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**301 East Carmel Drive**

**Suite 300C**

**Carmel, Indiana 46032**

**(317)-564-0016**

Attorneys at Law

**Estate Planning Inventory**

**I. Family Data**

**A. Yourself**

Name:

\_\_\_\_\_

Birth Date

\_\_\_\_\_

Social Security No.

\_\_\_\_\_

Street Address

\_\_\_\_\_

City/State/Zip

\_\_\_\_\_

County of Residence

\_\_\_\_\_

Employer

\_\_\_\_\_

Business/Profession

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Work  
Phone

\_\_\_\_\_

Home Fax

\_\_\_\_\_

Work Fax

\_\_\_\_\_

Mobile Phone

\_\_\_\_\_

U.S. Citizen

Yes: \_\_\_\_\_

No: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**B. Your Spouse**

Name: \_\_\_\_\_

Birth Date \_\_\_\_\_

Social Security No. \_\_\_\_\_

Employer \_\_\_\_\_

Business/Profession \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Fax \_\_\_\_\_ Work Fax \_\_\_\_\_

Mobile Phone \_\_\_\_\_

U.S. Citizen Yes: \_\_\_\_\_  
No: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**C. Your Children and other Heirs**

Please provide pertinent information for your child(ren) (adopted or natural), grandchildren and other heirs to whom property may be devised (given)

1.	Name	Date of Birth/Age	
	_____		_____
	Addresses	Gender	M_____
	_____		F_____
	_____	Relationship	
	SSN	Married?	Yes_____
	_____		No_____
	Children? Yes_____	No of children	
	No_____		_____

2.	Name	Date of Birth/Age	
	_____		_____
	Addresses	Gender	M_____
	_____		F_____
	_____	Relationship	
	SSN	Married?	Yes_____
	_____		No_____
	Children? Yes_____	No of children	
	No_____		_____

3.	Name	Date of Birth/Age	
	_____		_____

Addresses		Gender	M_____
			F_____
		Relationship	
SSN		Married?	Yes_____
			No_____
	Children? Yes_____	No of children	
	No_____		

4. Name

Addresses		Date of Birth/Age	
		Gender	M_____
			F_____
		Relationship	
SSN		Married?	Yes_____
			No_____
	Children? Yes_____	No of children	
	No_____		

D. **Prior Marital Status.** Did you or your spouse have a prior marriage?

1. If so, when was the marriage terminated?

\_\_\_\_\_

2. Children of prior marriage(s)?

\_\_\_\_\_

\_\_\_\_\_

3. Do you wish to include these children in your Will, if you have not already done so?

No\_\_\_\_\_ Yes\_\_\_\_\_

1.	Name	Date of Birth/Age	
	_____		_____
	Addresses	Gender	M_____
	_____		F_____
	_____	Relationship	
	SSN	Married?	Yes_____
	_____		No_____
	Children? Yes_____	No of children	
	No_____		_____

2.	Name	Date of Birth/Age	
	_____		_____
	Addresses	Gender	M_____
	_____		F_____
	_____	Relationship	
	SSN	Married?	Yes_____
	_____		No_____
	Children? Yes_____	No of children	
	No_____		_____

3.	Name		Date of Birth/Age	
	Addresses		Gender	M_____
				F_____
	SSN		Relationship	
			Married?	Yes_____
				No_____
	Children?	Yes_____	No of children	
		No_____		

E. **Prenuptial Agreement.** Did you or your spouse enter into a prenuptial or postnuptial agreement? Yes\_\_\_\_\_ No\_\_\_\_\_

F. **Health and related obligations.** Please describe any present or potential health problems or support obligations for any family or non-family members.

