

## CLIENT INFO SHEET: ESTATE PLANNING

This is a questionnaire designed to get information for your estate plan.

Please fill out this questionnaire *in whatever level of detail you find comfortable*. If you do not know any of the information requested, we can work with you to gather the information when necessary.

Please understand that any information you provide is *strictly confidential*, and will not be shared with anyone without your permission (this includes your spouse or any members of your family). Your privacy and security is paramount, and, while you can certainly share your information with whomever you choose, we will not share your information with anyone without your permission and instructions to do so.

If any of the requested information does not apply to you or is not relevant, please simply disregard it.

This form can also be used as a valuable resource for the executor of your estate. You may consider leaving a copy of your answers to this questionnaire with the person you designate as the executor of your estate (or else leave this in a place where the executor will know how to find it).

### ABOUT YOU:

Your first name:

Middle name:

Last name:

Maiden name:

Check any that apply:     Jr.    Sr.    II    III    IV    V

Address:

Telephone numbers:

Home:

Work:

Cell:

Place of work:

Email address:

Date of Birth:

Place of birth:



Social security number:

Driver's license number:

Are you a U.S. citizen?

Are you an armed services veteran?

If the answer is "yes," in what branch did you serve?

Are you eligible for (or currently collecting) a military pension or military disability benefits? If so, please give details:

Are there any survivor's benefits? If so, please give details:

Do you have any serviceman's life insurance? If so, please give details:

Do you have a certified copy of your birth certificate?

If the answer is "yes," where do you keep it?

Do you have a will or trust currently?

If the answer is "yes," where do you keep it?

When (what date and what year) did you sign your most recent will or trust?

**ABOUT YOUR SPOUSE/PARTNER:**

Spouse/Partner's first name:

Spouse/Partner's middle name:

Spouse/Partner's last name:

Spouse/Partner's maiden name:

Check any that apply to your Spouse/Partner:       Jr.     Sr.     II     III     IV     V

Spouse/Partner's address:

Spouse/Partner's telephone numbers:

Home:

Work:

Cell:



Spouse/Partner's email address(es):

Spouse/Partner's date of birth:

Spouse/Partner's place of birth:

Spouse/Partner's social security number:

Is your Spouse a U.S. citizen?       Yes       No

Besides Illinois, what states have you lived in with your spouse/partner?

Have you and your spouse signed any agreements regarding the rights each of you have in the property of each other? (i.e., a "pre-nup" or a partnership agreement)

Yes       No

If so, please identify: (It would also be useful to have a copy of the agreement)

Have you and/or your spouse/partner ever filed a United States Gift Tax Return (Form 709)?

Yes       No

Date of marriage:

Location of marriage ceremony:

Location of marriage certificate:

If you have been previously married, please state:

Prior Spouse's Name

Date of Divorce







## ABOUT YOUR EXECUTOR:

Whom do you want to be your executor?

Address:

Telephone number:

What is the relationship of this person to you?

Whom do you want to serve as your executor if your first choice of executor should not be able to serve?

Address:

Telephone number:

What is the relationship of this person to you?

## ABOUT YOUR BENEFICIARIES:

Do you want to give specific gifts or items to particular people in your will (“beneficiaries”)? If so, please identify:

Please describe where each of these specific gifts or items are located so that your executor will be able to find each item:

If any of the beneficiaries should die before you, do you want that gift or item to go to the beneficiary’s descendants or do you prefer to divide the gift or item among the rest of your beneficiaries?

Other than any specific items or gifts to particular people, how do you want your assets divided? (e.g., “everything to my spouse” or “half to my children and half to the Red Cross” etc.)



**ABOUT THE GUARDIAN OF ANY MINOR CHILDREN:**

Whom do you want to be the guardian of your minor child/children? (The guardian will be someone who will take care of your child/children every day and raise them)

Name:

Address:

Telephone number:

What is the relationship of this person to you?

Do you have an alternative person to be the guardian for your child/children, should your first choice be unable to serve?

Name:

Address:

Telephone number:

What is the relationship of this person to you?

**ABOUT THE TRUSTEE FOR THE TRUST FUND FOR ANY MINOR CHILDREN:**

Whom would you want to serve as the trustee for the trust fund for your child/children's care? (This may be the same individual you chose to be the guardian, but it does not have to be. The guardian will be someone who will take care of your child/children every day, whereas the trustee will be responsible for their financial well-being by maintaining the estate that you leave your child/children.)

