

DALE, HUFFMAN & BABCOCK

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

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

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 "H" to denote husband's child and "W" to denote wife'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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ARE ANY OF YOUR CHILDREN ON SOCIAL SECURITY DISABILITY, SSI, MEDICAID, ETC. Y N

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. _____

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 \$14,000.00 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 \$5,340,000, under present law), 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? _____

(BY LAW, A PERSON WHO HAS BEEN CONVICTED OF A FELONY CANNOT SERVE AS A 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. Do you own a qualified annuity (funded with retirement funds)? Y N

Do you own a non-qualified annuity (not funded with retirement funds)? Y N

X. Who referred you to this office?

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Y. Does your estate include any digital assets (i.e. digital music files digital photos, ebooks, social media accounts (such as Facebook, Linked In, or Flickr), financial online accounts, computers, tablets, smartphones) that you would like to specifically address in your estate plan?

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