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## II. WILLS

A. **Prior/Current estate plan.** Do you at present have a Will or Trust in existence? If yes, please provide us with a copy. Yes \_\_\_\_\_ No \_\_\_\_\_

**B. Charitable Gifts.**

1. Do you want to make a gift or bequest to charity? Yes \_\_\_\_\_ No \_\_\_\_\_

2. If you desire to make a gift or bequest to charity, is your desire to make

a gift or bequest to the charity only if certain persons (for example,

family members) do not survive you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:

<u>Name and Address</u>	<u>Property Type</u>	<u>Source/Location</u>	<u>Amount</u>
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a. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. \_\_\_\_\_  
 \_\_\_\_\_





\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. \_\_\_\_\_  
In what manner do you want to dispose of the remainder of your estate?  
(Check one)

Outright to spouse, if living or, if not, in trust for  
child(ren)? \_\_\_\_\_

Outright to spouse, if living or, if not, outright to  
child(ren)? \_\_\_\_\_

Outright to spouse? \_\_\_\_\_

In trust for spouse? \_\_\_\_\_

Outright to child(ren)? \_\_\_\_\_

In trust for child(ren)? \_\_\_\_\_

In trust for spouse and child(ren)? \_\_\_\_\_

Other (describe) \_\_\_\_\_

F. If you desire to leave assets in trust for your spouse, knowing that we will discuss this

during our meeting, describe your goals for using the Trust for your spouse.

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G. If you desire to leave assets in trust for your child(ren), knowing that we will discuss this during our meeting, describe your goals for using the Trust for your child(ren)

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### III. RESPONSIBLE PERSONS-FIDUCIARIES

#### A. Guardian for minor child(ren)

Name, address and relationship of person(s) you would like to serve as Guardian of your minor child(ren).

	Primary Choice		Contingent Choice
Name	_____	Name	_____
Address	_____	Address	_____
	_____		_____

Relationship _____ _____ _____	Relationship _____ _____ _____
Home Phone _____ _____	Home Phone _____ _____

**B. Personal Representative.** Who would you like to serve as Personal Representative of your estate? A Personal Representative, commonly referred to as an Executor, is the person responsible for collecting all assets, paying all debts, filing any death tax returns and filing your final income tax return. The Personal Representative then distribute your assets in accordance with the terms of your Will.

	Primary Choice		Contingent Choice
Name	_____	Name	_____
Address	_____ _____	Address	_____ _____
Relationship	_____	Relationship	_____
Home Phone	_____	Home Phone	_____

**C. Trustee.**

1. Name, address and Person(s) you would like to serve as **Trustee** of any Trust for the benefit of any of your heirs.

	Primary Choice		Contingent Choice
Name	_____	Name	_____
Address	_____	Address	_____
	_____		_____
Relationship	_____	Relationship	_____
Home Phone	_____	Home Phone	_____

2. If a corporate trustee is needed, do you have a preference as to which financial institution should serve as trustee?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the following information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Trust Officer (if known) \_\_\_\_\_

Business Phone \_\_\_\_\_

#### IV. INCOME AND OBLIGATIONS

A. Your present annual income \$ \_\_\_\_\_

Your spouse's present annual income \$ \_\_\_\_\_

B. Please provide a copy of your most recent income tax returns.

C. **Estate and Gift Taxes.**

If you filed gift tax returns, please provide copies.

D. **Assets.** Do you have a right under someone else's Will or Trust to direct, during your lifetime or in your Will, the person who may receive the property or income from such Will or Trust? Yes \_\_\_\_\_ No \_\_\_\_\_

**V. ANCILLARY DOCUMENTS**

A. **Financial Durable Power of Attorney.** Do you want to give a power of attorney to another person to act on your behalf? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, do you want it effective immediately or only upon your disability?  
Immediately \_\_\_\_\_ Upon Disability \_\_\_\_\_

For you:

	Primary Choice		Contingent Choice
Name	_____	Name	_____
Address	_____	Address	_____
Relationship	_____	Relationship	_____

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
\_\_\_\_\_

For your spouse:

Primary Choice

Contingent Choice

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

**B. Health Care Power of Attorney.** Do you want to designate another person as your health care representative to make healthcare decisions on your behalf in the event you become incapable of making such decisions?

Yes \_\_\_\_\_ No \_\_\_\_\_

For you:

Primary Choice

Contingent Choice

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
\_\_\_\_\_

For your spouse:

	Primary Choice	Contingent Choice
Name	_____	_____
Address	_____	_____
Relationship	_____	_____
Home Phone	_____	_____

**C. Living Will Declarations.** Do you want to consider making a Living Will? A Living Will is a document in which you state that you do not want your life to be prolonged by life-support machines under certain circumstances and also allows for a decision regarding artificially supplied nutrition and hydration (fluids). Yes \_\_\_\_\_ No \_\_\_\_\_