Name:

Address:

Telephone number:

What is the relationship of this person to you?

Do you have an alternative person to serve as the trustee should your first choice be unable to serve?

Name:

Address:

Telephone number:

What is the relationship of this person to you?

Typically, the trustee is instructed to pay as much of the principal of the trust for your child/children as is necessary for each child's health, maintenance in reasonable comfort, education, and best interests. If, for any reason, you do not desire this instruction to your trustee, please indicate what instruction you would like to give:

Until the principal of your child/children's trust is completely spent or distributed, the principal of the trust will generally earn income. The trust can be drafted so that the income is either rolled over into principal (the most common alternative) or so that the income, or at least a portion of it, is paid to the child/children on a consistent (e.g., quarterly) basis. Please indicate your wishes in this regard:

Roll income over into principal

Pay \_\_\_\_% of the income to each child beginning at age \_\_\_\_.

Ultimately, the principal of the trust must be distributed to the child/children. Although the balance may be distributed in one lump sum upon a child's attaining a specified age, typically the distribution is done in two or three installments (e.g., one third at age 21, one third at age 25, and one third at age 30) to protect the child from losing or spending all of his or her inheritance at an early age. Please indicate your wishes in this regard:

\_\_\_\_\_ at age \_\_\_\_; \_\_\_\_\_ at age \_\_\_\_; \_\_\_\_\_ at age \_\_\_\_; \_\_\_\_\_ at age \_\_\_\_.

## ABOUT YOUR FUNERAL ARRANGEMENTS:

Whom do you want to take charge of your funeral arrangements?

Name:

Address:

Telephone number:

Do you have a prepaid or prearranged funeral plan?

If so, where is the policy or contract?

What is the name and telephone number of the person to contact?

Do you have a preference about burial or cremation?

## POWER OF ATTORNEY FOR HEALTH CARE

*(A Power of Attorney for Health Care allows another person to make decisions on your behalf for your health care.)*

Whom do you want to serve as your agent? (Your “agent” is the person you designate to make medical decisions for you should you be unable to make health care decisions for yourself)

Name:

Address:

Telephone number:

What is the relationship of this person to you?

Do you have an alternative person to serve as your agent, should your first choice be unable to serve?

Name:

Address:

Telephone number:

What is the relationship of this person to you?

With regard to life-sustaining treatment, the three options given in the Illinois Statutory Short Form of the Power of Attorney for Health Care are listed below. You are not required to choose any of these. If, however, one of these options is acceptable to you, please check the one that you choose:

- I do not want my life to be prolonged nor do I want life-sustaining treatment to be provided or continued if my agent believes the burdens of the treatment outweigh the expected benefits. I want my agent to consider the relief of suffering, the expense involved and the quality as well as the possible extension of my life in making decisions concerning life-sustaining treatment.
- I want my life to be prolonged and I want life-sustaining treatment to be provided or continued unless I am in a coma which my attending physician believes to be irreversible, in accordance with reasonable medical standards at the time of reference. If and when I have suffered irreversible coma, I want life-sustaining treatment to be withheld or discontinued.
- I want my life to be prolonged to the greatest extent possible without regard to my condition, the chances I have for recovery or the cost of the procedures.

You have the option of stating when you want your agent’s authority to begin. Typically, people opt to have their agent’s authority begin immediately, so that the agent will be able to step in right away in the case of an emergency. Other times, however, people may want their agent’s authority to begin only when a doctor or a court declares that you are unable to make your own decisions. (See my article, “Ask The Lawyer About Advance Directives: Living Wills, Powers of Attorney for Health



Care and Powers of Attorney for Property” for a more explanation of this point). Please indicate your preferences in this regard:

- My agent’s authority should begin when I sign the power of attorney
- My agent’s authority should begin at a future date or when future conditions are met, such as:



## POWER OF ATTORNEY FOR PROPERTY

*(A Power of Attorney for Property allows another person to make decisions on your behalf for your financial matters.)*

### YOUR AGENT:

Whom do you want to serve as your agent? (Your “agent” is the person you designate to make financial decisions for you should you be unable to take care of your finances for yourself)

Name:

Address:

Telephone number:

What is the relationship of this person to you?

