SEVERNS & HOWARD, P.C.
10293 N. Meridian Street, Suite 150
Carmel, IN 46290
(317) 817-0300
Fax: (877) 492-2207
www.severns-howard.com

LEGAL PLANNING INFORMATION as of _____, 201__

ESTATE PLANNING AND ASSET PROTECTION QUESTIONNAIRE

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_____ Date Admitted: _____

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:_____

First Name **MI** **Last Name** Date of Birth

Address City State Zip Cell Phone Number(s) E-Mail

Spouse's Name Number Of Children Ages Of Children

First Name **MI** **Last Name** Date of Birth

Address City State Zip Cell Phone Number(s) E-Mail

Spouse's Name Number Of Children Ages Of Children

First Name **MI** **Last Name** Date of Birth

Address City State Zip Cell Phone Number(s) E-Mail

Spouse's Name Number Of Children Ages Of Children

First Name **MI** **Last Name** Date of Birth

Address City State Zip Cell Phone Number(s) E-Mail

Spouse's Name Number Of Children Ages Of Children

First Name **MI** **Last Name** Date of Birth

Address City State Zip Cell 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? _____

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?

_____

HEALTH INSURANCE:	**CLIENT**		**SPOUSE**	
	Company	Monthly Premium	Company	Monthly Premium
MEDICARE	_____		_____	
INSURANCE FROM EMPLOYER	_____		_____	
MEDICARE SUPPLEMENT	_____		_____	
LONG TERM CARE INSURANCE	_____		_____	
OTHER	_____		_____	

PREVIOUS DOCUMENTS/LOCATION OF IMPORTANT PAPERS:

LEGAL:	**Date Made**	**Location of Original**
Last Will and Testament:	_____	_____
Durable Power of Attorney:	_____	_____
Living Will/Health Care Power of Attorney:	_____	_____
Living Trust:	_____	_____

Other papers: _____

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.*

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

Agent 1:
Full Legal Name: _____

Address: _____

Telephone Number: _____

Agent 2:
Full Legal Name: _____

Address: _____

Telephone Number: _____

(If you wish to name additional agents please provide the above information for such agent on an additional sheet of paper.)

B. 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?

____ SAME AS ABOVE

Agent 1:
Full Legal Name: _____

Address: _____

Telephone Number: _____

Agent 2:
Full Legal Name: _____

Address: _____

Telephone Number: _____

(If you wish to name additional agents please provide the above information for such agent on an additional sheet of paper.)

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

_____

Do you have pre-planned or pre-paid funeral arrangements? _____

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)? _____

_____

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:

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

RETIREMENT ACCOUNTS:

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

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

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?

_____

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				

LIFE INSURANCE:

Insurance Company: _____ Insured: _____ Owner: _____
Policy No.: _____ Face Value: _____ Cash Value: _____ Yearly Cost: _____
Beneficiary: Primary _____ Contingent _____

Insurance Company: _____ Insured: _____ Owner: _____
Policy No.: _____ Face Value: _____ Cash Value: _____ Yearly Cost: _____
Beneficiary: Primary _____ Contingent _____

Insurance Company: _____ Insured: _____ Owner: _____
Policy No.: _____ Face Value: _____ Cash Value: _____ Yearly Cost: _____
Beneficiary: Primary _____ Contingent _____

Insurance Company: _____ Insured: _____ Owner: _____
Policy No.: _____ Face Value: _____ Cash Value: _____ Yearly Cost: _____
Beneficiary: Primary _____ Contingent _____

Insurance Company: _____ Insured: _____ Owner: _____
Policy No.: _____ Face Value: _____ Cash Value: _____ Yearly Cost: _____
Beneficiary: Primary _____ Contingent _____

Insurance Company: _____ Insured: _____ Owner: _____
Policy No.: _____ Face Value: _____ Cash Value: _____ Yearly Cost: _____
Beneficiary: Primary _____ Contingent _____

OTHER PROPERTY WITH DESIGNATED BENEFICIARIES:

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

Owner Description Value Designated Beneficiary

_____

_____

_____

PERSONAL PROPERTY:

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

Description of Property (include mileage for Autos) Value How is it titled?

_____

_____

_____

_____

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.):

_____

_____

_____

_____

_____

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. Business papers: partnership agreements, corporate minute book, buy/sell agreements, financial statements, business tax returns

6. Life Insurance and Annuity Policies, Statements – Change of Beneficiary Forms for all policies.

7. Most Recent Account Statements for Savings, Checking, Credit Union Share Accounts, IRA, Retirement (401(k)/403(b))

8. Most Recent Account Statements for IRA & Retirement (401(k)/403(b)) – Change of Beneficiary Forms for all accounts

9. Most Recent Brokerage Statements for stocks, bonds and securities

10. Certificates of Title to Motor Vehicles, R.V.s, etc.

11. Long-term Care Insurance Policies

12. Real Estate Deeds, Appraisals

SEVERNS & HOWARD, P.C.
10293 N. Meridian Street, Suite 150
Carmel, IN 46290
(317) 817-0300
Fax: (877) 492-2207
www.severns-howard.com