



LEGAL PLANNING INFORMATION as of _____, 201__

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: _____

First Name	MI	Last Name	Date of Birth		
Address	City	State	Zip	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	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	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	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	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	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 _____

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)? _____

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 you 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	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.):

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:	_____	

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

REFERRAL

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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