Do you have an alternative person to serve as your agent, should your first choice be unable to serve?

Name:

Address:

Telephone number:

What is the relationship of this person to you?

### YOUR ASSETS:

*(To effectively create an appropriate estate plan for you, it is necessary to have some understanding of the size of your estate. If you know that the value of your estate exceeds \$1,000,000.00—or if you believe that your estate may be this large, or if you believe that your estate may become that large—you should fill this section out as carefully as you can. This section can also serve as a useful form for your executor in locating your assets, regardless of the value of your estate.)*

### REAL ESTATE

#### FIRST PROPERTY:

Property address:

Who, besides you, is on title to the property?

If you are not the only owner of the property (i.e., someone else – or other people – are on title to the property with you), how is the property owned by you and the other person/people? (e.g., “joint tenancy” or “tenancy in common” etc.)

Value of the property: \$



**SECOND PROPERTY:**

Property address:

Who, besides you, is on title to the property?

If you are not the only owner of the property (i.e., someone else – or other people – are on title to the property with you), how is the property owned by you and the other person/people? (e.g., “joint tenancy” or “tenancy in common” etc.)

Value of the property:

*For additional responses, use the back of this sheet.*

**BANK ACCOUNTS**

**FIRST BANK ACCOUNT:**

Type of account (e.g., “savings” or “checking”):

Name of bank/institution:

Address:

Balance of the account: \$

Name each person on the account:

**SECOND BANK ACCOUNT:**

Type of account (e.g., “savings” or “checking”):

Name of bank/institution:

Address:

Balance of the account: \$

Name each person on the account:

*For additional responses, use the back of this sheet.*

**AUTOMOBILES/VEHICLES**

**FIRST AUTOMOBILE/VEHICLE:**

Make and model of vehicle:

Value of vehicle:



**SECOND AUTOMOBILE/VEHICLE:**

Make and model of vehicle:

Value of vehicle:

*For additional responses, use the back of this sheet.*

**CERTIFICATES OF DEPOSIT (CDs)**

**FIRST CD:**

Amount: \$

Name each person on the account:

**SECOND CD:**

Amount: \$

Name each person on the account:

*For additional responses, use the back of this sheet.*

**MONEY MARKET FUNDS**

**FIRST MONEY MARKET:**

Name of bank/institution:

Address:

Balance of the account: \$

Name each person on the account:

**SECOND MONEY MARKET:**

Name of bank/institution:

Address:

Balance of the account: \$

Name each person on the account:

*For additional responses, use the back of this sheet.*



**BROKERAGE HOUSE ACCOUNTS**

**FIRST ACCOUNT:**

Name of broker:

Address:

Value of account:

**SECOND ACCOUNT:**

Name of broker:

Address:

Value of account:

*For additional responses, use the back of this sheet.*

**STOCKS**

**FIRST STOCK:**

Name of stock:

Number of shares:

If you are not the sole owner, name(s) of other title holder(s):

Value:

**SECOND STOCK:**

Name of stock:

Number of shares:

If you are not the sole owner, name(s) of other title holder(s):

Value:

*For additional responses, use the back of this sheet.*



**GOVERNMENT SAVINGS BONDS (SERIES E, H, EE, HH),  
TAX-FEE BONDS AND OTHER BONDS**

**FIRST BOND:**

Name:

If you are not the sole owner, name(s) of other title holder(s):

Value:

**SECOND BOND:**

Name:

If you are not the sole owner, name(s) of other title holder(s):

Value:

*For additional responses, use the back of this sheet.*

**MUTUAL FUNDS**

**FIRST MUTUAL FUND:**

Name of fund:

Number of shares:

If you are not the sole owner, name(s) of other title holder(s):

Value: \$

**SECOND MUTUAL FUND:**

Name of fund:

Number of shares:

If you are not the sole owner, name(s) of other title holder(s):

Value: \$

*For additional responses, use the back of this sheet.*



**INDIVIDUAL RETIREMENT ACCOUNTS (IRAs)**

**FIRST IRA:**

Institution:

Beneficiary:

Value: \$

**SECOND IRA:**

Institution:

Beneficiary:

Value: \$

*For additional responses, use the back of this sheet.*

**PENSION AND PROFIT SHARING PLAN**

Please describe (and attach a copy of the most recent statement of account):

**KEOGH PLAN**

Briefly describe plan:

Estimated retiree and survivor benefits:

Who is the trustee?

