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***GATHERING INFORMATION FOR ESTATE PLANNING  
For Trusts***

*Greetings from Attorney Paul D. Refior of Refior Law Office (my friends call me “Rafe”).* The estate planning process is not a “cookie cutter” activity, but requires careful evaluation of (1) the personal and family goals of clients as well as (2) the financial and tax-saving goals of clients. In almost all cases all of these goals can be maximized. In order to effectively do that, as the estate planner, I need to gain a full understanding of the special needs, concerns, desires, and intentions of the clients relating to the management of their assets and the provision for their family both during the remainder of their life and after they have passed on. My philosophy is that the “client is the boss,” and all decisions are ultimately made by the client. After all, it is the client’s estate, and his/her family. I evaluate all of the family and asset information in light of the client’s stated goals and give my professional advice and opinions so that the client can make informed decisions relating to his or her estate plan. Below is a lengthy form that I have carefully designed to assist the client in gathering all of the necessary information and in making decisions regarding his or her estate.

Some parts of this form do not apply to your situation or estate plan, and those parts can simply be skipped. Because I will be drafting a revocable living trust, an irrevocable life insurance trust, or a complex trust it will be important for you to gather the *copies* of the documents relating to assets, and to complete the financial questionnaire found below in Section XII. Thank you for completing this “homework” on the following form and I look forward to assisting you with your estate planning. **I WILL KEEP ALL OF YOUR INFORMATION CONFIDENTIAL.**

**I. PERSONAL INFORMATION**

1. Date: \_\_\_\_\_
2. Your Name: \_\_\_\_\_ Your Age: \_\_\_\_\_
3. Your Spouse’s Name: [N/A] \_\_\_\_\_ Spouse’s Age: \_\_\_\_\_
4. Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced\* \_\_\_\_\_ Widowed\*\* \_\_\_\_\_  
[\*If a prior marriage, date the marriage ended: \_\_\_\_\_]
5. Date and place of Marriage: [N/A] \_\_\_\_\_

Is this a second marriage for you?  Yes  No

Is this a second marriage for your spouse?  Yes  No

Do you have a written pre-nuptial agreement?  Yes  No

If Yes, please provide a copy.

6. Your Soc. Sec. #: \_\_\_\_\_ Spouse Soc. Sec #: \_\_\_\_\_

7. Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_ (County) \_\_\_\_\_
8. Home Phone: (\_\_\_\_) \_\_\_\_\_ FAX: [N/A] (\_\_\_\_) \_\_\_\_\_
9. Work Phone: (\_\_\_\_) \_\_\_\_\_ Spouse Work Phone: (\_\_\_\_) \_\_\_\_\_
10. E-Mail Address: \_\_\_\_\_ Web Site: [N/A] \_\_\_\_\_
11. Occupation/Employer: \_\_\_\_\_  
 Spouse Occupation/Employer: \_\_\_\_\_
12. Have you previously executed a will or a trust  Yes  No If so, what? will/trust/both;  
 Date: \_\_\_\_\_; Where located \_\_\_\_\_
13. You are a resident of the State of \_\_\_\_\_ Since \_\_\_\_\_
14. YOUR CHILDREN AND STEP-CHILDREN

<u>Name</u>	<u>City/State</u>	<u>Age</u>	<u>Ours/His/Hers</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

[\*List name of any predeceased children and date of death and age at death: \_\_\_\_\_]

15. Names of **ANYONE ELSE** to be mentioned in your will, trust, pour-over will or other documents (as either a beneficiary, a guardian, a personal representative [executor], trustee, health care agent or attorney-in-fact [power of attorney])

<u>Name</u>	<u>Address</u>	<u>Relationship to You</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. What are your estate planning objectives? (Help children, avoid taxes, avoid probate, make charitable gifts, pass on the family business, etc.)

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17. In general, to whom do you want to distribute your estate?

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18. Is there any reason to treat children (or grandchildren) other than equally?

Yes  No

If yes, please explain: \_\_\_\_\_

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19. Does anyone presently owe you any money (or other debt)?  Yes  No

If Yes, do you have written documentation signed by the debtor?  Yes  No

If Yes, give a brief description of the documentation: \_\_\_\_\_

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20. Have you made a gift or "loan" to any person (who is to be a beneficiary under your will) which you intended as an advancement of that person's inheritance from you?

