



Estate Planning Inventory

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ESTATE PLANNING INVENTORY

I. FAMILY DATA

A. Yourself

Name

Birth Date

Age

Social Security Number

Street Address

City, State, Zip

County of Residence

Driver's License Number

Employer

Business/Profession

Home Phone

Business Phone

Home Fax

Business Fax

Mobile Phone

U.S. Citizen

Yes No

E-Mail

B. Your Spouse

Date of Marriage

Premarital Agreement

Yes No

Name

Birth Date

Age

Social Security Number

Driver's License Number

Employer

Business/Profession



Business Phone _____ Mobile Phone _____
Business Fax _____
U.S. Citizen Yes _____ No _____
E-Mail _____

C. Your Children and Other Heirs

Please provide pertinent information for your children (adopted or natural), grandchildren and other heirs to whom property may be devised.

1. Name: _____ DOB _____ Age _____
Address: _____
Gender M _____ F _____
Email: _____ Relationship _____
Mobile Phone: _____ Married? Yes _____ No _____
SSN: _____ Children? Yes _____ No _____ Number _____
Name of Spouse: _____

2. Name: _____ DOB _____ Age _____
Address: _____
Gender M _____ F _____
Email: _____ Relationship _____
Mobile Phone: _____ Married? Yes _____ No _____
SSN: _____ Children? Yes _____ No _____ Number _____
Name of Spouse: _____



3. Name: _____ DOB _____ Age _____
Address: _____

Gender M _____ F _____
Email: _____ Relationship _____
Mobile Phone: _____ Married? Yes No
SSN: _____ Children? Yes No Number _____
Name of Spouse: _____

4. Name: _____ DOB _____ Age _____
Address: _____

Gender M _____ F _____
Email: _____ Relationship _____
Mobile Phone: _____ Married? Yes No
SSN: _____ Children? Yes No Number _____
Name of Spouse: _____

D. Prior Marital Status. Did you or your spouse have a prior marriage?

1. If so, when was the marriage terminated? _____
2. Children of prior marriages? _____

3. Do you wish to include these children in your will, if you have not already done so? _____

E. Prenuptial Agreement. Did you and your spouse enter into a prenuptial or postnuptial agreement?

Yes _____ No _____



- F. Health and related Obligations.** Please describe any present or potential health problems or support obligations for any family or non-family members.

II. WILLS

- A. Prior/Current Estate Plan.** Do you at present have a Will or Trust in existence? If yes, please provide us with copies. Yes ☐ No ☐

- B. Religious Beliefs.** Do you have any religious beliefs that should be discussed as part of your estate planning? Yes ☐ No ☐

C. Charitable Gifts.

1. Do you want to make a gift or bequest to charity? Yes ☐ No ☐

2. If you desire to make a gift or bequest to charity, is your desire to make a gift or bequest to the charity only if certain persons (for example, family members) do not survive you? Yes ☐ No ☐

3. If yes, please describe:

	<u>Name and Address</u>	<u>Property Type</u>	<u>Source/Location</u>	<u>Amount</u>
a.	<hr/> <hr/> <hr/>	<hr/>	<hr/>	<hr/>
b.	<hr/> <hr/> <hr/>	<hr/>	<hr/>	<hr/>
c.	<hr/> <hr/> <hr/>	<hr/>	<hr/>	<hr/>



D. 1. Do you want to leave anything to **persons outside your family** yes _____ no _____
(such as close friends or neighbors)?

2. If yes, please describe:

	<u>Name and Address</u>	<u>Property Type</u>	<u>Source/Location</u>	<u>Amount</u>
--	-------------------------	----------------------	------------------------	---------------

a.

_____	_____	_____	_____

b.

_____	_____	_____	_____

c.

_____	_____	_____	_____

E. 1. Do you desire to leave any **special articles or sums of money** Yes _____ No _____
to any members of your family?

2. If yes, please describe:

	<u>Name and Address</u>	<u>Property Type</u>	<u>Source/Location</u>	<u>Amount</u>
--	-------------------------	----------------------	------------------------	---------------

a.

_____	_____	_____	_____

b.

_____	_____	_____	_____

c.

