

ESTATE PLANNING INFORMATION

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Date: _____

GENERAL FAMILY INFORMATION

Your Name _____ Date of Birth _____ Home# _____ Cell# _____

Address _____ City _____ State _____ Zip Code _____ Email _____

Occupation & Employer _____ SSN: _____

Current Marital Status: Single Married Widowed Divorced **Date of Marriage to Current Spouse** _____

U.S. Citizen: Yes No **Have you been previously married?** Yes No

Do you have a prenuptial agreement? Yes No **If yes, please provide.**

Spouse's Name, If Presently Married _____ Date of Birth _____ Cell: _____

Spouse's Occupation and Employer _____ SSN: _____ Email: _____

U.S. Citizen: Yes No

Has your spouse been previously married? Yes No

Children of Present Marriage - Attach additional pages if necessary.

Name, Address, Phone	Date of Birth	Check if Dependent	Check if Married	Check if They have Children
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Children of yours or your spouse

Name, Address, Phone	Date of Birth	Check if Dependent	Check if Married	Check if They have Children
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Living Parents
Name

Name	Age	Check if Dependent	Amount of Annual Support
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____

GENERAL ASSET INVENTORY

If you and your spouse own assets separately, list the fair market value separately; if owned jointly, list the total asset values in the Joint Property column. NOTE: If any of the assets are "Transfer on Death" or "Payable on Death" please note the asset and beneficiary.

	YOUR SEPARATE PROPERTY	SPOUSE'S SEPARATE PROPERTY	JOINT & SURVIVORSHIP PROPERTY**
Cash:			
Cash on Hand	\$ _____	\$ _____	\$ _____
Checking	_____	_____	_____
Savings Account	_____	_____	_____
Other Cash (e.g. CDs)	_____	_____	_____
Investments: (List retirement assets on next page only)			
Stocks	_____	_____	_____
Bonds	_____	_____	_____
Mutual Funds	_____	_____	_____
List Other Investments: (Annuities, notes, payables, etc.)	_____	_____	_____
	_____	_____	_____
Personal Property:			
Motor Vehicles	_____	_____	_____
Household Goods	_____	_____	_____
Miscellaneous*	_____	_____	_____
Real Estate: (please provide copies of deeds)			
Residence	_____	_____	_____
Seasonal Residence	_____	_____	_____
Unimproved Lots	_____	_____	_____
Other Realty	_____	_____	_____
Total Asset Inventory	_____	_____	_____

*Include jewelry, furs and collections.

**If held jointly but not with rights of survivorship please indicate.

COMMUNITY PROPERTY

Have you ever lived in a community property state? Yes No
(Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington, Wisconsin or Alaska)

Did you acquire property during the time you lived in the community property state? Yes No

List the property acquired on a separate sheet, including the date of purchase, type of asset, purchase price, in whose name it was acquired and the disposition of the asset (do you still own it?).

Did you acquire property in a non-community property state with proceeds of a sale of community property? Yes No

PERSONAL INSURANCE INVENTORY

Show "Owner" as husband, wife or other. If you don't know the "Owner", please refer to the policy or check with your agent. "Death proceeds" equal the death benefits plus paid-up additions and accumulations, less policy loans. Identify "Primary Beneficiary" as husband, wife, estate or specify name of beneficiary.

Company	Insured	Owner	Primary Beneficiary	Death Proceeds	Cash Value
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL INSURANCE AND CASH VALUE				_____	_____

RETIREMENT PLANS

	Present Balance	Beneficiary
Benefit Plans on Client's Life:		
PLAN TYPE		
Pension	_____	_____
Profit Sharing	_____	_____
HR10	_____	_____
IRA	_____	_____
TSA	_____	_____
401 K Plan	_____	_____
Roth IRA	_____	_____
Benefit Plans on Spouse's Life:		
PLAN TYPE		
Pension	_____	_____
Profit Sharing	_____	_____
HR10	_____	_____
IRA	_____	_____
TSA	_____	_____
401 K Plan	_____	_____
Roth IRA	_____	_____

FAMILY INCOME DATA

Sources of Annual Income	Your Income	Spouse's Income
Salary	\$ _____	\$ _____
Income from Self-Employment	_____	_____
Rents	_____	_____
Interest	_____	_____
Dividends	_____	_____
Pension, IRA & Retirement	_____	_____
Social Security	_____	_____
Tax Bracket _____ %	_____	_____
TOTALS	\$ _____	\$ _____

BUSINESS INTEREST SUPPLEMENT

Name of Business _____

Business Address _____

Nature of Business Activity: Commercial Professional Farming

Form of Business Organization: Proprietorship Partnership Corporation Sub Chapter S Corporation LLC

Date Business Established _____ Date of Formation _____

Number of Full-Time Employees _____ Corporate Tax Bracket _____

Ownership Interests

Name	Age	Percent Owned	Title/Duties
_____	_____	_____ %	_____
_____	_____	_____ %	_____

Check Here () if ownership interest continued on separate addendum

Business Value

What is the total balance sheet or book value of this business? _____

What is your best estimate of the market value of this business (i.e. what would you pay for the business as a going concern)? _____

What is the average level of business indebtedness? _____

Business Disposition

What will be the disposition of the business interest when you retire? _____

What will be the disposition of the business interest when you die? _____

PERSONAL LIABILITIES

Please list lender and collateral for each loan.

Debts:	Your Debts	Spouse's Debts	Joint Debts
Mortgage Loans	_____	_____	_____
_____	_____	_____	_____
Other Loans	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Liabilities	\$ _____	\$ _____	\$ _____