Yes  No

If Yes, give particulars: \_\_\_\_\_

21. If Yes and you presently are married, is the advancement to be adjusted at your death, even if your spouse survives you?  Yes  No

Or only at the death of the survivor of you and your spouse?  Yes  No

22. Have you otherwise made any gifts to any person (including cash, property, machinery, etc.) in excess of \$12,000.00 in value to anyone donee in any calendar year?

Yes  No

23. If you are married at the time of your death, and you give less than all of your probate estate to your spouse, present Indiana law will provide your spouse with an allowance of \$25,000 (in most cases) in addition to the provisions which you make in your will for your spouse --- unless you indicate (in your will) a clear contrary intention. If you do not intend to name your spouse as the sole beneficiary under your will (if your spouse survives you), do you want the survivor's allowance to apply?

Yes  No

(If the survivor's allowance applies, it could effectively reduce or eliminate other bequests you may make.)

If your spouse does not survive you, the same \$25,000 allowance will be payable equally to all of your children who survive you and are under 18 years of age at your death (to the exclusion of those who are 18 or older) --- unless you indicate (in your will) a clear contrary intention. Do you want the survivor's allowance to be paid to your minor children, if any, who survive you --- over and above the provisions you intend to make for them in your will?

Yes  No

24. If you are unmarried and your gross estate --- or if you are married and the combined gross estate of you and your spouse --- exceeds the amount of one federal exemption at the time of your death (presently \$2 Million, under present law, but increasing incrementally over the next several years), a potentially substantial federal estate tax liability could be payable at your death --- or at the death of the survivor of you and your spouse. With appropriate planning, one's potential federal estate tax liability frequently can be reduced and sometimes eliminated. Is your estate likely to be in excess of \$2 Million (considering your separate property, jointly owned property, life insurance, IRAs, qualified plan benefits, annuities, inheritances, etc.)?

Yes  No

If yes, do you want us to discuss death tax avoidance and reduction planning with you?

Yes  No

25. Do you own any property outside of Indiana?

Yes  No

If yes, please describe: \_\_\_\_\_

26. Do you want your personal representative to serve with \_\_\_\_\_ or without \_\_\_\_\_ court supervision? (It is more simple and often less expensive when it is without court supervision).

27. If during your life you were to become incapacitated, temporarily or permanently, who would you want to place in charge of your personal and business affairs (to have a general power of attorney for you and your property)? \_\_\_\_\_

Who would you want as a back up POA (i.e. POA of the first one cannot)?

\_\_\_\_\_

28. Who referred you to Refior Law Office?

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**II. GENERAL FINANCIAL INFORMATION**

- 29. Approximate value of assets solely in **your** name including real estate, cash assets, retirement assets, and all other assets except life insurance.....\$ \_\_\_\_\_  
Total death benefits of life insurance on **your** life .....\$ \_\_\_\_\_
- 30. Approximate value of assets solely in **your spouse's name**, including real estate, cash assets, retirement assets, and all other assets except life insurance .....\$ \_\_\_\_\_  
Total death benefits of life insurance on **your spouse's** life .....\$ \_\_\_\_\_
- 31. Total of assets owned jointly with **your spouse**.....\$ \_\_\_\_\_
- 32. Total of assets owned jointly with someone not your spouse.....\$ \_\_\_\_\_
- 33. **TOTAL**.....\$ \_\_\_\_\_

**III. DISTRIBUTION OF MY ASSETS (ESTATE)**

A. **MARRIED?**  Yes – continue below  No – skip to #36

B. Very simply – do you want all to be for you and your spouse as long as either is living, and upon the death of the second of you two to die, do you want it all to go equally to your children, and if a child does not survive then that share to pass through to his/her children (your grandchildren by that child)?

Yes  No

34. If my spouse survives, I want all to continue for the benefit of my spouse for life.

Yes  No (if No, see #35)

35. If your spouse survives, and if answer to question 34 is “No”, then how do you want the trust estate distributed if your spouse survives you?

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C. **IF YOU ARE NOT MARRIED; OR IF YOU LATER SURVIVE YOUR SPOUSE AND THEN YOU DIE LEAVING NO SPOUSE.** If no surviving spouse (i.e. if your spouse does not survive you, of if you are SINGLE,) how do you want the trust assets (estate) to then be distributed?