_____	_____	_____	_____



F. In what manner do you want to dispose of the remainder of your estate? (Check one)

1. Outright to spouse, if living or if not, in trust for children? _____
2. Outright to spouse, if living or if not, outright to children? _____
3. Outright to spouse? _____
4. In trust for spouse? _____
5. Outright to children? _____
6. In trust for children? _____
7. In trust for spouse and children? _____
8. Other (describe)? _____

G. If you desire to leave assets in trust for your **spouse**, knowing that we will discuss this during our meeting, describe your goals for using the Trust for your spouse.

H. If you desire to leave assets in trust for your **children**, knowing that we will discuss this during our meeting, describe your goals for using the Trust for your children (e.g. to pay for college, to start a business, health concerns, etc.).



III. RESPONSIBLE PERSONS-FIDUCIARIES

A. Guardian for Minor Children

Name, address and relationship of person(s) you would like to serve as **guardian** of minor children.

	<u>Primary Choice</u>		<u>Contingent Choice</u>
Name	<hr/>	Name	<hr/>
Address	<hr/>	Address	<hr/>
	<hr/>		<hr/>
Relationship	<hr/>	Relationship	<hr/>
Home Phone	<hr/>	Home Phone	<hr/>

- B. Personal Representative/Executor.** Who would you like to serve as **Personal Representative** of your estate? A Personal Representative, commonly referred to as an Executor, and is the person responsible for collecting all assets, paying all debts, filing any death tax returns and filing your final income tax return. The Personal Representative then distributes your assets in accordance with the terms of your Will. Many of the duties of a Personal Representative are listed at the back of this Estate Planning Inventory.

	<u>Primary Choice</u>		<u>Contingent Choice</u>
Name	<hr/>	Name	<hr/>
Address	<hr/>	Address	<hr/>
	<hr/>		<hr/>
Relationship	<hr/>	Relationship	<hr/>
Home Phone	<hr/>	Home Phone	<hr/>



C. Trustee.

1. Name, Address and Person(s) you would like to serve as **trustee** of any Trust for the benefit of any of your heirs.

	<u>Primary Choice</u>		<u>Contingent Choice</u>
Name	_____	Name	_____
Address	_____	Address	_____
	_____		_____
Relationship	_____	Relationship	_____
	_____		_____
Home Phone	_____	Home Phone	_____
	_____		_____

2. If a corporate trustee is needed, do you have a preference as to which financial institution should serve as trustee? Yes _____ No _____

If yes, please provide the following information:

Name _____
Address _____

Trust Officer (if known) _____

Business Phone _____

IV. INCOME AND OBLIGATIONS

- A.** Your present annual income \$ _____
Your spouse's present annual income \$ _____

- B.** Please provide a copy of your most recent income tax return.



C. Estate and Gift Taxes.

- | | | | |
|-------|--|-------|-------|
| 1(a). | Have you or your spouse made any gifts in excess of \$3,000 to any one individual in any one calendar year prior to 1982? | Yes | No |
| | | _____ | _____ |
| 1(b). | Have you or your spouse made any gifts in excess of \$10,000 to any one individual in any calendar year between 1982 – 2001? | Yes | No |
| | | _____ | _____ |
| 1(c). | Have you or your spouse made any gifts in excess of \$11,000 to any one individual in any calendar year between 2002 – 2005? | Yes | No |
| | | _____ | _____ |
| 1(d). | Have you or your spouse made any gifts in excess of \$12,000 to any one individual in any calendar year between 2006 - 2008? | Yes | No |
| | | _____ | _____ |
| 1(e). | Have you or your spouse made any gifts in excess of \$13,000 to any one individual in any calendar year in 2009-2012? | Yes | No |
| | | _____ | _____ |
| 1(f). | Have you or your spouse made any gifts in excess of \$14,000 to any one individual in any calendar year in 2013-2017? | Yes | No |
| | | _____ | _____ |
| 1(g). | Have you or your spouse made any gifts in excess of \$15,000 to any one individual in any calendar year in 2018-2021? | Yes | No |
| | | _____ | _____ |
| 1(h). | Have you or your spouse made any gifts in excess of \$16,000 to any one individual on or after January 1, 2022? | Yes | No |
| | | _____ | _____ |
| 1(i). | Have you or your spouse made any gifts in excess of \$17,000 to any one individual on or after January 1, 2023? | Yes | No |
| | | _____ | _____ |
| 1(j). | Have you or your spouse made any gifts in excess of \$18,000 to any one individual on or after January 1, 2024? | Yes | No |
| | | _____ | _____ |
| 1(k). | Have you or your spouse made any gifts in excess of \$19,000 to any one individual on or after January 1, 2025? | Yes | No |
| | | _____ | _____ |
| 2. | If you answered 'yes' to any question in 1. above, did you file gift tax returns? | Yes | No |
| | | _____ | _____ |
| 3. | If you filed gift tax returns, please provide copies. | | |
| 4. | If you made gifts in excess of the limits provided above, but did not file gift tax returns, in what amounts for each year? | | |

