

CONFIDENTIAL
ESTATE PLANNING INFORMATION
FOR REVIEW OR UPDATE OF
EXISTING ESTATE PLAN

The requested information will be helpful for us in gathering information about you and your family and in making recommendations to you concerning your estate plan, including property ownership, beneficiary designations, and death tax issues.

It is helpful if we can have this information prior to our office conference so we will have an opportunity to review this information in advance. Please deliver, fax, or mail this information to us when it is completed.

Voelz, Reed, & Mount, LLC

Blake C. Reed

Attorney At Law

Lora R. Mount

Attorney at Law

2751 Brentwood Drive
Columbus, IN 47203
Telephone: (812) 372-1303
FAX: (812) 378-9516

First Name	Middle Initial	Last	Relationship	Age
First Name	Middle Initial	Last	Relationship	Age
First Name	Middle Initial	Last	Relationship	Age
First Name	Middle Initial	Last	Relationship	Age

Spouse's Parents, Brothers, and Sisters:

First Name	Middle Initial	Last	Relationship	Age
First Name	Middle Initial	Last	Relationship	Age
First Name	Middle Initial	Last	Relationship	Age
First Name	Middle Initial	Last	Relationship	Age
First Name	Middle Initial	Last	Relationship	Age

QUESTIONS

1. Are you a veteran? Yes/No (circle)
2. Do you have any existing obligations under any Divorce Decree or other court order? Yes/No (circle)
3. Are you a party to any pre-nuptial agreement or post-nuptial agreement? Yes/No (circle)
4. Have you ever filed or should you have filed a Federal Gift Tax Return (Form 709)? Yes/No (circle)
5. Have you ever made any gifts of any future interests to any person? Yes/No (circle)
6. Have you made gifts to any one person that exceeded \$3,000.00 in any calendar year prior to 1982? Yes/No (circle)
7. Have you made gifts to any one person that exceeded \$10,000 in any calendar year after 1981? Yes/No (circle)
8. Do you expect to receive a substantial inheritance, and if so what is the estimated value? \$_____? Yes/No (circle)
9. Do you desire to make a gift of any or all of your body after your death? Yes/No (circle)

NOTE: If you answered "yes" to questions 2., 3., or 4., please furnish us with copies of the applicable documents.

PART II - PROPERTY AND OWNERSHIP

Your Employer: _____ Approx. Yearly Income: \$ _____

Spouse's Employer: _____ Approx. Yearly Income: \$ _____

**CHECKING, SAVINGS, CERTIFICATES OF DEPOSIT,
MONEY MARKET ACCOUNTS**

<u>Description</u>	<u>Present Amount</u>	<u>Ownership (circle)</u>			
_____	\$ _____	H	W	JOINT	TRUST
_____	\$ _____	H	W	JOINT	TRUST
_____	\$ _____	H	W	JOINT	TRUST
_____	\$ _____	H	W	JOINT	TRUST
Total: \$ _____					

STOCKS, BONDS, MUTUAL FUNDS, INVESTMENT ACCOUNTS

<u>Description</u>	<u>Present Fair Market Value</u>	<u>Ownership (circle)</u>			
_____	\$ _____	H	W	JOINT	TRUST
_____	\$ _____	H	W	JOINT	TRUST
_____	\$ _____	H	W	JOINT	TRUST
_____	\$ _____	H	W	JOINT	TRUST
_____	\$ _____	H	W	JOINT	TRUST
_____	\$ _____	H	W	JOINT	TRUST
_____	\$ _____	H	W	JOINT	TRUST
_____	\$ _____	H	W	JOINT	TRUST
Total: \$ _____					

RETIREMENT PLANS AND ACCOUNTS
(Pension, Profit Sharing, Retirement Annuities,
401K, 403B, H.R. 10, IRA)

<u>Company or Custodian</u>	<u>Type of Plan</u>	<u>Value</u>	<u>Beneficiary(ies)</u>	<u>Ownership (circle)</u>			
_____	_____	\$ _____	_____	H	W	JOINT	TRUST
_____	_____	\$ _____	_____	H	W	JOINT	TRUST
_____	_____	\$ _____	_____	H	W	JOINT	TRUST
_____	_____	\$ _____	_____	H	W	JOINT	TRUST
_____	_____	\$ _____	_____	H	W	JOINT	TRUST
Total: \$ _____							

REAL ESTATE

Include your residence and all other real estate in which you have an interest in Indiana or any other state.

<u>Description</u>	<u>Estimated Present Fair Market Value</u>	<u>Mortgage Pay-Off</u>	<u>Ownership (circle)</u>			
	\$	\$	H	W	JOINT	TRUST
	\$	\$	H	W	JOINT	TRUST
	\$	\$	H	W	JOINT	TRUST
	\$	\$	H	W	JOINT	TRUST
Totals: \$		\$				

BUSINESS INTERESTS

Include all interests in sole proprietorship, partnership, limited liability company, and closely held corporation stock.

<u>Description</u>	<u>Estimated Fair Market Value</u>	<u>Ownership (circle)</u>		
	\$	H	W	JOINT
	\$	H	W	JOINT
	\$	H	W	JOINT
Total: \$				

Are any of these interests subject to any type of "Buy/Sell Agreement" or any type of restrictions on sale or transfer? Yes _____ No _____ If so, furnish us with copies of all written agreements and restrictions.

LIFE INSURANCE

Include all life insurance furnished by your employer, all group life insurance, all life insurance that would pay your mortgage or other debts, and all other policies.

<u>Insurance Company</u>	<u>Insured</u>	<u>Death Proceeds</u>	<u>Owner</u>	<u>Beneficiary(ies)</u>
		\$		
		\$		
		\$		
		\$		
		\$		
Total: \$				

DEBTS OWED TO YOU

<u>Name of Debtor</u>	<u>Date of Debt</u>	<u>Due Date</u>	<u>Current Balance</u>	<u>Owed To Whom?</u>
_____			\$ _____	
_____			\$ _____	
_____			\$ _____	
			Total: \$ _____	

OTHER PERSONAL PROPERTY

	<u>Estimated Fair Market Value</u>	<u>Lien Pay-off</u>	<u>Ownership (circle)</u>
Furniture and Household Goods:	\$ _____	\$ _____	H W JOINT
Motor Vehicle:	\$ _____	\$ _____	H W JOINT
Motor Vehicle:	\$ _____	\$ _____	H W JOINT
Recreational Vehicle:	\$ _____	\$ _____	H W JOINT
Boat(s):	\$ _____	\$ _____	H W JOINT
Jewelry:	\$ _____	\$ _____	H W JOINT
Collections: (Art, Coins, Stamps, Guns, etc.)	\$ _____	\$ _____	H W JOINT
Other:	\$ _____	\$ _____	H W JOINT
Totals:	\$ _____	\$ _____	

ALL OTHER PROPERTY NOT PREVIOUSLY DESCRIBED

<u>Description</u>	<u>Estimated Fair Market Value</u>	<u>Lien Pay-off</u>	<u>Ownership (circle)</u>
_____	\$ _____	\$ _____	H W JOINT
_____	\$ _____	\$ _____	H W JOINT
_____	\$ _____	\$ _____	H W JOINT
_____	\$ _____	\$ _____	H W JOINT
Totals:	\$ _____	\$ _____	

YOUR DEBTS

Include all of your debts not disclosed above as a "Lien Pay-off."

<u>Creditor</u>	<u>Pay-off</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Total: \$ _____

SUMMARY OF TOTAL VALUES

Checking, Savings, Certificates of Deposit, and Money Market Accounts	\$ _____
Stocks, Bonds, Mutual Funds, Investment Accounts	\$ _____
Retirement Plans and Accounts	\$ _____
Real Estate	\$ _____
Business Interests	\$ _____
Life Insurance	\$ _____
Debts Owed to You	\$ _____
Other Personal Property	\$ _____
All other Property Not Previously Described	\$ _____
Total	\$ _____
Minus Total Pay-Off of Debts	\$ _____
Net Value of Estates	\$ _____

SAFETY DEPOSIT BOX

Do you have a safety deposit box? Yes _____ No _____ If so, where: _____

Who is authorized to enter box? _____

Date: _____

Prepared by: _____

Please provide this information to our office prior to our initial conference if possible.

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