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ESTATE PLANNING QUESTIONNAIRE

This form is meant to be a comprehensive guide for most people for setting up an estate plan. This is the information you should be able to provide to an attorney, or an attorney should ask you for this information.

This is a comprehensive list, and by no means will everyone have this information, but it is good to start considering what all of your assets are before you meet with an estate planning attorney. If you would like, we do offer a free consultation, we can have you come into the office, we can talk to you on the phone, have a zoom meeting, or for a small fee, we can come to your home or office.

Our goal is to make your estate plan simple, easy and effective. If you have any questions, give us a call, we are ready to serve you.

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A. PERSONAL INFORMATION

1. Name: _____
(Full Legal Name)

Known by Any Other Name: _____

Date and Place of Birth: _____

Social Security Number: _____

Employer's Name: _____

Employer's Address: _____

Phone Numbers: _____

2. Spouse's Name: _____

Known by Any Other Name: _____

Date and Place of Birth: _____

Social Security Number: _____

Employer's Name: _____

Employer's Address: _____

Phone Numbers: _____

3. Date and Place of Marriage: _____

4. Prior Marriage(s)? (Y) (N)

5. Children by Prior Marriage(s)? (Y) (N)

6. Home Address: _____

Phone Numbers: _____

Email Addresses: _____

Names of Children	Birth Date	SSN	City and State of Residence	Names and Ages of Grandchildren

Were any grandchildren born out of wedlock? _____

Is there a judgment of Paternity? _____

Is any child or grandchild adopted? _____

If so, which child or grandchild? _____

Do you have any deceased children? _____

If so, name of deceased child? _____

If you are a step parent, did you hold yourself out as a natural parent of the child? If so, name of child. _____

Are you aware of any persons with whom you have had a close relationship and they claimed to be equitably adopted? If so, name of child. _____

B. DOCUMENTS:

- 1 Do you currently have a Living Will Declaration? If so, please attach a copy.
2. Do you currently have a Health Care Durable Power of Attorney? If so, please attach a copy.
3. Do you currently have a Property Durable Power of Attorney? If so, please attach a copy.
4. Do you currently have a Last Will? If so, please attach a copy.
5. Do you currently have a Trust? If so, please attach a copy.
6. Real Estate:
 - A. Do you currently own real estate in Illinois or in any other state? If so, please attach copies of the deeds.

- B. How is title held?
- C. Do you want to change ownership to Tenants by the Entirety?
- 7. Do you have any foreign accounts? If so, please attach a copy of the last statement.
- 8. Do you have a pre-marital agreement or pre-nuptial agreement? If so, please attach a copy.

ASSETS

<u>Asset</u>	<u>Value</u>	<u>Owner(s)</u>	<u>TOD/Beneficiary</u>
Checking Accounts			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Savings Accounts			
_____	_____	_____	_____
_____	_____	_____	_____
Money Market Accounts			
_____	_____	_____	_____
_____	_____	_____	_____
Certificate of Deposits			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Investment Accounts or Individually held Stocks and Bonds

<u>Asset</u>	<u>Value</u>	<u>Owner(s)</u>	<u>TOD/Beneficiary</u>
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IRAs, 401(k)s, 403(b)s

Annuities (other than IRAs)

Treasury Bonds (EE, H, etc.)

Real Estate

<u>Asset</u>	<u>Value</u>	<u>Owner(s)</u>	<u>TOD/Beneficiary</u>
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Mortgage \$ _____

Bank: _____

<u>Asset</u>	<u>Value</u>	<u>Owner(s)</u>	<u>TOD/Beneficiary</u>
_____	_____	_____	_____
Mortgage\$ _____			
Bank: _____			
_____	_____	_____	_____
Mortgage \$ _____			
Bank: _____			
Tangible Personal Property			
Autos			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Household Furnishings			
_____	_____	_____	_____
Lawn Equipment			
_____	_____	_____	_____
_____	_____	_____	_____
<u>Asset</u>	<u>Value</u>	<u>Owner(s)</u>	<u>TOD/Beneficiary</u>
Collections (art, coins, etc.)			
_____	_____	_____	_____
_____	_____	_____	_____
Guns or Gun Collection			
_____	_____	_____	_____

<u>Jewelry</u> <u>Asset</u>	<u>Value</u>	<u>Owner(s)</u>	<u>TOD/Beneficiary</u>

<u>Life Insurance Policies</u> <u>Asset</u>	<u>Value</u>	<u>Owner(s)</u>	<u>TOD/Beneficiary</u>

Other Assets (e.g., business assets, digital assets, copyrights) If copyrights are owned, are they registered?