<u>Year</u>	<u>Amounts</u>	<u>Year</u>	<u>Amounts</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



- D. Assets.** Do you have a right under someone else's will or trust to direct, during your lifetime or in your will, the person who may receive the property or income from such will or trust? Yes _____ No _____

V. ANCILLARY DOCUMENTS

- A. Financial Durable Power of Attorney.** Do you want to give a power of attorney to another person to act on your behalf? Yes _____ No _____
- If yes, do you want it effective immediately or only upon your disability? Immediately _____
- Upon Disability _____

For You:

	<u>Primary Choice</u>		<u>Contingent Choice</u>
Name	_____	Name	_____
Address	_____	Address	_____
	_____		_____
Relationship	_____	Relationship	_____
Home Phone	_____	Home Phone	_____

For Your Spouse:

	<u>Primary Choice</u>		<u>Contingent Choice</u>
Name	_____	Name	_____
Address	_____	Address	_____
	_____		_____
Relationship	_____	Relationship	_____
Home Phone	_____	Home Phone	_____

- B. Health Care Power of Attorney.** Do you want to designate another person as your health care representative to make health care decisions on your behalf in the event you become incapable of making such decisions yourself? Yes _____ No _____



For You:

<u>Primary Choice</u>		<u>Contingent Choice</u>	
Name	_____	Name	_____
Address	_____	Address	_____
	_____		_____
Relationship	_____	Relationship	_____
Home Phone	_____	Home Phone	_____

For Your Spouse:

<u>Primary Choice</u>		<u>Contingent Choice</u>	
Name	_____	Name	_____
Address	_____	Address	_____
	_____		_____
Relationship	_____	Relationship	_____
Home Phone	_____	Home Phone	_____

- C. Living Will Declarations.** Do you want to consider making a Living Will?
A Living Will is a document in which you state that you do not want your life to be prolonged by life-support machines under certain circumstances and also allows for a decision regarding artificially supplied nutrition and hydration.

Yes _____ No _____

- D. Do Not Resuscitate Declaration.** Do you have a terminal condition, and if so do you want to consider executing a do not resuscitate order?

Yes _____ No _____

- E. Anatomical Gifts.** Do you want to consider being an organ donor?

Yes _____ No _____

If yes, do you want to limit the extent of the use of your body?

Yes _____ No _____

If yes, please describe your desired limitations.

- F. Funeral Planning Declaration.** Would you like to complete a legal document regarding your specific wishes concerning the disposition of your remains, funeral services and ceremony?

Yes _____ No _____



- G. HIPAA Authorization.** Do you consent to the release of your private medical records to your named fiduciaries?

Yes _____ No _____

VI. MISCELLANEOUS

- A. Living Trusts.** Do you want to discuss the advantages and disadvantages of a Revocable or Living Trust?

Yes _____ No _____

If yes, do you want to limit the extent of the use of your body?

Yes _____ No _____

- B.** What arrangements have you made for burial costs?

- C.** Are you the owner of one or more IRC § 529 College Savings Accounts?

Yes _____ No _____

- D.** Are you the custodian of one or more Uniform Transfers to Minors Accounts (UTMA/UGMA)?

Yes _____ No _____

- E.** Do you have long term care insurance?

Yes _____ No _____

- a.** If not, are you interested in learning more about long term care insurance?

Yes _____ No _____

- F.** Do you want our firm to represent both spouses in your estate planning or do you prefer separate representation for each spouse? (This will be explained at conference)

Yes _____ No _____

- G.** Are you entitled to Veterans benefits?

Yes _____ No _____

- H.** Have you and your spouse ever lived in any of the following community property states: Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington, Wisconsin or Alaska?

Yes _____ No _____



VII. ASSETS & LIABILITIES

If you already have a net worth financial statement that incorporates the information requested below (ownership, value and a sufficient description), you can attach a copy rather than completing the remainder of this Inventory Outline. By providing this information, we will consider you to also be certifying to us, under penalty of perjury, that the information provided is true, correct and complete, to the best of your knowledge.