36. If no spouse, do you want to give a sum of money or a percentage of your trust estate to your church, or to a ministry (or ministries) or to some other charitable organization(s)?

Yes  No [If “Yes” then complete question 37]

37. If you answered “yes” to question 36, list the name(s) of the charity (charities) and the amount(s) and/or percentage(s) to be given to such charity or charities: [N/A]

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**D. TO MY CHILDREN; DISTRIBUTION TO CHILDREN WHEN BOTH YOU AND YOUR SPOUSE (IF ANY) HAVE DIED** [If you have no children, skip down to E] i.e. **IF YOU HAVE NO SURVIVING SPOUSE AND IF YOU DO HAVE SURVIVING CHILDREN:**

38. If my spouse does not survive me, then I want all of my net estate to go to my children equally:  
 Yes  No

39. After you and your spouse have both died, do you want any part of your trust estate to be distributed to anyone besides your child(ren)?  
 No  Yes, as follows:

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40. Do you want such distributions to your children to be such that **if a child of yours predeceases you**, then that child’s share passes through to your grandchildren by that child?  
 Yes  No  
[This is called “**per stirpes**”]

41. If you said “No” to question 40, do you instead want your predeceased child’s share to be distributed to your other children who do survive?  
 Yes  No  
[This is called “**per capita**”]

42. If you said “No” to both questions 40 and 41, how do you want to distribute that predeceased child’s share?

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Mark below regarding your children:

43.  All of my children are old enough now to receive assets from my trust estate.
44.  Some, but not all of my children are old enough now to receive assets from my trust estate, and the ages when I consider my children to be old enough to receive assets free from supervision or free from trust is listed in question 46.
45.  None of my children are old enough now to receive assets from my trust estate, and the age(s) when I consider my children to be old enough to receive assets free from supervision or free from trust is listed in question 46.
46.  **TRUST FOR MY CHILDREN**. I believe it is appropriate or helpful to make an arrangements for supervision of assets on behalf of some or all of my children and the age(s) for distribution to my children free from supervision or free from trust is/are: [Also see question 63]
- (1) distribute to each child upon reaching the age of \_\_\_\_\_ years old; or
- (2) distribute in succeeding portions to each child upon reaching the ages as follows:
- \_\_\_\_\_ % at age of \_\_\_\_\_ years old
- \_\_\_\_\_ % at age of \_\_\_\_\_ years old
- \_\_\_\_\_ % at age of \_\_\_\_\_ years old

**E. NO CHILDREN OR “COMMON DISASTER”, IF MY WHOLE FAMILY IS GONE, I.E. IF (and only if) NO CHILD(REN) OR DESCENDANTS**

If you have no children or descendants; or if it turns out that neither your spouse nor any of your descendants survives you (i.e. no spouse survives you, no children survive you, no grandchildren survive you, no great grandchildren survive you) how do you want your assets (estate) distributed?

47. If your whole family is all gone, do you want to give a sum of money or a percentage of your estate to your church, or to a ministry (or ministries) or to some other charitable organization(s)?
- Yes  No [If “Yes” complete question 48]
48. If you answered “yes” to question 47; list the name(s) of the charity (charities) and the amount(s) and/or percentage(s) to be given to such charity or charities: [N/A]

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49. If your whole family is gone, then the rest to be distributed as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. ANY SPECIAL PROVISIONS FOR GIFTS OF SPECIFIC ITEMS OF PROPERTY**

- This applies even if my spouse survives
- This applies only if no surviving spouse
- This applies only if no surviving spouse and no surviving children

50. Are there any **specific** items of property (real estate or personal property) which at some level of your estate plan you want to definitely direct to go to a **specific** person(s)? I recommend that you NOT do this unless there is a special heirloom or property promised to a person or there is a strong reason that you want to require that said item must be distributed to the designated person).

- Yes  No

If Question 37 is “Yes” then complete the following:

<u>Describe Property</u>	<u>Name of Recipient</u>	<u>What Circumstances</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

51. MEMORANDUM TO LIST SPECIFIC GIFTS. Do you want to be able to keep a separate **memorandum** that you can change at your pleasure, which lists specific items of tangible personal property to specific people? (I recommend that you answer “Yes”).

