

PERSONAL INFORMATION

(Please Print)

Law Offices of Gary Bonk
900 Parker Place, Suite A
Schererville, IN 46375
(219) 864-7800

Client #1

Full Legal Name _____

How you sign your name on legal documents _____

Nickname _____ Birthdate _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone (____) _____ Cell (____) _____ County of Residence _____

Employer _____ Position _____ Business Telephone (____) _____

Business address _____ City _____ State _____ Zip _____

☐ Married: Date _____ ☐ Divorced: Date _____ ☐ Widowed: Date _____ ☐ Single

Client #2

Full Legal Name _____

How you sign your name on legal documents _____

Nickname _____ Birthdate _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone (____) _____ Cell (____) _____ County of Residence _____

Employer _____ Position _____ Business Telephone (____) _____

Business address _____ City _____ State _____ Zip _____

☐ Married: Date _____ ☐ Divorced: Date _____ ☐ Widowed: Date _____ ☐ Single

CHILDREN

Check the Special Needs Box if any child is unable to care for themselves. (Please list and indicate if any of the children)

Name	Parent	Birthdate	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

OTHER DEPENDENTS

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Friends or relatives who are dependents. (Use Full Legal Name)

Name	Relationship	Special Needs
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

GUARDIANS FOR MINOR CHILDREN

Please provide the name of the people that you would want to care for you minor children in the event you are unable to.

Name of Guardian (s) (Primary & Secondary)	Relationship
1. _____	_____
2. _____	_____

NAMES OF HEALTH CARE AGENTS

Please provide legal names of the people that you would want to make health care decisions for you in the event you are unable to communicate to a health care professional.

Client #1

Relationship

Name of Primary Health Care Agent _____
Phone # _____

Name of back-up Agent _____
Phone # _____

Name of Secondary Agent _____
Phone # _____

Client #2

Relationship

Name of Primary Health Care Agent _____
Phone # _____

Name of back-up Agent _____
Phone # _____

Name of Secondary Agent _____
Phone # _____

OTHER PROFESSIONAL ADVISORS

Name of CPA: _____ Company _____

Phone # _____ Address _____

Name of Financial Advisor: _____ Company _____

Phone # _____ Address _____

IMPORTANT FAMILY QUESTIONS

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Please Check "Yes" or "No" for Your Answer	YES	NO
Do you have a child with a learning disability?		
Do any of your children receive governmental support or benefits?		
Do you have any adopted children?		
Do any of your children have special education, medical, or physical needs?		
Are any of your children institutionalized?		
Are you or your spouse receiving social security, disability, or other governmental benefits?		
Do you provide primary or other major financial support to adult children?		
Have either you or your spouse been divorced?		
Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy)		
Have you and your spouse ever signed a pre- post- marriage contract? (Please furnish a copy)		
Have you or your spouse been widowed? (If a Federal estate tax or State death tax return was filed please furnish a copy)		
Have you or your spouse completed previous wills, trusts, or estate planning? (Please furnish copies of these documents)		
Are you and your spouse United States citizens?		
If you answered "NO", are either you or your spouse a resident or a non-resident alien?		

INSTRUCTIONS FOR COMPLETING THE PERSONAL INFORMATION CHECKLIST

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General Headings

This Personal Information Checklist is designed to help you list all the property you own, how it is titled, and its value. If you own more property than can be listed on this checklist, use extra sheets of paper to list your additional property.

Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

"Owner" of Property

How you own your property is extremely important for purposes of properly designing and implementing your estate plan. For each property category, there is a column, please use the following abbreviations:

For Property Owned By:	With:	Use:
Single	If you are single and you own property in your name only	I
Client #1	No other person	C1
Client #2	No other person	C2
Joint Tenancy	A spouse	JTS
Joint Tenancy	Someone other than a spouse	JTO
Tenancy in Common	A spouse	TCS
Tenancy in Common	Someone other than a spouse	TCO
Unknown	If you cannot determine how the property is owned	?

CASH ACCOUNTS

Type: Checking Account – CA, Savings Account – SA, Certificate of Deposits – CD, Safety Deposit Box – SD

Name of Institution/Branch Address	Type	Account #	Owner	Amount
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____

TOTAL: _____

Are any funds directly deposited in any of the above accounts? Yes ☐ No ☐

Note: If any Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

INVESTMENT ACCOUNTS

IRA's and Annuities should be listed later

Type: Money Market – MM, Investment – I, Cash Management – CM or other account that is in a street name

Name of Brokerage Firm Phone # & Address of Broker	Type	Account #	Owner	Amount
1. _____ Phone # () _____ Address: _____	_____	_____	_____	_____
2. _____ Phone # () _____ Address: _____	_____	_____	_____	_____
3. _____ Phone # () _____ Address: _____	_____	_____	_____	_____
4. _____ Phone # () _____ Address: _____	_____	_____	_____	_____

TOTAL: _____

STOCKS

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Type: Stock in publicly owned corporations which is a stock traded on an exchange or over the counter. (Stock owned in family or nonpublicly traded companies should be listed under "Corporate Business and Professional interest." Stocks held in a street name or investment account should be listed under "Investment Accounts").

