receivables</b> <input type="checkbox"/> <i>money owed to you, mortgages, notes</i>			
<b>G. Business Interests</b> <input type="checkbox"/> <i>corporations, partnerships, solely-owned businesses</i>			
<b>H. Employee Benefits</b> <input type="checkbox"/> <i>IRA, 401(k), stock option Keogh Plan</i>			
<b>I. Life Insurance</b> <input type="checkbox"/> <i>death benefit of insurance you own on your life</i> <input type="checkbox"/> <i>cash value of insurance you own on other's lives</i>			
<b>J. Other Property</b>			
<b>SUBTOTAL</b>			
<b>Subtract Fixed Liabilities</b> <input type="checkbox"/> <i>back taxes, mortgages, notes</i>			
<b>TOTALS</b>			