- Yes  No

**IV. OPENING PARAGRAPH OF YOUR DOCUMENTS**

Many of the estate planning clients of Refior Law Office desire to include a paragraph stating their religious beliefs, but there is no pressure of requirement to do so.)

52. Use a “**standard**” Opening Paragraph to my Estate Planning documents:

- Yes  No

- OR -

53. Use the following Opening Paragraph to my Estate Planning documents [**Christian Declaration**]:

“As my final demonstration of stewardship of the property entrusted to me by the will and grace of God, I, [name] \_\_\_\_\_, of \_\_\_\_\_ County, State of \_\_\_\_\_, being of sound mind and desiring to make proper provision for the distribution of my entire estate, and realizing the uncertainty of this life, and with full trust in my Lord and Savior Jesus Christ, in His substitutionary death on the cross to fully pay the penalty for my sins, and with confidence in Jesus’ shed blood as an atonement for my soul, and testifying that because by God’s grace I have placed my faith and trust in Jesus Christ as my Savior, I know I have eternal life, I do hereby declare and publish this to be my Last Will and Testament/Revocable Living Trust, hereby revoking any and all Wills by me at any time heretofore made.”

**V. TRUSTEE(S) OF MY REVOCABLE LIVING TRUST**

54. FIRST (now):  My SPOUSE AND ME; **OR**

Just ME; **OR**

OTHER:

Name \_\_\_\_\_

City/State \_\_\_\_\_

Relationship \_\_\_\_\_ Bond? \_\_\_\_\_ Yes \_\_\_\_\_ No

55. SECOND (called “successor trustee”)

Name \_\_\_\_\_

City/State \_\_\_\_\_

Relationship \_\_\_\_\_ Bond? \_\_\_\_\_ Yes \_\_\_\_\_ No

56. THIRD (called “second successor trustee”)

Name \_\_\_\_\_

City/State \_\_\_\_\_

Relationship \_\_\_\_\_ Bond? \_\_\_\_\_ Yes \_\_\_\_\_ No



62. THIRD       If "First" and "Second" cannot serve, then who shall be Guardian(s)?

Name(s) \_\_\_\_\_

City/State: \_\_\_\_\_

Relationship to YOU: \_\_\_\_\_

**-OR-**

"In the event the Court finds it necessary to appoint a guardian not herein named, then I make the following request of the Court: One, that if I am survived by more than one minor child they be allowed to remain together as a family unit. Two, that said child(ren) be placed where they receive Christian training and upbringing in harmony with my beliefs. Three, that the Pastor of the church where I am a member at the time of my death, assist the Court by suggesting a Christian family to assume the guardianship of my surviving minor child(ren) and that the Court respect such suggestion as fully as permitted by law".

Note: If it turns out that your children are to be cared by the Guardian(s) named above; or if your children are then still younger than the date(s) you decided for delayed distributions to your children [as per question 46], then list in question 63 under "Children's Trust" the person(s) to serve as Trustee(s) of the property until distribution (usually the same person(s) as Guardians(s)).

**VIII. INFORMATION RELATING TO ADDITIONAL TRUSTS IN YOUR WILL**

Who do you want to be **TRUSTEE(S)** of the property of your children until they reach the age specified?

A. Same as Guardians?     Yes     No

B. Same trustees as named as successor trustees above in Section V     Yes     No

**CHILD(REN'S) TRUST** (usually this is the same as the Guardian(s))

63. FIRST

Name(s) \_\_\_\_\_

City/State: \_\_\_\_\_

Relationship to YOU: \_\_\_\_\_

64. SECOND

Name(s) \_\_\_\_\_

City/State: \_\_\_\_\_

Relationship to YOU: \_\_\_\_\_

\* \* \* \* \*

- CREDIT SHELTER TRUST** [Only in Complex, Estate Tax Sheltering Trusts]  
\*\*Leave blank – for Attorney Refior to complete during consultation\*\*

65. FIRST

Name(s) \_\_\_\_\_

City/State: \_\_\_\_\_

Relationship to YOU: \_\_\_\_\_

66. SECOND

Name(s) \_\_\_\_\_

City/State: \_\_\_\_\_

Relationship to YOU: \_\_\_\_\_

- Q-TIP TRUST** [Only in Complex Trusts]  
\*\*Leave blank – for Attorney Refior to complete during consultation\*\*

67. FIRST

Name(s) \_\_\_\_\_

City/State: \_\_\_\_\_

Relationship to YOU: \_\_\_\_\_

68. SECOND

Name(s) \_\_\_\_\_

City/State: \_\_\_\_\_

Relationship to YOU: \_\_\_\_\_

[End of Will information. The following relates to additional documents and directives.]

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**IX. GENERAL DURABLE POWER OF ATTORNEY**

[This POA relates to property management and decisions outside of trust property]

69.  I want my SPOUSE to be my attorney-in-fact (“power of attorney”) or

OTHER to be my attorney-in-fact (“power of attorney”)

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State: \_\_\_\_\_

Relationship to YOU: \_\_\_\_\_

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70.  Second POA [separate and additional]. This is not required.

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State: \_\_\_\_\_

Relationship to YOU: \_\_\_\_\_

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71.  Third POA [separate and additional]. This is not required.

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State: \_\_\_\_\_

Relationship to YOU: \_\_\_\_\_

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72. DURATION OF ABOVE POWERS OF ATTORNEY shall be:

Until revoked (this is the usual case)

Until (date) \_\_\_\_\_

**X. POWER OF ATTORNEY FOR HEALTH CARE**

[This directive relates to your health, medical treatment and physical care. Please include at least a first and a second person, and a third if possible.]

73. FIRST:

Spouse to be health care agent; **OR**

Other to be health care agent:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

74. SECOND:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

75. THIRD:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

76. AGENTS' POWERS

(All)  Full authority to make decisions for me regarding my health care including all of the powers below;

(Partial)  To consent, refuse, or withdraw consent to any and all types of medical care, treatment, surgical procedures, diagnostic procedures, medication, and the use of mechanical or other procedures that affect any bodily function, including (but not limited to) artificial respiration, and cardiopulmonary resuscitation;

To have access to medical records and information to the same extent that I am entitled to, including the right to disclose the contents to others;

To authorize my admission to or discharge (even against medical advice) from any hospital, nursing home, residential care, assisted living or similar facility or service;

- To contract on my behalf for any health care related service or facility on my behalf, without my Agent incurring personal financial liability for such contracts;
- To hire and fire medical, social service, and other support personnel responsible for my care;
- To authorize any medication or procedure intended to relieve pain;
- To make anatomical gifts of part or all of my body for medical purposes, authorize an autopsy, and direct the disposition of my remains, to the extent permitted by law;
- To take other action necessary to do the powers I authorize, including (but not limited to) granting any waiver or release from liability required by any hospital, physician, or other health care provider; signing any documents.

**XI. LIVING WILL**

There are important moral and legal issues involved in living wills. The language which attorney Refior uses in living wills does comply with the law to make the living will effective, *however special language is included to establish that life is not to be ended by assisted suicide or euthanasia. Additionally, language is added to make it clear that the decisions involved occur only when one is truly at the end of life, unconscious and the body is shutting down as part of the dying process.*

77. YOU: (insert your name) \_\_\_\_\_

REGARDING YOUR INTENTIONS AND DESIRES regarding whether your moment of death shall be artificially postponed:

- No artificial life support, but I wish to receive artificially supplied (1) **nutrition**, (2) **hydration**, and (3) **pain-killing medication**, even if the effort to sustain life is futile.
- No artificial life support, but I wish to receive **pain-killing medication**, even if the effort to sustain life is futile.
- No artificial life support, but **I wish to leave the decision regarding nutrition and hydration to my attorney in fact with health care powers.**
- Yes, I want **all** types of artificial life support, no matter what, and no matter what the cost.
- Include a “Do not resuscitate” directive.
- OTHER INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

78. YOUR SPOUSE [N/A]: (insert spouse's name) \_\_\_\_\_

REGARDING YOUR INTENTIONS AND DESIRES regarding whether your moment of death shall be artificially postponed:

- No artificial life support, but I wish to receive artificially supplied (1) **nutrition**, (2) **hydration**, and (3) **pain-killing medication**, even if the effort to sustain life is futile.
- No artificial life support, but I wish to receive **pain-killing medication**, even if the effort to sustain life is futile.
- No artificial life support, but **I wish to leave the decision regarding nutrition and hydration to my attorney in fact with health care powers.**
- Yes, I want **all** types of artificial life support, no matter what, and no matter what the cost.
- Include a "Do not resuscitate" directive.
- OTHER INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**XII. FINANCIAL INFORMATION**

**10-CASH**

Checking Account (CA), Savings Account (SA), Certificate of Deposit (CD)

<i>Name of Institution</i>	<i>Type (CA,SA,CD)</i>	<i>Account Number</i>	<i>*Ownership</i>	<i>Amount</i>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____

**Copies** of all accounts (statements, checks, passbooks, etc.) Total: \_\_\_\_\_

*\*Husband (H), Wife (W), Jointly (JT), or Tenants in Common (TC).*

*If account is in your name for benefit of a minor, please specify and give minor's name.*

Are any direct deposits or automatic withdrawals made to these accounts? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If you answered yes, please indicate which accounts: \_\_\_\_\_

**20-NOTES RECEIVABLE** (Someone owes money to you)

<i>Name of Debtor</i>	<i>Date</i>	<i>Date Due</i>	<i>*Owed To</i>	<i>Current Balance</i>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

**Copies** of all notes Total: \_\_\_\_\_

*\*Husband (H), Wife (W), Jointly (JT), or Tenants in Common (TC).*

**30-STOCKS**

<i>Company</i>	<i>*Ownership</i>	<i>Number of Shares</i>	<i>Fair Market Value</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**Copies** of all stocks (certificates, statements, etc.) **Total:** \_\_\_\_\_

*\*Husband (H), Wife (W), Jointly (JT), Tenants in Common (TC), or Community Property (CP).*

If property is owned either (JT) or (TC) with someone other than spouse, please furnish name and relationship.  
If stock is owned either (JT) or (TC) with someone other than spouse please furnish name and relationship.

If any of your shares are held in a street name account with your broker, please furnish us with:

Name of Brokerage Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Broker: \_\_\_\_\_

Exact Name and Number of Account: \_\_\_\_\_

**31-BONDS**

<i>Description: U.S. Savings, Corporate, Municipal, Etc.</i>	<i>*Ownership</i>	<i>Face Value</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**Copies** of all bonds **Total:** \_\_\_\_\_

*\*Husband (H), Wife (W), Jointly (JT), Tenants in Common (TC), or Community Property (CP).*

If bond is owned either (JT) or (TC) with someone other than spouse, please furnish name and relationship.  
Please put (X) next to Bearer Bonds.

**40-INVESTMENT ACCOUNTS**

<i>Company</i>	<i>*Ownership</i>	<i>Account Number and ***Type</i>	<i>Value</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

**Copies** of all accounts (statements) \_\_\_\_\_

**Total:** \_\_\_\_\_

\*\*\*Investment account types: Income Funds, Bond Funds, Mutual Funds, Street Accounts, Non-Retirement Annuities, Misc. Investment and Fund Accounts

**50-RETIREMENT PLANS**

<i>**Type of Plan Company and Account Number</i>	<i>*Ownership</i>	<i>Beneficiary</i>	<i>Value</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**Copies** of all retirement plans (statements, contracts, etc.) \_\_\_\_\_

**Total:** \_\_\_\_\_

\*\*Pension (P) Profit Sharing (P.S.)

H.R. 10 IRA

Retirement Annuities

\**Husband (H), Wife (W), Jointly (JT), Tenants in Common (TC), or Community Property (CP).*

If property is owned either (JT) or (TC) with someone other than spouse, please furnish name and relationship.

If stock is owned either (JT) or (TC) with someone other than spouse please furnish name and relationship.

**60-CORPORATE BUSINESS INTERESTS (CLOSE CORPORATIONS OR LLC'S)**

Privately owned (non-publicly traded)

<i>Company Name</i>	<i>No. of Shares</i>	<i>Buy-Sell Agreement</i>	<i>Percentage Ownership</i>	<i>*Ownership</i>	<i>Value</i>
---------------------	----------------------	---------------------------	-----------------------------	-------------------	--------------

1. \_\_\_\_\_ Yes / No \_\_\_\_\_

Officers and Names: \_\_\_\_\_

2. \_\_\_\_\_ Yes / No \_\_\_\_\_

Officers and Names: \_\_\_\_\_

3. \_\_\_\_\_ Yes / No \_\_\_\_\_

Officers and Names: \_\_\_\_\_

**Copies** of all stock certificates and Buy-Sell agreements Total \_\_\_\_\_

**61-PARTNERSHIP INTERESTS**

<i>Partnership Name</i>	<i>Percentage of Partnership Interest</i>		<i>*Ownership</i>	<i>Value</i>
	<i>General Partner</i>	<i>Limited Partner</i>		

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Copies** of all partnership agreements Total: \_\_\_\_\_

**62-SOLE PROPRIETORSHIP BUSINESS INTERESTS**

<i>Name of Business</i>	<i>Description of Business</i>	<i>*Ownership</i>	<i>Value</i>
-------------------------	--------------------------------	-------------------	--------------

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Copies** of identifying documents Total: \_\_\_\_\_

\*Husband (H), Wife (W), Jointly (JT), Tenants in Common (TC), or Community Property (CP).  
If partnership interest is owned either (JT) or (TC) with someone other than spouse, please furnish name and relationship.

**70-REAL ESTATE**

Please list real estate in which you have interest. (Land or buildings that you own in partnership with someone else should be listed under the partnership section).

<i>General Description and/or Address</i>	<i>*Ownership</i>	<i>Mortgage</i>	<i>Fair Market Value</i>
1. _____ _____	_____	_____	_____
2. _____ _____	_____	_____	_____
3. _____ _____	_____	_____	_____
4. _____ _____	_____	_____	_____
5. _____ _____	_____	_____	_____
6. _____ _____	_____	_____	_____

**Copies** of all deeds, mortgages, land contracts, etc. Total: \_\_\_\_\_

**71-FARM AND RANCH BUSINESS PROPERTY (non-real estate)**

<i>Description (Livestock Machinery, Leases, Etc.)</i>	<i>*Ownership</i>	<i>Value</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Copies** of all identifying documents Total: \_\_\_\_\_

\*Husband (H), Wife (W), Jointly (JT) or Tenants in Common (TC).

If two or more names are on deed or contract without stating type of ownership, please use (TC).

**72-OIL AND GAS INTERESTS**

*Description (Lease, Overriding Royalty, Farmout, Fee Mineral Estate, Working Interest, Pooling Agreement, etc.)*

*\*Ownership*

*Value*

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Copies** of all identifying documents Total: \_\_\_\_\_

**80-VALUABLE OR SPECIAL COLLECTIONS AND OTHER VALUABLE ASSETS**

*Description of coin/stamp/other collectibles; jewelry; antiques; art work; and other property of significant value:*

*\*Ownership*

*Estimated Fair Market Value*

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

If any, **copies** of all identifying documents Total: \_\_\_\_\_

**90-MOTOR VEHICLES/RV'S/TRAILERS/AIRPLANES**

<i>Description</i>	<i>*Ownership</i>	<i>Year</i>	<i>Make</i>	<i>Model</i>	<i>Identification # (VIN)</i>	<i>Value</i>
1. _____	_____	_____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	_____	_____	\$ _____

**Copies** of all certificates of title Total \_\_\_\_\_

\*Husband (H), Wife (W), Jointly (JT) or Tenants in Common (TC).

**100-OTHER ASSETS**

Furniture, appliances, clothing and personal effects

<i>Description</i>	<i>*Ownership</i>	<i>Estimated Fair Market Value</i>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
7. _____	_____	\$ _____
		Total _____

\*Husband (H), Wife (W), Jointly (JT) or Tenants in Common (TC).

**110- LIFE INSURANCE POLICIES**

(1) - Insured: \_\_\_\_\_ \*\*Type of Policy: \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_  
 Face Amount/  
 Company: \_\_\_\_\_ \*Owner of Policy: \_\_\_\_\_ Death Value: \$ \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

(2) - Insured: \_\_\_\_\_ \*\*Type of Policy: \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_  
 Face Amount/  
 Company: \_\_\_\_\_ \*Owner of Policy: \_\_\_\_\_ Death Value: \$ \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

(3) - Insured: \_\_\_\_\_ \*\*Type of Policy: \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_  
 Face Amount/  
 Company: \_\_\_\_\_ \*Owner of Policy: \_\_\_\_\_ Death Value: \$ \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

(4) - Insured: \_\_\_\_\_ \*\*Type of Policy: \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_  
 Face Amount/  
 Company: \_\_\_\_\_ \*Owner of Policy: \_\_\_\_\_ Death Value: \$ \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

\*Husband (H), Wife (W), Community Property (CP), Corporation (C).

\*\*Term, Whole Life, Split Dollar, Group Life, etc.

**111-Have all of your assets been listed and valued above**

Yes  No\*

\*If there are still other assets to describe and value, give the detailed information on a separate sheet of paper.

**SUMMARY OF VALUES**

<b>ASSET DESCRIPTION</b>	<b>HUSBAND</b>	<b>WIFE</b>	<b>JOINT</b>
10-CASH	\$ _____	\$ _____	\$ _____
20-NOTES RECEIVABLE	\$ _____	\$ _____	\$ _____
30-STOCKS	\$ _____	\$ _____	\$ _____
31-BONDS	\$ _____	\$ _____	\$ _____
40-INVESTMENT ACCOUNTS	\$ _____	\$ _____	\$ _____
50-RETIREMENT PLANS	\$ _____	\$ _____	\$ _____
60-CORPORATE BUSINESS INTERESTS	\$ _____	\$ _____	\$ _____
61-PARTNERSHIP INTERESTS	\$ _____	\$ _____	\$ _____
62-SOLE PROPRIETORSHIP/ BUSINESS INTERESTS	\$ _____	\$ _____	\$ _____
70-REAL ESTATE	\$ _____	\$ _____	\$ _____
71-FARM AND RANCH PROPERTY	\$ _____	\$ _____	\$ _____
72-OIL AND GAS INTERESTS	\$ _____	\$ _____	\$ _____
80-COLLECTIONS AND OTHER VALUABLE ASSETS	\$ _____	\$ _____	\$ _____
90-MOTOR VEHICLES/RV'S/TRAILERS/ AIRPLANES	\$ _____	\$ _____	\$ _____
100-OTHER ASSETS	\$ _____	\$ _____	\$ _____
110-LIFE INSURANCE POLICIES	\$ _____	\$ _____	\$ _____
111-SEPARATELY LISTED OTHER ASSETS	\$ _____	\$ _____	\$ _____
<b>TOTAL ASSET VALUE</b>	\$ _____	\$ _____	\$ _____

## GENERAL SUMMARY OF LIABILITIES

	<b>DESCRIPTION</b>	<b>HUSBAND</b>	<b>WIFE</b>	<b>JOINT</b>
Loans Payable	1. _____	\$ _____	\$ _____	\$ _____
	2. _____	\$ _____	\$ _____	\$ _____
	3. _____	\$ _____	\$ _____	\$ _____
Accounts Payable	1. _____	\$ _____	\$ _____	\$ _____
	2. _____	\$ _____	\$ _____	\$ _____
	3. _____	\$ _____	\$ _____	\$ _____
	4. _____	\$ _____	\$ _____	\$ _____
	5. _____	\$ _____	\$ _____	\$ _____
Real Estate Mortgages Payable	1. _____	\$ _____	\$ _____	\$ _____
	2. _____	\$ _____	\$ _____	\$ _____
	3. _____	\$ _____	\$ _____	\$ _____
	4. _____	\$ _____	\$ _____	\$ _____
Contingent Liabilities in Business Interests	1. _____	\$ _____	\$ _____	\$ _____
	2. _____	\$ _____	\$ _____	\$ _____
	3. _____	\$ _____	\$ _____	\$ _____
Loans Against Life Insurance	1. _____	\$ _____	\$ _____	\$ _____
	2. _____	\$ _____	\$ _____	\$ _____
	3. _____	\$ _____	\$ _____	\$ _____
Unpaid Taxes	1. _____	\$ _____	\$ _____	\$ _____
	2. _____	\$ _____	\$ _____	\$ _____
	3. _____	\$ _____	\$ _____	\$ _____
<b><u>OTHER OBLIGATIONS:</u></b>				
	_____	\$ _____	\$ _____	\$ _____
	_____	\$ _____	\$ _____	\$ _____
	_____	\$ _____	\$ _____	\$ _____
	<b>TOTAL LIABILITIES</b>	\$ _____	\$ _____	\$ _____
	<b>NET VALUE OF ESTATE \$</b> _____	<b>\$</b> _____	<b>\$</b> _____	
	(Subtract Total Liabilities from Total Assets)			