



REBECCA W. GEYER
— & ASSOCIATES, PC —
Compassionate Counsel For Every Generation
11550 N. Meridian Street, Ste. 200, Carmel, IN 46032

Estate Planning Consultation Form

PERSONAL INFORMATION

Partner #1 Name:

Marital Status:

(first, middle, last)

Name as you would like it to appear on documents:
(if different from full name)

Date of Birth:

SSN:

Last 5 digits of Driver's License Number:

Partner #2 Name:
(if applicable)

Date of Birth:

(first, middle, last)

Name as you would like it to appear on documents:
(if different from full name)

Last 5 digits of Driver's License Number:

SSN:

Mailing Address:

City:

County:

State:

Zip Code:

Email Address:

Home Phone:

Preferred Contact Method?

Choice 1

Work Phone:

Contact:

Preferred Contact Method?

Partner # 1

Choice 1

Partner # 2

Work Phone:

Contact:

Preferred Contact Method?

Partner # 1

Choice 1

Partner # 2

Cell Phone:

Contact:

Preferred Contact Method?

Partner # 1

Choice 1

Partner # 2

Cell Phone:

Contact

Preferred Contact Method?

Partner # 1

Choice 1

Partner # 2

FAMILY INFORMATION (if applicable)

Full Name of Child 1:

Sex:

Date of Birth:

Male

Female

Parent of Child:

Number of your Grandchildren:

Partner # 1

Partner # 2

Joint

Mailing Address:

(if different from parent)

City:

State:

Zip Code:

Phone:

Type:

Home

Work

Cell

Full Name of Child 2:

Sex:

Date of Birth:

Male

Female

Parent of Child:

Number of your Grandchildren:

Partner # 1

Partner # 2

Joint

Mailing Address:
(if different from parent)

City:

State:

Zip Code:

Phone:

Type:

Home

Work

Cell

Full Name of Child 3:

Sex:

Date of Birth:

Male

Female

Parent of Child:

Number of your Grandchildren:

Partner # 1

Partner # 2

Joint

Mailing Address:
(if different from parent)

City:

State:

Zip code:

Phone:

Type:

Home

Work

Cell

Full Name of Child 4:

Sex:

Date of Birth:

Male

Female

Parent of Child: Number of your Grandchildren:
Partner # 1 Partner # 2
Joint

Mailing Address: City: State: Zip Code:
(if different from parent)

Phone: Type:
Home Work
Cell

-If more space is needed, please use the notes area at end of form-

ADVISOR INFORMATION (if applicable)

Financial Advisor

Name:

Mailing Address: City: State: Zip Code:

Phone: Fax: Email Address:

.....

Accountant

Name:

Mailing Address: City: State: Zip Code:

Phone: Fax: Email Address:

.....

Life Insurance Agent

Name:

Mailing Address:

City:

State:

Zip Code:

Phone:

Fax:

Email Address:

How did you hear about our firm?

Website

Announcement

Seminar

Rebecca W. Geyer & Associates, PC has assisted me (or is currently assisting me) with another matter

Friend or Relative Who?

ESTATE INFORMATION

My estate has the following assets:
(please check all that apply)

Real Estate

Certificates of Deposit (CDs)

Life Insurance

IRA/Retirement Plans

Stocks, Bonds, Mutual Funds

Savings Bonds

Bank Accounts

Corporate/Partnership Interests

Vehicles

Approximate gross value of my entire estate:

Please check any of the following topics which might be among your planning objectives:

- | | |
|------------------------------|--------------------------------|
| Getting the estate in order | Probate avoidance |
| Death Tax reduction | Care of children after death |
| Transferring the business | Long Term Care planning |
| Education planning | Special Needs planning |
| Divorce planning | Creditor protection |
| Income Tax protection | Investment reallocation |
| Income protection | Debt management |
| Provide sufficient cash flow | Covering risk exposure |
| Retirement Planning | Income planning for retirement |
| Other | |

Additional questions to determine your estate planning needs:

- | | | |
|---|--|--|
| Do you currently have a will? | Does your partner currently have a will? | Are there any trusts created by you or your partner in existence? |
| Yes | Yes | Yes |
| No | No | No |
| Are you or your partner currently disabled or residing in a nursing home? | | Have you or your partner ever filed a Federal Gift Tax Return (Form 709)? |
| Yes | | Yes |
| No | | No |
| Do you have a divorce decree/pre-nuptial or post-nuptial agreement which might affect your estate planning? | | Do you or your partner expect to receive any inheritance or other windfall? |
| Yes | | Yes |
| No | | No |
| If yes, which? | | |
| Do any of your children receive governmental support or benefits? | | Do any of your children have special educational, medicinal or physical needs? |
| Yes | | Yes |
| No | | No |

Do you or your partner possess a
General Power of Attorney for anyone?

Yes

No

Are you or your partner receiving Social
Security benefits?

Yes

No

Are you a US citizen?

Yes

No

Is your partner a US citizen?

Yes

No

Do you have long-term care insurance?

Yes

No

Do you have out-of-state property?

Yes

No

Do you own a business?

Yes

No

If yes, do you have a business succession plan in place in the event of a death or disability?

Notes