<u>Business Interests</u> <u>Type of Interest</u>	<u>Owner</u>	<u>Percentage of Ownership/# of Shares</u>	<u>Value</u>

Is the business incorporated? _____
 If so, has it elected Sub chapter S status? _____

Debts Creditor	Debtor	Reason Incurred	Amount Owed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. GOALS:

1. Please state in general terms your direction for disposition of your property on the death of the first to die of either spouse (if married):

2. On the death of the surviving spouse:

3. If you were to set up a trust for children, grandchildren or more remote descendants, at what age or ages would you want distributions of principal from the trust?

Children: _____

Grandchildren: _____

Until the trust is distributed to the beneficiary, the trustee is typically instructed to pay only so much of the principal of the trust as is necessary for the child's health, maintenance and reasonable comfort, education, and best interests of any such beneficiary. Do you want to change this language?

Until the trust is distributed, the principal of the trust will generate an income. The trust can be drafted so that the income is either rolled over into the principal or (most common alternative) or so that the income, at least a portion of it, is paid to the beneficiary on a consistent basis.

Desired drafting: ___ roll income over into principal ___ pay percentage of the income to the child beginning at age _____. Pay _____ percentage of the income to the child beginning at age _____.

Specific Gifts

4. A.) Do you wish to make specific bequests of cash or personal property (discuss guns, if applicable)?

B.) What do you want to happen if the asset no longer exists?

C.) What do you want to happen to the asset if the person dies before you?

5. Do you wish to make specific devises of real estate?

6. Do you wish to make any charitable bequests?

7. If none of your named beneficiaries survive you, to what individuals or charities would you want your property distributed?

8. Do you want a no contest clause that causes a person contesting the will or trust to pay all legal fees? _____
(This only makes sense if the person contesting the will is receiving something under the will).

D. FIDUCIARIES/AGENTS:

1. Who should serve as Executor or Executors of your Will? If you choose one person only, whom do you want to name as alternate Executor? Do you want to waive bond for the Executor to serve?

2. Who should serve as Guardian of the person of your minor child(ren) in case the other natural parent is also deceased?

3. Who should serve as Guardian of the estate of your minor child(ren)?

4. If a Trust is desired, you or you and your spouse, if applicable, will be the initial trustees, but who should serve as successor trustee or co-trustees (may be a financial institution)? Do you want to waive bond? Compensation for trustee?

5. Who should be named your agent (attorney-in-fact) for health care decisions when you are no longer able to make those decisions? You may name two or more to serve together.

6. Who should be named your agent for property (financial) decisions? Again, you may name two or more to serve together.

E. MISCELLANEOUS PERSONAL AND FAMILY INFORMATION

1. Are any of your children or grandchildren handicapped, or do any of them have special educational, medical or financial needs? (Y) (N)
2. Have you given any of your children or grandchildren more financial assistance than others (such as a start in business, a home or a more expensive education)? (Y) (N)
3. Are any of your children indebted to you? (Y) (N)
4. Do you have any other persons (i.e., parents, brothers, sisters, friends, etc.) who are dependent on you for support or who currently receive funds from you? (Y) (N)
5. Have you received or do you anticipate receiving a sizeable inheritance? (Y) (N)
6. Do you regularly make gifts to a church, charities and/or individuals (other than birthday or holiday gifts)? (Y) (N)

Names, Addresses and Telephone Numbers of Advisors:

1. Accountant:

2. Financial Advisor:

3. Life Insurance Agent:

4. Primary Care Physician:
