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GATHERING INFORMATION FOR ESTATE PLANNING-WILLS

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. Usually we can maximize all of these goals. 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 and distribution of their assets and the provision for their family 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 thinking through the decisions regarding his or her estate. **I WILL KEEP ALL OF YOUR INFORMATION CONFIDENTIAL.**

I. PERSONAL INFORMATION

1. Today’s Date: _____ Email Address _____

2. Your Full Name: _____ Your Age: _____

Do you use a nickname? If so, _____

3. Your Spouse’s Full Name: [N/A] _____ Spouse’s Age: _____

Does your spouse use a nickname? If so, _____

4. Mailing Address: _____

_____ (County) _____

5. Home Phone: (____) _____ Cell Phone: [N/A] (____) _____

6. Marital Status: Single _____ Married _____ Divorced* _____ Widowed** _____

[*If a prior marriage, date the marriage ended: _____]

[**If widowed, date your spouse died: _____]

Date and place of Marriage: [N/A] _____

Is this a second marriage for you? [N/A] Yes No

Is this a second marriage for your spouse? [N/A] Yes No

Do you have a written pre-nuptial agreement? [N/A] Yes No

If Yes, please provide a copy.

7. Your Soc. Sec. #: _____
 Spouse's Soc. Sec #: _____
8. Work Phone: (____) _____ Spouse's Work Phone: (____) _____
9. Your Occupation/Employer: _____
 Your Spouse's Occupation/Employer: _____
10. Have you previously executed a will or a trust Yes No If yes, which? will/trust/both;
 Date(s): _____; Where located _____
11. You are a resident of the State of _____ Since _____
12. YOUR CHILDREN AND STEP-CHILDREN*

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

*Also list name of any predeceased children and date of death, age at death, and whether they were survived by children of their own:

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

<u>Name (Full)</u>	<u>Address</u>	<u>Relationship to You</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. In general terms what are your estate planning objectives? (Help children, avoid taxes, avoid probate, make charitable gifts, pass on the family business, etc.)

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

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

Yes No

If yes, please explain: _____

17. Does anyone presently owe you money (or any 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 debt and the supporting documentation: _____

18. Have you made a gift or "loan" to any person who is to be a beneficiary which loan or gift you intended as an advancement of that person's inheritance or distribution from you?

Yes No

If Yes, give particulars: _____

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

19. Have you otherwise made any gifts to any person (including cash, property, machinery, etc.) since January 1, 2009 in the sum of \$14,000 or greater in value to any one donee in any calendar year?

Yes No

20. 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 \$5.34 Million, under present law, 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

eliminated or reduced. Is your estate likely to be in excess of \$5.34 Million (considering your separate property, jointly owned property, life insurance, IRAs, qualified plan benefits, annuities, inheritances, etc.)?

Yes No

21. Do you own any property outside of Indiana?

Yes No

If yes, please describe: _____

22. Do you want your personal representative (we used to say “executor/executrix”) to serve with _____ or without _____ court supervision? (It is more simple and often less expensive when it is **without** court supervision).

23. 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. your POA if the first one cannot)?

24. If this is your first time to retain the services of Attorney Refior, who referred you to Refior Law Office or how did you hear about us?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

II. GENERAL FINANCIAL INFORMATION

25. 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\$ _____

26. 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\$ _____

27. Approximate value of assets owned jointly with **your spouse**.....\$ _____

28. Approximate value of assets owned jointly with someone not your spouse . \$ _____

29. **TOTAL**.....\$ _____

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

A. **MARRIED?** Yes – continue below No – skip to III.(C)

B. Very simply – do you want all to go to your spouse if surviving? If your spouse does not survive do you want it all to go equally to your children? If your spouse does not survive and if a child of yours does not survive, then do you want that child’s share to pass through to his/her children (your grandchildren by that child)?

Yes No

30. If my spouse survives, I want all to go to my spouse Yes No (if No, see #35)

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

C. **IF NO SPOUSE**

32. If no spouse, 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” then complete question 37]

33. If you answered “yes” to question 32, 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]

D. **CHILDREN**

[If you have no children skip down to Section E below]:

34. If my spouse does not survive me, then I want all of my net estate to go to my children equally:

Yes No

35. Do you want any part of your estate to be distributed to anyone besides your child(ren)?

No Yes, as follows:

36. Do you want 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**"]

37. If you said "No" to question 36, 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**"]

38. If you said "No" to both questions 36 and 37, how do you want to distribute that predeceased child's share?

Mark below regarding your children:

39. All of my children are old enough now to receive assets from my estate.

40. Some, but not all of my children are old enough now to receive assets from my 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 42.

41. None of my children are old enough now to receive assets from my 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 42.

42. **TRUST FOR MY CHILDREN**. I believe it is appropriate or helpful to make an arrangements for supervision and management 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 Article VI below]

(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

Who do you want to be **TRUSTEE(S)** of the property of your children until they reach the age specified? _____ Same as Guardians? Yes No

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

43. FIRST

Name(s) _____

City/State: _____

Relationship _____

44. SECOND

Name(s) _____

City/State: _____

Relationship: _____

E. IF NO SURVIVING SPOUSE, CHILDREN OR DESCENDANTS

If you have no spouse and you have no children or descendants surviving you; 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):

45. 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 46]

46. If you answered "yes" to question 45; 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]

47. If your whole family is gone, then I want my asset to be distributed as follows: _____

F. **ANY SPECIAL PROVISIONS IF YOU WANT TO GIVE SPECIFIC GIFTS OF ITEMS OF PROPERTY TO SPECIFIC BENEFICIARIES**

- 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

48. 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? [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 48 is “Yes” then complete the following:

<u>Describe Property</u>	<u>Name of Recipient</u>	<u>Persons’ Relationship to You</u>	<u>What Circumstances</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

49. SEPARATE 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.)

50. Use a “**standard**” Opening Paragraph to my Will:

- Yes No

- OR -

51. Use the following Opening Paragraph to my Will [**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, hereby revoking any and all Wills by me at any time heretofore made."

V. **PERSONAL REPRESENTATIVE FOR YOUR WILL** (a.k.a. Executor/Executrix)

52. **FIRST** I want my **SURVIVING SPOUSE** to be my personal representative at first death, with no bond; **OR**

I want some **OTHER** person to be my personal representative:

Name(s): _____

City/State: _____

Relationship _____ Bond? ____ Yes ____ No

53. **SECOND**

Name(s): _____

City/State: _____

Relationship _____ Bond? ____ Yes ____ No

54. **THIRD**

Name(s): _____

City/State: _____

Relationship _____ Bond? ____ Yes ____ No

VI. **GUARDIANSHIP FOR MINOR CHILDREN** [N/A]

(If you have minor children) I want the following people to be **Guardian(s) for my child(ren)**:

55. **FIRST** **Surviving spouse** to be Guardian for my child(ren); **OR**

OTHER to be Guardian(s) of my child(ren):

Name(s) _____

City/State _____

Relationship _____

56. SECOND If “First” cannot serve, then who shall be Guardian(s)?

Name(s): _____

City/State: _____

Relationship _____

57. THIRD If “First” and “Second” cannot serve, then who shall be Guardian(s)?

Name(s) _____

City/State: _____

Relationship _____

-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 42], then list in questions 43 and 44 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)).

VII. TRUSTEES FOR OTHER TRUSTS IN YOUR WILL

[Skip for now – probably will not apply] **CREDIT SHELTER TRUST** [Only in Complex, Estate Tax Sheltering Trusts]

58. FIRST

Name(s) _____

City/State: _____

Relationship: _____

59. SECOND

Name(s) _____

City/State: _____

Relationship: _____

[Skip for now – probably will not apply] **Q-TIP TRUST** [Only in Complex, Estate Tax Sheltering Trusts]

60. FIRST

Name(s) _____

City/State: _____

Relationship: _____

61. SECOND

Name(s) _____

City/State: _____

Relationship: _____

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

VIII. GENERAL DURABLE POWER OF ATTORNEY

[This POA relates to (1) property management and decisions, and (2) authority to sign documents]

62. If during your life you were to become incapacitated, or you would be away for some reason, 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 to be able to sign documents on your behalf?

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 _____ Relationship _____

Address _____

City/State: _____

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

Name _____ Relationship _____

Address _____

City/State: _____

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

Name _____ Relationship _____

Address _____

City/State: _____

65. DURATION OF ABOVE POWERS OF ATTORNEY shall be:

Until revoked (this is the usual case)

Until (date) _____

IX. **POWER OF ATTORNEY FOR HEALTH CARE (Health Care Agent)**

[This advance care directive relates to your health, medical treatment and physical care and to have the right to talk to doctors and receive medical information and documents. Please include at least a first and a second person, and a third if possible.]

66. If at any time during your life you are not able to make your own health care decisions, who would you want to authorize to make health care decisions for you (to have a health care power of attorney for you), with the ability to get medical information.

FIRST:

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

Other to be health care agent:

Name _____ Relationship _____

Address _____

City/State/Zip _____ Phone _____

67. **SECOND:**

Name _____ Relationship _____

Address _____

City/State/Zip _____ Phone _____

68. **THIRD:**

Name _____ Relationship _____

Address _____

City/State/Zip _____ Phone _____

69. **AGENTS' POWERS**

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

(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.

X. **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.*

70. **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 do wish to receive **pain-killing medication only**, even if the effort to sustain life is futile. *This is the most common choice.*
- No artificial life support, but I do wish to receive artificially supplied (1) **nutrition**, (2) **hydration**, and (3) **pain-killing medication**, even if the effort to sustain life is futile. *This would be a feeding tube or I-V and a water tube or I-V even though the doctor has certified that you will not come out of the comma.*
- 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.
- Include a “Do not resuscitate” directive.
- OTHER INSTRUCTIONS: _____

71. **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 do wish to receive **pain-killing medication only**, even if the effort to sustain life is futile (This is the most common). *This is the most common choice.*
- No artificial life support, but I do wish to receive artificially supplied (1) **nutrition**, (2) **hydration**, and (3) **pain-killing medication**, even if the effort to sustain life is futile. *This would be a feeding tube or I-V and a water tube or I-V even though the doctor has certified that you will not come out of the comma.*
- No artificial life support, but **I wish to leave the decision regarding nutrition and hydration to my attorney in fact with health care powers.**
- Include a “Do not resuscitate” directive.

OTHER INSTRUCTIONS: _____

[2014.03.20]

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