In this second part of the Outline, please list the value or Estimated Fair Market Value of your assets under the appropriate ownership column, which is appropriately designated (H) for husband, (J) for joint ownership (in both husband's and wife's name), and (W) for wife. **If there is debt associated with an asset, list the debt separately under "Personal Liabilities" below.**

There is a threefold purpose for this part of the Outline. First, this gives the Personal Representative a starting point for locating and collecting assets if he or she is not familiar with your finances. Second, there is less chance of assets being overlooked or lost in the beginning stages of administration. Third, and most importantly, there are certain tax advantages that can be used in order to minimize Estate Taxes; however, their availability depends upon the value and ownership of the assets.

A. Real Estate		Value	Ownership (H/W/J)
1. Primary Residence	<hr/>	<hr/>	<hr/>
	<hr/>		
2. Other	<hr/>	<hr/>	<hr/>
3. Other	<hr/>	<hr/>	<hr/>
	<hr/>		



B. Business Interests	Type (SP, P, LLC, S-Corp, C-Corp, LLP, Other)	Value	Ownership (H/W/J)
1. Business Name, Address and Description			
2. Business Name, Address and Description			
3. Business Name, Address and Description			



C. Bank Accounts		Type (Checking, Savings, CD, etc.)	Value	Ownership (H/W/J)
1.	Name of Financial Institution _____ _____	_____	_____	_____
2.	Name of Financial Institution _____ _____	_____	_____	_____
3.	Name of Financial Institution _____ _____	_____	_____	_____

D. Investment Accounts		Type (Bonds, stocks, etc.)	Value	Ownership (H/W/J)
1.	Name of Financial Institution _____ _____	_____	_____	_____
2.	Name of Financial Institution _____ _____	_____	_____	_____
3.	Name of Financial Institution _____ _____	_____	_____	_____



E.

Retirement Accounts (if asset passes by beneficiary designation, please list the persons currently named as primary and contingent beneficiary)	Type (401(k), 403(b), profit sharing, or pension plans, traditional or Roth IRAs, annuities, PERF acct., deferred compensation, etc.)	Value	Ownership (H/W/J)
1. Name of Financial Institution/ Primary and Contingent Beneficiaries _____ _____	_____	_____	_____
2. Name of Financial Institution/ Primary and Contingent Beneficiaries _____ _____	_____	_____	_____
3. Name of Financial Institution/ Primary and Contingent Beneficiaries _____ _____	_____	_____	_____
4. Name of Financial Institution/ Primary and Contingent Beneficiaries _____ _____	_____	_____	_____



F.	Other Investments or Assets not listed elsewhere	Type (stock options, bonds, etc.)	Value	Ownership (H/W/J)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

G. Life Insurance

	Issuing Company	Owner	Insured	Primary and Contingent Beneficiaries	Face Value	Cash Value
1.	_____	_____	_____	_____	\$ _____	\$ _____
2.	_____	_____	_____	_____	\$ _____	\$ _____
3.	_____	_____	_____	_____	\$ _____	\$ _____
4.	_____	_____	_____	_____	\$ _____	\$ _____

H. Miscellaneous

	Value	Ownership (H/W/J)
1. Automobiles, boats, motorcycles, etc.		
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____



2. Precious Metals

3. Trust Interests (give brief description)

4. Possible Future Inheritance

I. Description of Personal Liabilities	Amount	Ownership (H/W/J)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
Description of Personal Liabilities (Cont.)	Amount	Ownership (H/W/J)
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____



J. Contingent Liabilities -

Do you have any contingent liabilities (such as a personal guaranty or otherwise)?

Yes/No

If yes, please explain:



DUTIES OF PERSONAL REPRESENTATIVE (EXECUTOR)