Name, address, and telephone number of the institution:

Person to contact:



## 401(K)

Briefly describe plan:

Beneficiary:

Approximate benefit to you and your survivor:

## QUALIFIED OR NON-QUALIFIED EMPLOYER PLANS

How much do you expect to receive at retirement under the plan?

Are there any survivor benefits?

If so, what percentage will go to your survivor and for how long?

Who is your beneficiary?

## DEFERRED COMPENSATION

Description:

Beneficiary:

Value:

## ANNUITIES

Description:

Value: \$

## LIFE INSURANCE

### FIRST POLICY:

Name of insured:

Insurance company:

Type of policy:

Owner:

Amount of death benefit:

Cash value:

Beneficiary of policy:



**SECOND POLICY:**

Name of insured:

Insurance company:

Type of policy:

Owner:

Amount of death benefit:

Cash value:

Beneficiary of policy:

*For additional responses, use the back of this sheet.*

**INTEREST IN BUSINESS, PARTNERSHIP OR SOLE PROPRIETORSHIP**

Please describe and provide as much information as your executor will need to have:

**PERSONAL, MISCELLANEOUS, OR OTHER ASSETS**

Please describe, and give approximate value of each item:

*For additional responses, use the back of this sheet.*

Do you have any expectation of receiving any large amount of money in the future? If so, please state:

Nature of the expectancy:

Approximation of the amount of expectancy: \$

Does someone other than you prepare your income tax returns?  Yes  No

If Yes, provide the following:

Name:

Address:

Telephone Number:

Where do you keep copies of your tax returns?



**YOUR FINANCIAL OBLIGATIONS**

**MORTGAGE**

Creditor:

Outstanding balance as of 20\_\_\_\_:

**SECOND MORTGAGE**

Creditor:

Outstanding balance as of 20\_\_\_\_:

*For additional responses, use the back of this sheet.*

**HOME EQUITY LOAN**

Creditor:

Outstanding balance as of 20\_\_\_\_:

*For additional responses, use the back of this sheet.*

**AUTO LOAN**

Creditor:

Outstanding balance as of 20\_\_\_\_:

**SECOND AUTO LOAN**

Creditor:

Outstanding balance as of 20\_\_\_\_:

*For additional responses, use the back of this sheet.*

**PERSONAL LOAN**

Creditor:

Outstanding balance as of 20\_\_\_\_:

**SECOND PERSONAL LOAN**

Creditor:

Outstanding balance as of 20\_\_\_\_:

*For additional responses, use the back of this sheet.*



**STUDENT LOAN**

Creditor:

Outstanding balance as of 20\_\_\_\_:

**SECOND STUDENT LOAN**

Creditor:

Outstanding balance as of 20\_\_\_\_:

*For additional responses, use the back of this sheet.*

**CREDIT CARD**

Creditor:

Outstanding balance as of 20\_\_\_\_:

**SECOND CREDIT CARD**

Creditor:

Outstanding balance as of 20\_\_\_\_:

*For additional responses, use the back of this sheet.*

**OTHER DEBTS**

*Note: if you are a co-signer or guarantor to any other person's loan(s), please provide information for those loan(s) as well.*

Creditor:

Outstanding balance as of 20\_\_\_\_:

*For additional responses, use the back of this sheet.*

**DEBTS OWED TO YOU**

*(If anyone owes you money, please provide the details below.)*

Borrower's name:

Address:

Telephone number:

Amount of money owed to you:

Date money loaned:



Interest rate (if any):

Collateral (if any):

Location of any writing memorializing the loan:

Repayment schedule:

*For additional responses, use the back of this sheet.*

### PROFESSIONAL RELATIONSHIPS

*(This list should contain those trusted individuals who will offer needed counsel or service in time of need. Fill in information on as many of these as you deem appropriate. Please add any additional pertinent information you feel your family and friends need to know about these professional relationships.)*

#### ACCOUNTANT:

Address:

Telephone number:

#### LIFE INSURANCE REPRESENTATIVE:

Address:

Telephone number:

#### FINANCIAL PLANNER:

Address:

Telephone number:

#### STOCKBROKER:

Address:

Telephone number:

#### BENEFITS COORDINATOR AT WORK:

Address:

Telephone number:

#### OTHER:

Address:

Telephone number: