

# LEGAL PLANNING INFORMATION

## PERSONAL DATA:

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_-\_\_\_-\_\_\_  
First Middle Last

Address: \_\_\_\_\_ Day phone: \_\_\_\_\_ Eve. Phone \_\_\_\_\_  
Street Address

\_\_\_\_\_ County of Residence: \_\_\_\_\_  
City State ZIP

Employer: \_\_\_\_\_ Retirement date: \_\_\_\_\_ Veteran \_\_ Yes \_\_ No

Spouse: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_-\_\_\_-\_\_\_  
First Middle Last

Employer: \_\_\_\_\_ Retirement date: \_\_\_\_\_ Veteran \_\_ Yes \_\_ No

**FAMILY:** Date of Marriage: \_\_\_\_\_

Children:

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First Name	MI	Last Name	Age	Spouse's Name	Number of Children	Ages of Children
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Street	City	State	ZIP	Phone Number(s)
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First Name	MI	Last Name	Age	Spouse's Name	Number of Children	Ages of Children
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Street	City	State	ZIP	Phone Number(s)
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First Name	MI	Last Name	Age	Spouse's Name	Number of Children	Ages of Children
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Street	City	State	ZIP	Phone Number(s)
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First Name	MI	Last Name	Age	Spouse's Name	Number of Children	Ages of Children
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Street	City	State	ZIP	Phone Number(s)
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Do you or your spouse have children by a previous marriage? \_\_\_\_\_

Do you or your spouse have any children who have died leaving children? \_\_\_\_\_

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

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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 disabled?

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

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**HEALTH INSURANCE:**

You

Spouse

Medicare:

\_\_\_\_\_

\_\_\_\_\_

Insurance from Employer

\_\_\_\_\_

\_\_\_\_\_

Medicare Supplement

\_\_\_\_\_

\_\_\_\_\_

Long Term Care Ins.

\_\_\_\_\_

\_\_\_\_\_

Other

\_\_\_\_\_

\_\_\_\_\_

**HELPERS:**

If you were in the hospital and unable to make decisions for yourself, with whom would you want your doctor to consult with about your care? (List in order of priority)

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

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

Does someone prepare your taxes? \_\_\_\_\_

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

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

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

Name and Address of Personal Physician \_\_\_\_\_

**LOCATION OF IMPORTANT PAPERS:** \_\_\_\_\_

**FINANCIAL:**

Real Estate:

Description of Property	Value	Mortgage	How is it titled? <small>Names as they appear on Deed</small>
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Income Producing Assets:

Bank Accounts, CD's, Brokerage Accounts, Stocks, Corp. or U.S. Bonds, other.

Description & Location of Property <small>Include Due Date and Rate of Return Where Applicable</small>	Value	Account Number	How is it titled? <small>Names as they appear on Instrument</small>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

<u>Monthly income:</u>	You	Your spouse	Joint
Social Security	_____	_____	
Employment	_____	_____	
Pension from _____	_____	_____	
Pension from _____	_____	_____	
IRA's, annuities, etc. _____	_____	_____	
Rents _____	_____	_____	_____
Business interest _____	_____	_____	_____
Interest and dividends _____	_____	_____	_____
Other _____	_____	_____	_____
 TOTALS	 _____	 _____	 _____

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

Life Insurance

Whose Life?	Company	Face Value	Cash Value	Policy Number	Yearly Cost	Beneficiary
1.						
2.						
3.						
4.						
5.						

Are the owners of any of the policies different from the person whose life is insured?

\_\_\_\_\_

Other Property with Designated Beneficiaries

Do you have IRA's, Vested Pension Plan, Annuities or Other Assets that would pass upon your death to a particular beneficiary that you have designated?

Description	Value	Designated Beneficiary
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

\_\_\_\_\_

Liabilities:

Description	Balance Due	Monthly Payment	Maturity Date
Mortgages _____			
Notes to Banks _____			
Notes to Others _____			
Loans on Insurance _____			
Other _____			

**PERSONAL PROPERTY:** (Autos, R.V.'s, Boats, Antiques, Heirlooms, Jewelry, Collections, etc.)

Description of Property	Value	How is it titled?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**LEGAL:**

Date Made

Location of Original

Last Will and Testament:

\_\_\_\_\_

\_\_\_\_\_

Durable Power of Attorney:

\_\_\_\_\_

\_\_\_\_\_

Living Will/Health Care Power of Attorney:

\_\_\_\_\_

\_\_\_\_\_

Living Trust:

\_\_\_\_\_

\_\_\_\_\_

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 an estate:

\_\_\_\_\_

I have 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 (Arizona, Calif., Idaho, Louisiana, Nevada, New Mexico, Texas, Washington State):

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