1. Locate the will. Confer with family members and with the lawyer who will serve as attorney for the estate.
2. Arrange with the attorney for probate of the will. If the will is not self-proved, locate the witnesses who can testify to the will's validity. Receive court authority to act as executor.
3. Seek out and list the assets of the estate, including cash, personal and household items, stocks and bonds, and other property. File claims for veterans' and Social Security benefits. Notify life insurance companies of the death.
4. Take custody or control of estate/probate assets. Make sure property is adequately insured. Check leases and mortgages.
5. Determine the family's immediate requirements and make arrangements for support and maintenance payments to dependents while the estate is being settled.
6. File a final income tax return for the deceased and prepare for audit of income tax returns filed for the three years preceding death. Choose a "tax year" for the estate and file the estate's income tax returns as required.
7. Publish a notice to creditors (a requirement in most states) and pay all valid debts of the deceased, taking care to defend the estate against doubtful or exorbitant claims.
8. Collect all sums owed to the estate. Arrange to have the attorney for the estate take legal action, if need be, to collect any substantial unpaid claims or pursue any lawsuits.
9. Gather data on jointly-owned property, life insurance payable directly to beneficiaries, and other assets which are not governed by the terms of the will but may be part of the taxable estate.
10. Manage estate assets. Carry out the will's instructions concerning the sale or retention of a farm or business, or determine what policy will best protect estate values.
11. Assemble detailed valuations of all assets, seeking expert appraisals as required. Prepare "alternate" valuations as of a date that is six months after the date of death for optional use on an estate tax return.
12. Decide which assets must be sold to pay taxes and expenses, preferably retaining those most suitable for trust funds provided for in the will. Consider market conditions and tax factors in deciding what to sell and when.
13. Keep detailed records of estate income and outflow and of all transactions.
14. File a federal estate tax return within nine months of the date of death, if the total value of the estate exceeds \$5,000,000 in 2011 and thereafter. File state death tax returns as required.
15. Distribute assets to the trustee, if there are to be trust funds, and to the beneficiaries as the will directs.
16. Prepare a detailed accounting for submission to the beneficiaries or the court, depending on state requirements.



KEY PERSONAL PAPERS

<i>Description</i>	<i>Location</i>
Certificates: Birth	_____
Adoption	_____
Baptismal	_____
Marriage	_____
Certificate(s) of Titles for Automobiles	_____
Will: original copy	_____
Brokerage Statements	_____
Income Tax Returns	_____
Gift Tax Returns	_____
Household Inventory	_____
Military Service Records	_____
Social Security Number and Cards	_____
Employment Records	_____
Educational Records (diplomas, transcripts)	_____
Medical and Health Records (medication, vaccinations)	_____
Cemetery Site Deed	_____
Divorce Decree or Separation Agreement	_____
Prenuptial Agreement	_____
Passport	_____
Citizenship Papers	_____
Organizations: Professional	_____
Religious	_____
Union	_____
Other	_____
Safe Deposit Box	_____



Digital Legacy Setup and Legacy Contact Access (for iPhone Users)

Designated Legacy Contacts can request the decedent's data from Apple at its dedicated digital legacy website (www.digital-legacy.apple.com). They will only have a limited time to do so, however, before Apple permanently deletes the data (Apple has not yet announced the timeframe as of the date of this writing). Legacy Contacts will need to provide a death certificate and the Access Key that the decedent created. Apple then needs to approve the request, though it is unclear whether it will be done manually by an Apple employee or by another method. Following Apple's approval, Legacy Contacts can download a copy of the decedent's data, and the Activation Lock will be removed from all of their Apple devices.

Turning on Digital Legacy for yourself, here's how to set it up on an Apple device:

- After downloading and installing iOS 15 (or any later version), open "Settings" and tap on your name at the top of the screen.
- Choose "Password and Security," tap "Legacy Contact," and then tap "Add Legacy Contact."
- Enter your Apple ID password.
- Choose the designated Legacy Contacts, then tap "Continue."
- This will generate an Access Key – a security code that your Legacy Contacts will be required to upload when they request data from Apple. Apple suggests that the account owner store a copy of the Access Key and simultaneously share it with Legacy Contacts.

Client's Online Account Information

<i>Website/URL</i>	<i>Account Username</i>	<i>Account Password</i>



**Client's Confidential Data Bank
KEY ADVISORS**

Advisor	Name	Address	Phone Number
Attorney	<hr/>	<hr/> <hr/> <hr/>	<hr/>
Accountant	<hr/>	<hr/> <hr/> <hr/>	<hr/>
Banker	<hr/>	<hr/> <hr/> <hr/>	<hr/>
Stockbroker	<hr/>	<hr/> <hr/> <hr/>	<hr/>
Insurance Agent	<hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/>



**KEY ADVISORS
(continued)**

Undertaker

_____	_____	_____

Clergyman

_____	_____	_____

Employer
and/or
Business
Associates

_____	_____	_____

Other:

_____	_____	_____

Husband's
Physician

_____	_____	_____



KEY ADVISORS
(continued)

Wife's
Physician

_____	_____	_____

Notes: