



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

Name:
(first, middle, last)

Marital Status:

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:

Spouse Name:
(if applicable)
(first, middle, last)

Date of Birth:

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

SSN:

Last 5 digits of Driver's License Number:

Mailing Address:

City:

County:

State:

Zip Code:

Email Address:

Home Phone:

Work Phone:

Contact:

Work Phone:

Contact:

Husband

Husband

Wife

Wife

Cell Phone:

Contact:

Husband

Wife

Cell Phone:

Contact

Husband

Wife

FAMILY INFORMATION (if applicable)

Full Name of Child 1:

Sex:

Date of Birth:

Male

Female

Parent of Child:

Number of your Grandchildren:

Husband

Wife

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:

Husband

Wife

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:

Husband

Wife

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:

Husband

Wife

Joint

Number of your Grandchildren:

Mailing Address:
(if different from parent)

City:

State:

Zip Code:

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:

Phone:

Fax:

Email Address:

Mailing Address:

City:

State:

Zip Code:

Accountant

Name:

Phone:

Mailing Address:

City:

State:

Zip Code:

Fax:

Email Address:

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Life Insurance Agent

Name:

Phone:

Mailing Address:

City:

State:

Zip Code:

Fax:

Email Address:

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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 spouse currently have a will?	Are there any trusts created by either spouse in existence?
Yes	Yes	Yes
No	No	No

Is either spouse currently disabled or residing in a nursing home?	Has either spouse ever filed a Federal Gift Tax Return (Form 709)?
Yes	Yes
No	No

Does either spouse have a divorce decree/pre-nuptial or post-nuptial agreement which might affect your estate planning?	Does either spouse 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

Does either spouse possess a General Power of Attorney for anyone?	Is either spouse receiving Social Security benefits?
Yes	Yes
No	No

Are you a US citizen?	Is your spouse a US citizen?
Yes	Yes
No	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