Company Name Address & Phone #	Owner	Number of Shares	Fair Market Value
1. _____ Phone # () _____	_____	_____	_____
Address: _____			
2. _____ Phone # () _____	_____	_____	_____
Address: _____			
3. _____ Phone # () _____	_____	_____	_____
Address: _____			
4. _____ Phone # () _____	_____	_____	_____
Address: _____			
5. _____ Phone # () _____	_____	_____	_____
Address: _____			
6. _____ Phone # () _____	_____	_____	_____
Address: _____			

TOTAL: _____

BONDS

Type: US Savings Bonds, Corporate, Municipal, etc., (indicate type below).

Type	Owner	Face Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL: _____

PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats, and all other valuable nonbusiness personal property (indicate type below and give a lump sum value for miscellaneous items.) Please provide name, address and policy number of casualty insurance company.

Type	Owner	Value	Is there a loan against the asset
<u>Motor Vehicle</u>	<u>Client</u>	<u>\$0</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Total \$ _____

RETIREMENT PLANS

TYPE: Pension, Profit Sharing, H. R. 10, IRA, SEP, 401(k) (Indicate type below)

Company Name, Address & Phone	Owner	Type of Plan	Account Number	Value	Are you currently receiving benefits from this plan
Retirement Plans:					
Pension Plans:					
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone # () _____					
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone # () _____					
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone # () _____					
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone # () _____					

Total \$ _____

LIFE INSURANCE POLICIES

TYPE: Term, whole life, split dollar, group life, (indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation").

Company	Type	Account No.	Owner	Value
Company _____			Address _____	
Phone #() _____			Acct. Number _____	
Type _____			Insured _____	
Owner _____			Primary Beneficiary _____	
Secondary Beneficiary _____			Agents Name _____	
Address _____			Phone #() _____	
Face Amt. _____			Cash Value _____	

Company _____	Address _____
Phone #() _____	Acct. Number _____
Type _____	Insured _____
Owner _____	Primary Beneficiary _____
Secondary Beneficiary _____	Agents Name _____
Address _____	Phone #() _____
Face Amt. _____	Cash Value _____

Company _____	Address _____
Phone #() _____	Acct. Number _____
Type _____	Insured _____
Owner _____	Primary Beneficiary _____
Secondary Beneficiary _____	Agents Name _____
Address _____	Phone #() _____
Face Amt. _____	Cash Value _____

Company _____	Address _____
Phone #() _____	Acct. Number _____
Type _____	Insured _____
Owner _____	Primary Beneficiary _____
Secondary Beneficiary _____	Agents Name _____
Address _____	Phone #() _____
Face Amt. _____	Cash Value _____

Company _____	Address _____
Phone #() _____	Acct. Number _____
Type _____	Insured _____
Owner _____	Primary Beneficiary _____
Secondary Beneficiary _____	Agents Name _____
Address _____	Phone #() _____
Face Amt. _____	Cash Value _____

Company _____	Address _____
Phone #() _____	Acct. Number _____
Type _____	Insured _____
Owner _____	Primary Beneficiary _____
Secondary Beneficiary _____	Agents Name _____
Address _____	Phone #() _____
Face Amt. _____	Cash Value _____

Total \$ _____

ANNUITIES

Company	Type	Account No.	Owner	Value
Company _____ Address _____				
Phone # () _____		Acct. Number _____		Type _____
Annuitant _____			Owner _____	
Primary Beneficiary _____			Secondary _____	
Beneficiary _____	Agents Name _____			
Address _____	Phone # () _____			
Face Amt. _____	Cash Value _____			
Company _____ Address _____				
Phone # () _____		Acct. Number _____		Type _____
Annuitant _____			Owner _____	
Primary Beneficiary _____			Secondary _____	
Beneficiary _____	Agents Name _____			
Address _____	Phone # () _____			
Face Amt. _____	Cash Value _____			
Company _____ Address _____				
Phone # () _____		Acct. Number _____		Type _____
Annuitant _____			Owner _____	
Primary Beneficiary _____			Secondary _____	
Beneficiary _____	Agents Name _____			
Address _____	Phone # () _____			
Face Amt. _____	Cash Value _____			
Company _____ Address _____				
Phone # () _____		Acct. Number _____		Type _____
Annuitant _____			Owner _____	
Primary Beneficiary _____			Secondary _____	
Beneficiary _____	Agents Name _____			
Address _____	Phone # () _____			
Face Amt. _____	Cash Value _____			

Total \$ _____

MORTGAGES, NOTES, & OTHER RECEIVABLES

TYPE: Mortgages or promissory notes, payable to you; other monies owed to you.
Please Bring a copy of any promissory notes.

