



**SEVERNS & HOWARD, P.C.**

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**LEGAL PLANNING INFORMATION as of \_\_\_\_\_, 202\_\_**

**PERSONAL INFORMATION:**

**CLIENT NAME:** \_\_\_\_\_  
FIRST MIDDLE LAST

DOB: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_-\_\_\_-\_\_\_ U. S. Citizen: \_\_\_ Yes \_\_\_ No

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

\_\_\_\_\_  
CITY STATE ZIP COUNTY

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Former Name(s) \_\_\_\_\_

Living at home? \_\_\_ Yes \_\_\_ No Veteran: \_\_\_ Yes \_\_\_ No Dates of Service: \_\_\_\_\_

If NO, where? Hospital \_\_\_\_\_ Nursing facility \_\_\_\_\_ Other \_\_\_\_\_

Employer: \_\_\_\_\_ Retirement Date: \_\_\_\_\_

How do you sign your name on legal documents (ex.: deeds, driver's license, social sec. card, tax forms, etc.)?  
\_\_\_\_\_

**SPOUSE (PARTNER) NAME :** \_\_\_\_\_  
FIRST MIDDLE LAST

DOB: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_-\_\_\_-\_\_\_ U. S. Citizen: \_\_\_ Yes \_\_\_ No

Same address as Spouse? \_\_\_ Yes \_\_\_ No If NO, please complete the following:

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

\_\_\_\_\_  
CITY STATE ZIP COUNTY

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Former Name(s) \_\_\_\_\_

Living at home? \_\_\_ Yes \_\_\_ No Veteran: \_\_\_ Yes \_\_\_ No Dates of Service: \_\_\_\_\_

Hospital \_\_\_\_\_ Nursing facility \_\_\_\_\_ Other \_\_\_\_\_

Employer: \_\_\_\_\_ Retirement Date: \_\_\_\_\_

How do you sign your name on legal documents (ex.: deeds, driver's license, social sec. card, tax forms, etc.)?  
\_\_\_\_\_

**FAMILY: USE ADDITIONAL SHEETS IF NECESSARY**

Date of Marriage: \_\_\_/\_\_\_/\_\_\_ Was a prenuptial agreement executed? \_\_\_\_\_ If yes, please attach a copy

Children:

<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Date of Birth</b>		
Address	City	State	Zip	Phone Number(s)	E-Mail
Spouse's Name		Number Of Children		Ages Of Children	
<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Date of Birth</b>		
Address	City	State	Zip	Phone Number(s)	E-Mail
Spouse's Name		Number Of Children		Ages Of Children	
<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Date of Birth</b>		
Address	City	State	Zip	Phone Number(s)	E-Mail
Spouse's Name		Number Of Children		Ages Of Children	
<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Date of Birth</b>		
Address	City	State	Zip	Phone Number(s)	E-Mail
Spouse's Name		Number Of Children		Ages Of Children	
<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Date of Birth</b>		
Address	City	State	Zip	Phone Number(s)	E-Mail
Spouse's Name		Number Of Children		Ages Of Children	

Do you or your spouse have children by a previous marriage? If so, who?

Do you or your spouse have any children who have died, leaving children? If so, who?

Do you have special financial or caregiving responsibility for any family members (aging parents, disabled children or grandchildren, other relatives)? If so, who?

Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property?

In your household, who: Pays the bills? \_\_\_\_\_ Balances the checkbook? \_\_\_\_\_

Decides how to invest? \_\_\_\_\_ Decides upon insurance? \_\_\_\_\_

**HELPERS:** List in order of priority. For those you would name in a legal document, please provide their name as it would appear in the legal document.

If you were in the hospital and unable to make decisions for yourself, with whom would you want your doctor to consult about your care? \_\_\_\_\_

Who knows best how you like to live and would help you if you were incapacitated? \_\_\_\_\_

If you were unable to do so, whom would you want to pay bills, make investment decisions and carry out other transactions for you? \_\_\_\_\_

Does someone prepare your taxes? \_\_\_\_\_ If yes, who? \_\_\_\_\_

Do you consult someone about investment decisions? \_\_\_\_\_ Who? \_\_\_\_\_

Client's personal physician: \_\_\_\_\_  
Name Practice Name Address City State Zip Phone

Spouse's personal physician: \_\_\_\_\_  
Name Practice Name Address City State Zip Phone

Do you have an insurance agent? \_\_\_\_\_ Who? \_\_\_\_\_

Do you and/or your spouse have a spiritual advisor? \_\_\_\_\_ Who? \_\_\_\_\_

Are you and/or your spouse affiliated with a religious organization? \_\_\_\_\_ Name: \_\_\_\_\_

Other advisors (name and address)? \_\_\_\_\_

**MEDICAL/DISABILITY:**

Is anyone in your family receiving Social Security or SSI because of disability? If so, who?

Is anyone at risk because of a medical condition or family history for becoming seriously ill or disabled?

Have either Client and/or Spouse been in a medical care facility (i.e., Hospital, Rehab Facility, Nursing Home, etc.) for 30 days or longer? Please list any and all admission and dismissal dates.

**HEALTH INSURANCE:**

**CLIENT**

**SPOUSE**

Company      Monthly Premium

Company      Monthly Premium

MEDICARE \_\_\_\_\_

\_\_\_\_\_

INSURANCE FROM EMPLOYER \_\_\_\_\_

\_\_\_\_\_

MEDICARE SUPPLEMENT \_\_\_\_\_

\_\_\_\_\_

LONG TERM CARE INSURANCE \_\_\_\_\_

\_\_\_\_\_

OTHER \_\_\_\_\_

\_\_\_\_\_

**MONTHLY INCOME:**

**CLIENT**

**SPOUSE**

**JOINT**

Social Security \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VA Benefits (Compensation/Pension) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pension from \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pension from \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IRAs, Annuities, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Rents \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Interest(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interest and Dividends \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTALS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which sources of income have a benefit for a surviving spouse? \_\_\_\_\_

**LIABILITIES:**

**Description**

**Balance Due**

**Monthly Payment**

**Maturity Date**

Mortgages \_\_\_\_\_

Notes to Banks \_\_\_\_\_

Notes to Others \_\_\_\_\_

Loans on Insurance \_\_\_\_\_

Other \_\_\_\_\_

**ASSETS:**

**REAL ESTATE:**

**Address/Description of Property**

**Value**

**Mortgage**

**Purchase price**  
(Tax Basis)

**How is it Titled?**  
(Names as they appear on Deed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FINANCIAL:**

**Bank Accounts, CD's, Brokerage Accounts, Stocks, Corporate or U.S. Bonds, other:**

<b>Description and location of Property</b> <small>Include # of Shares, Due Date &amp; Rate of Return Where Applicable</small>	<b>Value</b>	<b>Account No.</b>	<b>How is it titled?</b> <small>(Names as they appear on Instrument)</small>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**RETIREMENT ACCOUNTS:**

**Keogh, IRA, 401k, 403b, SEP, other:**

<b>Description and location of Property</b> <small>Include # of Shares, Due Date &amp; Rate of Return Where Applicable</small>	<b>Value</b>	<b>Account No.</b>	<b>How is it titled?</b> <small>(Names as they appear on Instrument)</small>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you or your spouse have an interest in any business?  
\_\_\_\_\_

Do you or your spouse expect an inheritance?  
\_\_\_\_\_

Have your or your spouse made any substantial gifts in the last five years?  
\_\_\_\_\_

**LIFE INSURANCE:**

Insurance Company: \_\_\_\_\_ Insured: \_\_\_\_\_ Owner: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Face Value: \_\_\_\_\_ Yearly Cost: \_\_\_\_\_ Cash Value: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insured: \_\_\_\_\_ Owner: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Face Value: \_\_\_\_\_ Yearly Cost: \_\_\_\_\_ Cash Value: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insured: \_\_\_\_\_ Owner: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Face Value: \_\_\_\_\_ Yearly Cost: \_\_\_\_\_ Cash Value: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insured: \_\_\_\_\_ Owner: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Face Value: \_\_\_\_\_ Yearly Cost: \_\_\_\_\_ Cash Value: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insured: \_\_\_\_\_ Owner: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Face Value: \_\_\_\_\_ Yearly Cost: \_\_\_\_\_ Cash Value: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insured: \_\_\_\_\_ Owner: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Face Value: \_\_\_\_\_ Yearly Cost: \_\_\_\_\_ Cash Value: \_\_\_\_\_

**OTHER PROPERTY WITH DESIGNATED BENEFICIARIES:**

**IRAs, Vested Pension Plan, Annuities or Other Assets that would pass, upon your death, to a designated beneficiary:**

<b>Owner</b>	<b>Description</b>	<b>Value</b>	<b>Designated Beneficiary</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PERSONAL PROPERTY:**

**Autos, R.V.s, Boats, Antiques, Heirlooms, Jewelry, Collections, etc.:**

<b>Description of Property (make, model, mileage, condition)</b>	<b>Value</b>	<b>How is it titled?</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a Safe Deposit Box at the bank? \_\_\_\_\_ Yes \_\_\_\_\_ No      Box # \_\_\_\_\_

Bank name: \_\_\_\_\_ Location \_\_\_\_\_

If yes, please provide a general list of the contents (ex: deed to house, life insurance policies, will, jewelry, etc.):

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

**LOCATION OF IMPORTANT PAPERS:**

<b>LEGAL:</b>	<b>Date Made</b>	<b>Location of Original</b>
Last Will and Testament:	_____	_____
Durable Power of Attorney:	_____	_____
Living Will/Health Care Power of Attorney:	_____	_____
Living Trust:	_____	_____
Other papers:	_____	

**OTHER LEGAL OR FINANCIAL OBLIGATIONS:**

Financial Obligations arising from dissolution of marriage or support actions: \_\_\_\_\_

\_\_\_\_\_

I am the legally appointed guardian of: \_\_\_\_\_

I have been appointed under a power of attorney from: \_\_\_\_\_

I am serving as executor or administrator of the estate of: \_\_\_\_\_

I have signed or will be signing health care contracts for: \_\_\_\_\_

I am obligated on other legal contracts or documents: \_\_\_\_\_

I am involved in a lawsuit: \_\_\_\_\_

I have lived in a community property state (AZ, CA, ID, LA, NA, NM, TX, WA or WI): \_\_\_\_\_

Other legal concerns: \_\_\_\_\_

\_\_\_\_\_

**WAS THIS FORM COMPLETED BY A THIRD PARTY?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, please complete the following:

Name: \_\_\_\_\_  
                    FIRST                                    MIDDLE                                    LAST

Address: \_\_\_\_\_  
                    \_\_\_\_\_  
                    CITY                                    STATE                                    ZIP                                    COUNTY

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Relationship to Client/Spouse: \_\_\_\_\_

Are you the primary person we should contact with regard to this file? \_\_\_\_\_ Yes \_\_\_\_\_ No

**We would like to thank the person who referred you to our office:**

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_



# DOCUMENTS TO BRING TO REVIEW WITH ATTORNEY

*(if applicable)*

1. Will, Codicil, Trust Agreements
2. Living Will, Health Care Declaration or Power of Attorney, Durable Powers of Attorney
3. Divorce decrees, Prenuptial Agreements, Adoption Papers
4. Guardianship Documents
5. A list of full names, addresses, telephone numbers, and E-Mail addresses of people who have a part in my planning as executors, trustees, beneficiaries of my estate, helpers and advisors
6. Life Insurance and Annuity Policies
7. Certificates, Passbooks, Account Statements for Savings, Checking, Credit Union Share Accounts
8. Certificates, Brokerage Statements for stocks, bonds and securities
9. Certificates of Title to Motor Vehicles, R.V.s, etc.
10. Retiree or employee benefit booklets and statements
11. Business papers: partnership agreements, corporate minute book, buy/sell agreements, financial statements, business tax returns
12. Health Insurance Policies
13. Long-term Care Insurance Policies
14. Admission Agreements to hospitals and health facilities
15. Veterans identification cards and discharge papers (DD214)
16. Documents regarding prearranged funeral and/or burial plot
17. Real Estate Deeds, Appraisals
18. Property tax statements
19. Income Tax Returns for the last three (3) years
20. Documentation of any gifts made in the past five (5) years
21. Gift Tax Returns

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