

LEGAL PLANNING INFORMATION

PERSONAL DATA:

DATE:

Name: _____ DOB: ___/___/___ SSN: ____-____-____
First Middle Last

Address: _____ Day phone: _____ Eve. Phone _____
Street Address

City State ZIP County: _____ Email: _____

Employer: _____ Retirement date: _____ Veteran __ Yes __ No

Spouse: _____ DOB: ___/___/___ SSN: ____-____-____
First Middle Last

Employer: _____ Retirement date: _____ Veteran __ Yes __ No

Phone: _____ Email: _____ Date of Marriage: _____

Children:

First Name MI Last Name Age Spouse's Name Number of Children Ages of Children

Street City State ZIP Phone Number(s) Email

First Name MI Last Name Age Spouse's Name Number of Children Ages of Children

Street City State ZIP Phone Number(s) Email

First Name MI Last Name Age Spouse's Name Number of Children Ages of Children

Street City State ZIP Phone Number(s) Email

First Name MI Last Name Age Spouse's Name Number of Children Ages of Children

Street City State ZIP Phone Number(s) Email

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)?

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?

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

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)

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

If you and/or your spouse 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(s):

1) _____

2) _____

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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