Name of Debtor	Date Due	Owed to	Current Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total \$ _____

PARTNERSHIP INTERESTS

TYPE: General and Limited Partnerships. Please list your percentages that you own
Please Bring the Partnership Agreement

Name	Type	Owner	Value
Name of Partnership _____			
Owners _____		Value _____	
Who holds Partnership papers _____		Phone # () _____	
Name of Partnership _____			
Owners _____		Value _____	
Who holds Partnership papers _____		Phone # () _____	
Name of Partnership _____			
Owners _____		Value _____	
Who holds Partnership papers _____		Phone # () _____	
Total \$			_____

CORPORATE BUSINESS AND PROFESSIONAL INTEREST

TYPE: Privately owned (nonpublicly traded) stock.
Please provide a copy of any Buy/Sell agreements if applicable

Name	Type	Owner	Value
Company _____	Address _____	Phone #.() _____	
Number of Shares _____	% of Ownership _____		
Owner _____		Value _____	
Is there a Buy/Sell Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an "S-Corporation" <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company _____	Address _____	Phone #.() _____	
Number of Shares _____	% of Ownership _____		
Owner _____		Value _____	
Is there a Buy/Sell Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an "S-Corporation"? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Total \$			_____

SOLE PROPRIETORSHIP BUSINESS AND PROFESSIONAL INTERESTS

TYPE: All of the assets used by you in a sole proprietorship type of business ownership.

Name	Description of Business	Owner	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total \$			_____

OIL, GAS AND MINERAL INTERESTS

TYPE: Lease, overriding royalty, fee mineral estate, working interest, pooling agreement, etc.

Please provide copy of Agreement, Certificate or Deed

Name	Type	Owner	Value
Company _____	Type _____	Name _____	
Address _____		City _____ State _____ Zip _____	
County _____		Phone # _____	
Owner _____		Value _____	
Company _____	Type _____	Name _____	
Address _____		City _____ State _____ Zip _____	
County _____		Phone # _____	
Owner _____		Value _____	
			Total \$ _____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipate receiving through a judgment in a lawsuit.

Description	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total \$ _____

REAL PROPERTY

TYPE: Land, Buildings, Homes, Time shares. TYPE OF OWNERSHIP: Joint Tenants with survivorship rights (JTWROS), Tenants in common (TC), Tenancy by the entireties (TBE)

(Please provide a copy of the Deed or Agreement relating to each property.)

Address	Owner	Fair Market Value	Loan Amount	Equity
City _____ State _____ Zip _____ County _____ Lender _____ Address _____ Loan Number _____ P&C Insurance Agent _____ Agent Address _____ Policy Number _____				
City _____ State _____ Zip _____ County _____ Lender _____ Address _____ Loan Number _____ P&C Insurance Agent _____ Agent Address _____ Policy Number _____				
City _____ State _____ Zip _____ County _____ Lender _____ Address _____ Loan Number _____ P&C Insurance Agent _____ Agent Address _____ Policy Number _____				

TOTAL \$ _____

OTHER ASSETS

TYPE: Any property you own that does not fit into any listed category.

Description	Owner	Value
_____	_____	_____
_____	_____	_____

TOTAL \$ _____

ASSETS**CLIENT #1 CLIENT # 2**
AMOUNT

Cash Accounts		
Investment Accounts		
Stocks		
Bonds		
Personal Effects		
Retirements Plans		
Life Insurance Policies and Annuities		
Mortgages, Notes, and Other Receivables		
Partnership Interests		
Corporate Business and Professional Interests		
Sole Proprietorship Bus. and Prof. Interests		
Farm and Ranch Interests		
Oil, Gas and Mineral Interests		
Real Property		
Anticipated Inheritance, Gift, or Judgment		
Other Assets:		
Total Assets		

LIABILITIES**CLIENT #1 CLIENT # 2**
AMOUNT

Loans payable		
Accounts payable		
Real estate mortgages payable		
Contingent liabilities		
Loans against life insurance		
Unpaid taxes		
Other obligations:		
Total Liabilities		

NET ESTATE

* Joint Tenancy (JT), Tenancy in Common (TC) and Community Property (CP) values go ½ in Client #1's column, ½ in Client #2's column.