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CONFIDENTIAL INFORMATION FOR ESTATE PLAN

OF



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Comments Regarding Estate Information Booklet

1. **BE POSITIVE:** The booklet seeks considerable information, but you will find that it will help you organize your thoughts regarding your estate plan, as well as provide a handy future reference tool. Don't let the size of the booklet overwhelm you. If it is too much to complete, do as much as you can and we will discuss the remainder during our conference.
2. **COMPLETE INFORMATION:** Please be as complete and detailed as possible in providing the information requested. **Don't decide to give up on completing your estate plan or Will because the completion of the booklet is too time-consuming.** It is better not to complete the booklet, but to complete your Will and other documents, than to do nothing! If questions asked are not applicable to your situation, mark your answer NA for "Not Applicable".
3. **SPOUSES:** Information from both spouses should be put in the same booklet. You will each need to review the questions and information being provided together. Obviously, you may have different desires regarding your individual Wills for a number of reasons, and the forms in the booklet can be modified to express those differences.
4. **UNAVAILABLE INFORMATION:** If information requested is presently unavailable, or too difficult or time consuming to obtain, do not delay the completion of the booklet, but rather complete it to the best of your present ability.
5. **FINANCIAL STATEMENTS:** If you have a recent Financial Statement containing details regarding your assets and liabilities, it may suffice to provide much of the information requested in certain sections of the booklet.
6. **SUPPORTING DOCUMENTS:** It normally is not necessarily to review documents and instruments, such as deeds, titles, insurance policies, and similar items at the first conference. However, statements from banks, accounts, brokers, and other property holders which contain identifying information and present values should be brought to the first conference. If other documents need to be reviewed, they will be requested.
7. **UPDATING INFORMATION:** Information placed in the booklet will need to be periodically updated and reviewed. Also, if during the time when the estate plan is being developed, significant changes take place which varies the information contained in the booklet, the attorney should be notified immediately. A person should review his estate plan annually.
8. **SPACE:** Use and attach additional sheets of paper if the room provided in a particular area is insufficient.

CONFIDENTIAL INFORMATION FOR ESTATE PLAN

BASIC INFORMATION

Client(s): _____

Address (residence): _____

Home: Phone _____ Fax _____ Email _____

Business:

Husband: Phone _____ Fax _____ Email _____

Wife: Phone _____ Fax _____ Email _____

FAMILY INFORMATION

	<i>Full Name</i>	<i>Date of Birth</i>	<i>Social Security No.</i>
Husband	_____	_____	_____
Wife	_____	_____	_____

Date of Marriage: _____ Both U.S. Citizens: Yes___ No___

CHILDREN (including biological, adopted, and stepchildren)

<i>Full Name</i>	<i>Date of Birth</i>	<i>Spouse's Name</i>	<i>Address</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GRANDCHILDREN

<i>Full Name</i>	<i>Date of Birth</i>	<i>Spouse's Name</i>	<i>Address</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER FAMILY MEMBERS (parents, brothers, sisters, etc.)*

<i>Full Name</i>	<i>Relationship</i>	<i>Age</i>	<i>Address</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* Those who will be included in Will or whose whereabouts should be listed (attach separate sheet if necessary)

HEALTH

Special health conditions of family members or others you intend to name as beneficiaries of your Will:

MARITAL HISTORY

Special information regarding your or your intended beneficiaries' marital history, including:

- Any prior marriages (include approximate date of divorce) and information regarding child support orders, property division not completed, etc.

- Children by prior marriages (not previously listed)

OTHER FAMILY INFORMATION

Describe any other information regarding your family which you believe to be important to your estate planning decisions, including any special educational needs, financial needs, whether you anticipate support elderly parents or adult children, etc. **Also, if you are leaving a child, spouse or other expected beneficiary out of your Will, please explain your reasoning.**

INTENDED BENEFICIARIES

- 1. **Family Beneficiaries:** Name the family members whom you desire to share in your estate (you may simply say spouse first, children second, grandchildren third, etc.), and state the share (cash; percent of estate, specific items, etc.).

FIRST BENEFICIARY

<i>Name</i>	<i>Address</i>	<i>Share</i>
_____	_____	_____

SECOND BENEFICIARY

<i>Name</i>	<i>Address</i>	<i>Share</i>
_____	_____	_____

THIRD BENEFICIARY

<i>Name</i>	<i>Address</i>	<i>Share</i>
_____	_____	_____

- 2. **Non-Family Beneficiaries:** Include name, address, nature of relationship (e.g., friend, church, etc.) and gift you desire to leave (cash amount; % of estate; specific gifts, etc.).

INDIVIDUALS

<i>Name</i>	<i>Address</i>	<i>Share</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHURCHES

<i>Name</i>	<i>Address</i>	<i>Share</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHARITIES

<i>Name</i>	<i>Address</i>	<i>Share</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPECIFIC BEQUESTS

If you intend to make specific bequests of property (real or personal) to a particular person or organization in your Will or Trust, please provide the following information:

<i>Bequeathed Item</i>	<i>Location</i>	<i>Recipient</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

GUARDIAN

Name, address and relationship to family of the person or persons you wish to serve as guardian for your minor children.

<i>Name</i>	<i>Address</i>	<i>Relationship</i>
_____	_____	_____
_____	_____	_____

Name, address and relationship to family of person or persons you wish to serve as the alternate guardian for your minor children.

<i>Name</i>	<i>Address</i>	<i>Relationship</i>
_____	_____	_____
_____	_____	_____

EXECUTOR

Name and address of person or bank who you desire to serve as the Executor of your Estate (this is the person or bank who will be responsible for carrying out the terms of your Will and administering your estate):

Name _____

Address _____

Name and address of Alternate Executor:

Name _____

Address _____

MILITARY SERVICE

If you are or were in the military service, please state:

Branch of service: _____

Rank attained: _____

When joined: _____ When separated: _____

Are you or will you in the future receive any retirement, disability, or other benefits from the military service? Yes No

If yes, please describe.

PREVIOUS ESTATE PLANNING DOCUMENTS

1. Do you currently have a Will?

Husband: Yes No Wife: Yes No

2. Have you ever established a trust?

Husband: Yes No Wife: Yes No

3. Have you given anyone a Power of Attorney which is still in effect?

Husband: Yes No

Wife: Yes No

4. Are you the "attorney-in-fact" for anyone under a Power of Attorney?

Husband: Yes No

Wife: Yes No

If you have any of the documents described in 1 through 4, please return a copy with this booklet or bring a copy to the conference.

5. Are you or are any of the members of your immediate family beneficiaries of any estate or trusts which is currently being administered? Yes No

If yes, please describe:

LOCATION OF IMPORTANT ITEMS

1. If you have a safety deposit box, state:

Bank name and address where box is located: _____

Box number: _____

Describe the general contents of the box: _____

2. State where you keep your important records and documents, including tax returns, bank books and cancelled checks, financial statements, divorce papers, birth certificates, life insurance policies, titles, deeds, powers of attorneys, wills, trusts, etc.

INHERITANCES

Describe any inheritance you are or will be receiving in the near future. Include benefactor's name, anticipated amount of inheritance, name of court where estate is being administered if applicable, etc.).

LIVING WILL AND APPOINTMENT OF HEALTH CARE REPRESENTATIVE

1. Are you interested in having a Living Will, which is a document by which you authorize health care providers to withhold life support systems when you have an incurable injury, disease, or illness and death is imminent but for the operation of life support systems?

Husband: Yes No Want to discuss

Wife: Yes No Want to discuss

2. If you are unable to make health care decisions for yourself (due to injury, disease, etc.), state:

- a. The name and address of the person who you would want to make health care decisions for you:

Name _____

Address _____

- b. The name and address of the person who would serve as an alternate to the person named above

Name _____

Address _____

DURABLE POWER OF ATTORNEY AND GUARDIAN

1. Are you interested in having a Durable Power of Attorney under which a person would serve as your attorney-in-fact to handle your financial affairs under certain conditions?

Husband: Yes No Want to discuss

Wife: Yes No Want to discuss

2. Who would you name as:

Primary Attorney-in-Fact? _____

Alternative Attorney-in-Fact? _____

3. What person would you want to serve as your Guardian should such become necessary?

Primary Guardian _____

Alternate Guardian _____

PHYSICIAN

1. State the name and address of Husband's physician(s).

Name _____

Address _____

2. State the name and address of Wife's physician(s).

Name _____

Address _____

FINANCIAL INFORMATION - GENERAL

1. Employment Information

➤ Husband

a. Employer name and address: _____

b. Position with employer: _____

c. Do you participate in any of the following benefit plans? (circle all applicable)

- | | |
|----------------------------|--------------------------|
| Profit Sharing | Group Life |
| Pension | Accidental Death |
| Group Health Insurance | Stock Option |
| Group Disability Insurance | Salary Continuation Plan |

Any other employee benefit plan - please describe: _____

➤ Wife

a. Employer name and address: _____

b. Position with employer: _____

c. Do you participate in any of the following benefit plans? (circle all applicable)

- | | |
|----------------------------|--------------------------|
| Profit Sharing | Group Life |
| Pension | Accidental Death |
| Group Health Insurance | Stock Option |
| Group Disability Insurance | Salary Continuation Plan |

Any other employee benefit plan - please describe: _____

2. **Professional Advisors**

- a. Name and address of Accountant (including firm name) and/or Tax Preparer, stating whether the person is a certified public accountant (CPA), accountant, tax preparer, attorney, etc.

- b. Name and address of other legal counsel employed by you.

3. **Prior Gifts**

Have you ever filed a gift tax return?

Yes No

If yes, please furnish us a copy of the latest return.

Have you ever made a gift to a minor under the Uniform Gifts to Minors Act?

Yes No

If yes, who is the custodian? _____

FINANCIAL INFORMATION - ASSETS

Note: Under the “Legal Title” heading, please indicate whether the property is the separate property of the husband (“HSP”), the separate property of the wife (“WSP”), joint tenancy with right of survivorship (“JTWROS”), or tenancy in common (“TC”). A current financial statement or account statements may provide much of the information requested in this section. Use additional sheets if necessary.

BANK ACCOUNTS AND CERTIFICATES

	<i>Name of Institution</i>	<i>Amount</i>	<i>Legal Title</i>
Checking Accounts	_____	_____	_____
	_____	_____	_____
Savings Accounts	_____	_____	_____
	_____	_____	_____
Certificates of Deposit	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Total Value		_____	

NOTES AND ACCOUNTS RECEIVABLE

Note: These are owed to you, not by you; include substantial tax refunds due.

<i>Debtor</i>	<i>Nature of Debt</i>	<i>Security</i>	<i>Value</i>	<i>Legal Title</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Value		_____		

STOCKS (other than personal business)

Note: If stocks are held by a brokerage firm or other institution, please attach a copy of most recent statement showing information requested.

<i>Description</i>	<i>Date Acquired</i>	<i>No. of Units</i>	<i>Legal Title</i>	<i>Annual Yield</i>	<i>Present Value</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total Value					_____

BOND HOLDINGS

Note: If bonds are held by a brokerage firm or other institution, please attach a copy of most recent statement.

<i>Description and Maturity Date</i>	<i>Date Acquired</i>	<i>No. of Units</i>	<i>Legal Title</i>	<i>Face Amount</i>	<i>Present Value</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total Value					_____

INDIVIDUAL RETIREMENT ACCOUNTS (IRAs)

<i>Account Name and Number</i>	<i>Type of Assets Held</i>	<i>Current Value</i>	<i>Cost Basis of Assets</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Value			_____

OTHER SECURITIES (Mutual Funds, etc.)

Note: If securities are held by a brokerage house or other institution, please attach a copy of most recent statement.

<i>Account Name and Number</i>	<i>Legal Title</i>	<i>Nature of Holdings</i>	<i>Present Value</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Value			_____

REAL ESTATE

➤ Your Residence

Address _____

Income, if any _____

Legal title _____

How acquired (gift, purchase, etc.) _____

Date acquired _____

Cost _____

Present value (without deduction of debt) _____

Liabilities owed (mortgages, etc.) _____

Equity (value - liabilities) _____

➤ Property #2

Address _____

Income, if any _____

Legal title _____
How acquired (gift, purchase, etc.) _____
Date acquired _____
Cost _____
Present value (without deduction of debt) _____
Liabilities owed (mortgages, etc.) _____

Equity (value - liabilities) _____

➤ Property #3

Address _____

Income, if any _____
Legal title _____
How acquired (gift, purchase, etc.) _____
Date acquired _____
Cost _____
Present value (without deduction of debt) _____
Liabilities owed (mortgages, etc.) _____

Equity (value - liabilities) _____

Total Value _____

If you have had any real estate holdings appraised in the last three (3) years, please include a copy of the written appraisal(s).

PRODUCING OIL PROPERTIES OR OTHER MINERAL INTERESTS

<i>Description</i>	<i>Date Acquired</i>	<i>Legal Title</i>	<i>Annual Yield</i>	<i>Present Value</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Value _____				

OTHER PERSONAL PROPERTY AND COLLECTIBLES

Note: Include all other items of property not previously listed, including household goods and furnishings (need not be specific) personal apparel, motor vehicles, boats, aircraft, jewelry, art, collections, copyrights, shares in trust funds, etc. You may roughly estimate the present fair market value.

<i>Description</i>	<i>Date Acquired</i>	<i>Legal Title</i>	<i>Present Value</i>
<u>Household goods and furnishings</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<u>Motor vehicles</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<u>Collections</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<u>Jewelry</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other personal property			
Total Value _____			

EMPLOYMENT BENEFITS - Husband

Note: It may be necessary to obtain a copy of your employer's published booklets on your employee benefits. Please provide the name or office we should contact regarding questions about employee benefits.

	<i>Custodian or Trustee</i>	<i>Amount</i>	<i>Beneficiary</i>
Pension Plan	_____	_____	_____
Profit-Sharing Plan	_____	_____	_____
Keogh (HR-10) Plan	_____	_____	_____
Other Plan (stock option, etc.)	_____	_____	_____
Deferred Comp. Plan	_____	_____	_____
Total Value _____			

EMPLOYMENT BENEFITS - Wife

Note: It may be necessary to obtain a copy of your employer's published booklets on your employee benefits. Please provide the name or office we should contact regarding questions about employee benefits.

	<i>Custodian or Trustee</i>	<i>Amount</i>	<i>Beneficiary</i>
Pension Plan	_____	_____	_____
Profit-Sharing Plan	_____	_____	_____
Keogh (HR-10) Plan	_____	_____	_____
Other Plan (stock option, etc.)	_____	_____	_____
Deferred Comp. Plan	_____	_____	_____
Total Value _____			

BUSINESS OWNERSHIPS

If you own or are involved in one of the below listed forms of business organizations, please provide the requested information.

➤ Sole Proprietorship

Business Name and Address _____

Approximate Value of Business _____

➤ Partnership

Partnership Name and Address _____

Percentage Share of Ownership _____

Approximate Value of Interest _____

➤ Closely Held Corporation

Corporation Name and Address _____

Percentage Share of Ownership _____

Approximate Value of Interest _____

➤ Limited Liability Company

LLC Name and Address _____

Percentage Share of Ownership _____

Approximate Value of Interest _____

Total Value of Business Interests _____

LIFE INSURANCE

Life Insurance on family (including any group life insurance on your life and the lives of other members of the family)

Note: On the beneficiary line, place the name of the first beneficiary, secondary beneficiary, and third (tertiary) beneficiary if known.

➤ Policy No. 1

Company	_____
Insured's Name	_____
Owner's Name	_____
Beneficiaries	_____
Type of Policy (term, whole, etc.)	_____
Policy Number	_____
Face Amount	_____
Loans Against	_____
Cash Value	_____
Death Benefit	_____

➤ Policy No. 2

Company	_____
Insured's Name	_____
Owner's Name	_____
Beneficiaries	_____
Type of Policy (term, whole, etc.)	_____
Policy Number	_____
Face Amount	_____
Loans Against	_____

Cash Value

Death Benefit

➤ Policy No. 3

Company

Insured's Name

Owner's Name

Beneficiaries

Type of Policy
(term, whole, etc.)

Policy Number

Face Amount

Loans Against

Cash Value

Death Benefit

➤ Policy No. 4

Company

Insured's Name

Owner's Name

Beneficiaries

Type of Policy
(term, whole, etc.)

Policy Number

Face Amount

Loans Against

Cash Value

Death Benefit

Total Insurance on Husband _____

Total Insurance on Wife _____

ANNUITIES

<i>Name of Company</i>	<i>Annuitant</i>	<i>Type</i>	<i>Value/Benefits</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Annuity Value - Husband _____

Total Annuity Value - Wife _____

FINANCIAL INFORMATION - LIABILITIES

Credit cards, loans, notes, accounts to others, pledges, taxes, etc. Don't include mortgages if previously listed under real estate.

<i>Creditor</i>	<i>Debtor (Husband, Wife, Joint)</i>	<i>Unsecured or Secured (and Security)</i>	<i>Amount</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Debt _____

APPROXIMATE NET WORTH

HSP = Husband's Separate Property
WSP = Wife's Separate Property
Joint = Husband and Wife Joint Property

<i>Current Assets</i>	<i>HSP</i>	<i>WSP</i>	<i>Joint</i>
Bank Accounts, Certificates (p. 14)	_____	_____	_____
Notes and Accounts Receivable (p. 14)	_____	_____	_____
Stocks (p. 15)	_____	_____	_____
Bond Holdings (p. 15)	_____	_____	_____
IRAs (p. 15)	_____	_____	_____
Other Securities (p. 16)	_____	_____	_____
Real Estate (p. 17)	_____	_____	_____
Oil and Mineral Interests (p. 18)	_____	_____	_____
Other Personal Property/Collectibles (p.19)	_____	_____	_____
Business Ownerships (p. 20)	_____	_____	_____
Total Current Assets	_____	_____	_____
minus	_____	_____	_____
Current Liabilities (p. 23)	_____	_____	_____
Approximate Current Net Worth (Assets minus Liabilities)	_____	_____	_____
TOTAL CURRENT FAMILY NET WORTH	\$ _____		
(Total of Net Worth of Family minus Husband, Wife, and Joint)			

SUMMARY OF ASSETS PAYABLE UPON DEATH

(not included in net worth section)

	<i>On Husband's Death</i>	<i>On Wife's Death</i>
Life Insurance (p. 23)	_____	_____
Annuities (p. 23)	_____	_____
Employment Benefits (p. 19)	_____	_____
Total Death Benefits	_____	_____