

BURRUS  
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**ESTATE PLANNING  
INFORMATION LIST**

Date Completed \_\_\_\_\_

Please complete as fully as possible. We will gladly assist you during the initial conference if you prefer.

1. **Full legal name:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Mobile/Work Phone: (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Other names used: \_\_\_\_\_

Preferred contact: home phone \_\_\_\_\_ mobile/work phone \_\_\_\_\_ email \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

If born out of state, number of years in Indiana: \_\_\_\_\_

Occupation and Employer \_\_\_\_\_

Living Parents (full names with city and state of residence) \_\_\_\_\_

\_\_\_\_\_

Siblings (include city and state of residence) \_\_\_\_\_

\_\_\_\_\_

2. **Spouse Information:**

Spouse's full legal name: \_\_\_\_\_ **SS#** \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Mobile/Work Phone: (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Other names used: \_\_\_\_\_

Preferred contact: home phone \_\_\_\_\_ mobile/work phone \_\_\_\_\_ email \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

If born out of state, number of years in Indiana: \_\_\_\_\_

Occupation and Employer \_\_\_\_\_

Living Parents (full names with city and state of residence) \_\_\_\_\_

\_\_\_\_\_

Siblings (include city and state of residence) \_\_\_\_\_

\_\_\_\_\_

**3. Children/Dependents:**

List full names of living children and dates of birth. If step children, please indicate natural parent in parenthesis.

<u>Name</u>	<u>Soc. Sec. #</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If children are minors, please list name, relationship, current address and phone number of your preference for **guardian** (custodian).

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

For asset management for beneficiaries of a trust, please list name, current address, relationship, and phone number of your preference for **Trustee**:

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

List any other dependents (if any)

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

Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_

**4. Grandchildren:**

List full names of grandchildren, dates of birth, and current address if will be named as beneficiaries in planning documents.

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**5. Personal Representative (Executor or Executrix)**

List full name of person or institution you prefer to administer the estate including address and phone.

1<sup>st</sup> choice: \_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_

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**6. Indicate any specific bequests:** items or money to be left to specific individual(s):

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**7. Charitable Gifts** to be made to:

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**8. Years in which prior gift tax returns were filed:** \_\_\_\_\_

**9. Miscellaneous Information:**

Do you have an existing will? \_\_\_\_ If yes, where is it located? \_\_\_\_\_

Do you have an existing trust? \_\_\_\_ If yes, where is it located? \_\_\_\_\_

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Do you have a safe deposit box? \_\_\_ If yes, please list location, box number and location of key:

\_\_\_\_\_

**10. Advance directives:**

Do you have an existing living will? \_\_\_\_\_

Do you have an existing power of attorney? \_\_\_\_\_

Do you have an existing healthcare representative appointment? \_\_\_\_\_

**Desired health care representative:**

1<sup>st</sup> choice: \_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_

**Desired power of attorney:**

1<sup>st</sup> choice: \_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_

**11. Please provide name and contact information for your:**

Financial Advisor \_\_\_\_\_

Accountant \_\_\_\_\_

Life Insurance Agent \_\_\_\_\_

**FINANCIAL INFORMATION FOR ESTATE PLANNING:**

**1. Assets:**

**A. Cash accounts** (savings, checking, CD's):

<u>Institution and Account No.</u>	<u>Amount</u>	<u>Ownership (circle)</u>
_____	\$ _____	H W Joint
_____	\$ _____	H W Joint
_____	\$ _____	H W Joint

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**B. Real Estate:**

Residence: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_ Mortgage: \$ \_\_\_\_\_ H W Joint

Vacation home or investment real estate: \_\_\_\_\_

Location: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_ Mortgage: \$ \_\_\_\_\_ H W Joint

We would appreciate the opportunity to copy any applicable **deeds or surveys** for properties.

**C. Publicly traded stock, bonds and securities:**

<u>Company and date acquired</u>	<u># Shares</u>	<u>Orig. Cost</u>	<u>Ownership</u>
_____			H W Joint
_____			H W Joint
_____			H W Joint
_____			H W Joint
_____			H W Joint
_____			H W Joint
_____			H W Joint

**D. Closely held business stock, partnership interests, etc.:**

<u>Company and approx. date acquired</u>	<u>Acct#</u>	<u># Shares or % Owned</u>	<u>Value</u>	<u>Ownership</u>
_____				H W Joint
_____				H W Joint
_____				H W Joint

Federal tax identification number for the above entities \_\_\_\_\_

**E. Employee retirement plan benefits:**

<u>Company and date acquired</u>	<u>Original Cost</u>	<u>Roth or Traditional</u>	<u>Acct. #</u>	<u>Current \$Value</u>
_____				
_____				
_____				
_____				

**F. Life Insurance:**

<u>Insured</u>	<u>Company</u>	<u>Policy #</u>	<u>Type</u>	<u>Beneficiary</u>	<u>Death Value</u>	<u>Cash Surrender Value</u>

**G. Insurance or a retirement account through a professional organization:**

<u>Organization</u>	<u>Membership/Account#</u>	<u>Beneficiary</u>	<u>Death Value</u>	<u>Cash Surrender Value</u>

**H. Tangible personal property:**

	<u>Current Value</u>
Household goods/furniture	\$ _____
Automobiles	\$ _____
Collections/Jewelry	\$ _____

**I.** Do you expect to **inherit** any assets in the next 3 to 5 years? Yes No

**2. Debts, Liabilities and Obligations:**

Itemize any significant debts, liabilities, and obligations not listed above, including any contingent liabilities such as guaranties.

<u>Institution</u>	<u>Amount Due</u>	<u>Ownership</u>
_____		H W Joint
_____		H W Joint
_____		H W Joint