**D. Anatomical Gifts.** Do you want to consider being an organ donor? Yes \_\_\_\_\_  
No \_\_\_\_\_

## VI. MISCELLANEOUS

**A. Living Trusts.** Do you want to discuss the advantages and disadvantages of a

Revocable or Living Trust? Yes \_\_\_\_\_ No \_\_\_\_\_

**B.** What arrangements have you made for burial and its costs?

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C. Are you the owner of one or more IRC § 529 College Savings Accounts?  
Yes \_\_\_\_\_  
No \_\_\_\_\_

D. Are you the custodian of one or more Uniform Transfers to Minors Account (UTMA/UGMA)?  
Yes \_\_\_\_\_  
No \_\_\_\_\_

E. Do you have long-term care insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

F. Are you or your spouse entitled to Veterans' benefits? Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_

## VII. ASSETS AND LIABILITIES

If you already have a net worth financial statement that incorporates the information requested below (ownership, value and a sufficient description), you can attach a copy rather than completing the remainder of this Inventory Outline.

### A. Real Estate

Ownership

Value

(H/W/J)

1 Primary Residence \_\_\_\_\_  
\_\_\_\_\_

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2 Other \_\_\_\_\_

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3 Other \_\_\_\_\_

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**B. Business Interests**

Ownership (H/W/J)	Type (SP,P,LLC, S-corp, LLP)	Value
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1 Business Name, Address and Description \_\_\_\_\_

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2 Business Name, Address and Description \_\_\_\_\_

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\_\_\_\_\_

3 Business Name, Address and Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C. Bank Accounts**

Ownership

(H/W/J)

Type

(checking, CD, Value

savings, MM)

1 Name of Institution and account Number \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2 Name of Institution and account Number \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3 Name of Institution and account Number \_\_\_\_\_

\_\_\_\_\_

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4 Name of Institution and account Number \_\_\_\_\_

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5 Name of Institution and account Number \_\_\_\_\_

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**D. Investment Accounts**

Ownership	Type	Value
	(bonds, stock)	(H/W/J)

1 Name of Institution, account no, name of

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2 Name of Institution, account no, name of

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3 Name of Institution, account no, name of

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4 Name of Institution, account no, name of

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5 Name of Institution, account no, name of

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**E. Retirement Accounts.** (If asset passes by beneficiary

designation, please list the person(s) currently named as primary and contingent beneficiary)

	Type	Value
Ownership (H/W/J)	(401K, 403b, profit sharing, pension plan IRA, annuity, PERF)	
1 Name of Institution, account no, name of	_____	_____
	_____	
	_____	
2 Name of Institution, account no, name of	_____	_____
	_____	
	_____	
3 Name of Institution, account no, name of	_____	_____
	_____	
	_____	

**G Life Insurance.**

1 Company Owner Insured

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Beneficiaries	Face Value	Cash Value

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2 Company Owner Insured

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Beneficiaries	Face Value	Cash Value

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3 Company Owner Insured

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Beneficiaries	Face Value	Cash Value

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4 Company Owner Insured

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Beneficiaries

Face Value Cash Value

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**H. Miscellaneous.**

Value Ownership

(H/W/J)

1 Automobiles, trucks, boats, motorcycles, planes

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2 Trust Interest (give brief description)

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3 Possible future inheritance

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**I. Description of Personal Liabilities**

Value Ownership

(H/W/J)

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____

**KEY PERSONAL PAPERS**

Certificates:      Birth  
\_\_\_\_\_

                            Adoption  
\_\_\_\_\_

                            Baptismal  
\_\_\_\_\_

## Marriage

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Certificate(s) of titles for vehicles/boats, etc.

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Will: original copy

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Household inventory

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Military service records

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Social Security card and number

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Employment records

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Educational records (diplomas, transcripts)

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Medical and Health records (medications/vaccines)

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Cemetery site deed

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Divorce/separation decree and/or Agreement

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Prenuptial Agreement

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Citizenship papers

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Safe keys/combinations

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Safe deposit box keys/number

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Online accounts/passwords

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**CLIENT'S CONFIDENTIAL DATA BANK**

**Key Advisors**

Advisor

Name

Address

Telephone

Attorney

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Accountant

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Banker

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Stockbroker

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Insurance Agent

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Funeral Director

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Church

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

H's physician

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

W's physician

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