

**PART I - BASIC INFORMATION**

*NOTE: BE SURE TO GET THE ESTATE PLANNING PRIMER FROM THE ATTORNEY PRIOR TO COMPLETING THIS QUESTIONNAIRE.*

HUSBAND

WIFE

<b>Full Legal Name</b>		
<b>Name to be used in your estate planning documents</b>		
<b>Home Address</b> <b>Street</b> <b>City</b> <b>State</b> <b>ZIP</b> <b>County</b>		
<b>Contact information</b> <b>Home telephone</b> <b>Office telephone</b> <b>FAX</b> <b>E-mail</b> <b>Preferred method of written communication – MAIL or EMAIL</b>		
<b>Social Security Number</b>		
<b>Birth Date</b>		
<b>Place of birth</b> <b>City/state/country</b>		

<b>U.S. Citizen?</b>		
<b>Vocation</b>		
<b>Employer's Name</b>		
<b>Annual Gross Income</b>		
<b>Children and their birthdates</b>  If any child is deceased, disabled, institutionalized, qualified for special state entitlements, adopted or not the natural child of your present marriage, please provide details.		
<b>Approximate total value of all of your assets – see Part IV</b>		

## PART II - ADDITIONAL INFORMATION

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, PLEASE PROVIDE DETAIL REGARDING SAME IN THE SPACE PROVIDED IMMEDIATELY FOLLOWING THIS SECTION.

### HUSBAND

1. **Disability.** Is planning for the event of your disability or incapacity a priority of yours for either property management or healthcare matters? Check one:  
NO  YES  If YES, my motivation is high  moderate  low

2. **Probate.** Is avoidance of probate a priority of yours? (NOTE: Probate is the process of distributing a decedent's estate through the local probate court. It can be a long and expensive process and the decedent's will becomes available to the public).  
NO  YES  If YES, my motivation is high  moderate  low

3. **Taxes.** Is avoidance of estate taxes a priority of yours?  
NO  YES  If YES, my motivation is high  moderate  low

4. **Gift or inheritance - future.** Are you anticipating being the recipient of any significant gift or inheritance?  
NO  YES

5. **Gift or inheritance – past.** Have you received a gift or inheritance in the last 10 years?  
NO  YES

6. **Trust beneficiary.** Are you the beneficiary of a trust created by someone other than yourself?  
NO  YES

7. **Powers of Appointment.** Do you have an interest in a power of appointment (a power of appointment is the ability to direct the disposition of property without actually owning it)?  
NO  YES

8. **Nuptial Agreements.** Are you a party to a prenuptial or antenuptial agreement?  
NO  YES

9. **Divorce.** Have you been divorced?  
NO  YES

10. **Support obligations.** Do you have any child support obligations for children who do not live with you?  
NO  YES

Do you have alimony/maintenance obligations?  
NO  YES

11. **Special obligations.** Do you have any personal or business contracts which could materially affect your estate planning?  
NO  YES

12. **Gifting.** Have you ever made any significant gifts (more than \$12,000)?  
NO  YES

13. **Gift tax.** Have you ever filed a gift tax return?  
NO  YES

14. **529 Plan Account Funding.** Have you set up a 529 plan that carries forward annual exclusion gifts?  
NO  YES

15. **Charitable gifts.** Do you want to designate a charity to receive part of your estate?  
NO  YES

16. **Community Property.** Have you lived in, will live in or own property in any of these community property states: AZ, CA, ID, LA, NV, NM, TX, WA or WI?  
NO  YES

17. **Other state.** Do you spend a substantial amount of time in any other state than IL?  
NO  YES

18. **Organ Donations.** Are you interested in providing organ donations or anatomical gifts?  
NO  YES

19. **Funeral and Burial or Cremation.** Do you have specific wishes concerning your funeral and burial or cremation?  
NO  YES

20. **Funeral.** Have you made funeral arrangements?

NO  YES

21. **Long-term care.** Have you made specific plans or arrangements for “long-term” healthcare?

NO  YES

22. **Estate contest.** Are there friends or family who might seriously question or object to your estate plans?

NO  YES

23. **Current Documents.** List any estate planning documents you have and the date each was last signed.

24. **Top priorities / goals.** What are your major priorities or goals with respect to estate planning?

25. **Legal or fiduciary duties.** Do you want to direct in your estate planning documents the use of my legal services for the administration of your estate?

NO  YES

## **OPTIONAL**

26. **Obituary.** How would you like your obituary to read?

27. **Eulogy.** Write yourself a brief eulogy – a statement about yourself to be read at your funeral.

28. **Financial Services.** If you feel a need to find new members for your financial team, would you like to discuss recommendations for accounting, insurance, investment, tax or trust services?

## **WIFE**

1. **Disability.** Is planning for the event of your disability or incapacity a priority of yours for either property management or healthcare matters? Check one:

NO  YES  If YES, my motivation is high  moderate  low

2. **Probate.** Is avoidance of probate a priority of yours?

NO  YES  If YES, my motivation is high  moderate  low

3. **Taxes.** Is avoidance of estate taxes a priority of yours?  
NO  YES  If YES, my motivation is high  moderate  low

4. **Gift or inheritance - future.** Are you anticipating being the recipient of any significant gift or inheritance?  
NO  YES

5. **Gift or inheritance – past.** Have you received a gift or inheritance in the last 10 years?  
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NO  YES

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9. **Divorce.** Have you been divorced?  
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10. **Support obligations.** Do you have any child support obligations for children who do not live with you?  
NO  YES

Do you have alimony/maintenance obligations?  
NO  YES

11. **Special obligations.** Do you have any personal or business contracts which could materially affect your estate planning?  
NO  YES

12. **Gifting.** Have you ever made any significant gifts (more than \$12,000)?  
NO  YES

13. **Gift tax.** Have you ever filed a gift tax return?  
NO  YES

14. **529 Plan Account Funding.** Have you set up a 529 plan that carries forward annual exclusion gifts?

NO  YES

15. **Charitable gifts.** Do you want to designate a charity to receive part of your estate?

NO  YES

16. **Community Property.** Have you lived in, will live in or own property in any of these community property states: AZ, CA, ID, LA, NV, NM, TX, WA or WI?

NO  YES

17. **Other state.** Do you spend a substantial amount of time in any other state than IL?

NO  YES

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NO  YES

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NO  YES

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25. **Legal or fiduciary duties.** Do you want to direct in your estate planning documents the use of my legal services for the administration of your estate?

NO       YES

**OPTIONAL**

26. **Obituary.** How would you like your obituary to read?

27. **Eulogy.** Write yourself a brief eulogy – a statement about yourself to be read at your funeral.

28. **Financial Services.** If you feel a need to find new members for your financial team, would you like to discuss recommendations for accounting, insurance, investment, tax or trust services?



**EXPLANATIONS FOR PART II “YES” AND OTHER RESPONSES.**

Provide the number of the question you are providing further information for. Also provide copies of all pertinent documents that support your “yes” answer to a query. These documents may include: existing wills, trusts, other estate planning documents, divorce decrees, child support orders, prenuptial or postnuptial agreements, business agreements, life insurance policies with current beneficiary designation, annuity contracts with current beneficiary designation, all gift tax returns ever filed (form 709), etc...

**EXPLANATIONS FOR PART II “YES” AND OTHER RESPONSES – continued....**

**PART III – DOCUMENT INFORMATION  
EXECUTOR**

**HUSBAND**

1<sup>st</sup> Name  
Relationship  
Street Address  
Home Telephone Number  
Office Telephone Number  
Is this person to serve as co-executor? NO  YES  If yes, with whom?

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2<sup>nd</sup> Name  
Relationship  
Street Address  
Home Telephone Number  
Office Telephone Number  
Is this person to serve as co-executor? NO  YES  If yes, with whom?

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3<sup>rd</sup> Name  
Relationship  
Street Address  
Home Telephone Number  
Office Telephone Number  
Is this person to serve as co-executor? NO  YES  If yes, with whom?

**WIFE**

1<sup>st</sup> Name  
Relationship  
Street Address  
Home Telephone Number  
Office Telephone Number  
Is this person to serve as co-executor? NO  YES  If yes, with whom?

---

2<sup>nd</sup> Name  
Relationship  
Street Address  
Home Telephone Number  
Office Telephone Number  
Is this person to serve as co-executor? NO  YES  If yes, with whom?

---

3<sup>rd</sup> Name  
Relationship  
Street Address  
Home Telephone Number  
Office Telephone Number  
Is this person to serve as co-executor? NO  YES  If yes, with whom?

## Guardian of Minor Children

1<sup>st</sup> Name  
Relationship  
Street Address  
Home Telephone Number  
Office Telephone Number  
Is this person to serve as co-guardian? NO  YES  If yes, with whom?

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2<sup>nd</sup> Name  
Relationship  
Street Address  
Home Telephone Number  
Office Telephone Number  
Is this person to serve as co-guardian? NO  YES  If yes, with whom?

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3<sup>rd</sup> Name  
Relationship  
Street Address  
Home Telephone Number  
Office Telephone Number  
Is this person to serve as co-guardian? NO  YES  If yes, with whom?

## UTMA Custodian

1<sup>st</sup> Name  
Relationship  
Street Address  
Home Telephone Number  
Office Telephone Number

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2<sup>nd</sup> Name  
Relationship  
Street Address  
Home Telephone Number  
Office Telephone Number

---

3<sup>rd</sup> Name  
Relationship  
Street Address  
Home Telephone Number  
Office Telephone Number

**Trustee**

1<sup>st</sup> Name  
Relationship  
Street Address  
Home Telephone Number  
Office Telephone Number  
Is this person to serve as co-trustee? NO  YES  If yes, with whom?

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2<sup>nd</sup> Name  
Relationship  
Street Address  
Home Telephone Number  
Office Telephone Number  
Is this person to serve as co-trustee? NO  YES  If yes, with whom?

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3<sup>rd</sup> Name  
Relationship  
Street Address  
Home Telephone Number  
Office Telephone Number  
Is this person to serve as co-trustee? NO  YES  If yes, with whom?

**Agent under a Power of Attorney for Property**

**HUSBAND**

1<sup>st</sup> Name  
Relationship  
Street Address  
Home Telephone Number  
Office Telephone Number

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2<sup>nd</sup> Name  
Relationship  
Street Address  
Home Telephone Number  
Office Telephone Number

---

3<sup>rd</sup> Name  
Relationship  
Street Address  
Home Telephone Number  
Office Telephone Number

**WIFE**

1<sup>st</sup> Name  
Relationship  
Street Address  
Home Telephone Number  
Office Telephone Number

---

2<sup>nd</sup> Name  
Relationship  
Street Address  
Home Telephone Number  
Office Telephone Number

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3<sup>rd</sup> Name  
Relationship  
Street Address  
Home Telephone Number  
Office Telephone Number

**Agent under a Healthcare Power of Attorney**

**HUSBAND**

1<sup>st</sup> Name  
Relationship  
Street Address  
Home Telephone Number  
Office Telephone Number

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2<sup>nd</sup> Name  
Relationship  
Street Address  
Home Telephone Number  
Office Telephone Number

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3<sup>rd</sup> Name  
Relationship  
Street Address  
Home Telephone Number  
Office Telephone Number

**Healthcare Standards and Limitations**

Do you have any specific standards for life support / maintenance? NO  YES

If yes, please explain. If you answer no, a healthcare power of attorney will still be prepared for you and at the time you sign the document, you will choose one of the three standards for life support presented at the bottom of this page.

Are there any medical care restrictions that you want to make? NO  YES

If yes, please explain. If you answer no, a healthcare power of attorney will still be prepared for you and the named agent will be permitted to make decisions as the agent believed you would have made them, but without expressed restrictions in the document.

Are there any *specific organs* that you would like to make as anatomical gifts?  
NO  YES

If yes, please itemize. If you answer no, the healthcare power of attorney leaves the option to make anatomical gifts of "any organ" if you so authorize the agent.

**WIFE**

1<sup>st</sup> Name  
Relationship  
Street Address  
Home Telephone Number  
Office Telephone Number

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2<sup>nd</sup> Name  
Relationship  
Street Address  
Home Telephone Number  
Office Telephone Number

---

3<sup>rd</sup> Name  
Relationship  
Street Address  
Home Telephone Number  
Office Telephone Number

## Healthcare Standards and Limitations

Do you have any specific standards for life support / maintenance? NO  YES

If yes, please explain. If you answer no, a healthcare power of attorney will still be prepared for you and at the time you sign the document, you will choose one of the three standards for life support presented at the bottom of this page.

Are there any medical care restrictions that you want to make? NO  YES

If yes, please explain. If you answer no, a healthcare power of attorney will still be prepared for you and the named agent will be permitted to make decisions as the agent believed you would have made them, but without expressed restrictions in the document.

Are there any *specific organs* that you would like to make as anatomical gifts?  
NO  YES

If yes, please itemize. If you answer no, the healthcare power of attorney leaves the option to make anatomical gifts of "any organ" if you so authorize the agent.

## HUSBAND AND WIFE - Distribution of my Estate

**Who.** Upon your death, to whom shall your assets pass? The "natural objects of your bounty – your family, other loved ones and charities?"

**How.** How should your assets pass? Outright gifts or trust? In stages? When? Equally or disproportionately? Do you want to protect assets for ultimate distribution to children because of a spouse's spendthrift spending, possible remarriage, inability to manage assets well, potential for being "taken advantage of," etc....?

**Special.** Is there any item of property which you want to give – gift in-kind – or other special or unique gift – fixed amount – which you want to make?

**Identification.** If someone named here has not already been listed before, give full name, relationship and street address. If a charity is named, be exact with its name and address.

Overflow information to page 17.



**Distribution of Estate** – continued...

## PART IV – ESTATE SUMMARY

Complete the schedule on the next two pages so it reflects your current asset and liability situation.

The identification of the assets, their value, how title is held, liability information, contingent liability information – personal guarantees, pledges and the like – and any beneficiary designation information are important for our analysis of your estate plan and my attendant recommendations. Accordingly, any incompleteness or inaccuracies may materially affect the effectiveness of my recommendations and the efficiency of my services. My planning recommendations are only as good as the information which has been provided to me. If this information is not accurate or complete my recommendations and strategies may be different.

Use the “comment” column on the far right of the following Estate Summary schedule on the following two pages to indicate beneficiary designations – including named successor or contingent beneficiaries; debt attached to an asset; other obligations attached to an asset; any other details on asset titling, such as, if a jointly held asset is tenancy by the entirety; any unique characteristics of the asset or liability; and if the asset is held in any kind of trust.

### **Additional information which you may provide:**

**Personal property.** Unique, *tangible* personal property, such as antiques, jewelry, collections, etc...; *intangible* personal property, such as patents, copyrights, royalties, etc...

**Business interests.** Form of business – corporation (S or C tax status), limited liability company, general partnership, limited partnership or sole proprietorship; owners and percentages of ownership; family members active in business; buy-sell provisions; and life insurance on your life held by the business or other co-owner.

**Life insurance.** Owner; insured; primary beneficiary; contingent beneficiary; type of insurance; cash surrender value; and death benefit.

**Retirement benefits.** Type of plan or account; primary beneficiary; contingent beneficiary; and vested benefits.

<u>ASSET DESCRIPTION</u>	<u>HIS (VALUE)</u>	<u>HERS (VALUE)</u>	<u>JOINTLY HELD (VALUE)</u>	<u>JOINTLY HELD WITH OTHERS (VALUE)</u>	<u>COMMENTS</u>  <i>IF ASSET HAS ASSOCIATED DEBT (I.E. MORTGAGE), IS HELD IN TRUST OR HAS A PAYABLE ON DEATH BENEFICIARY, NOTE IT IN THIS COLUMN. ALSO NOTE HOW ASSET IS TITLED</i>
<b>Cash or cash equivalents:</b>					
1.					
2.					
3.					
4.					
<b>Marketable Securities:</b>					
1. Stocks (total)					
2. Bonds (total)					
3. Others (total)					
<b>Personal property</b> (only those items on which you have an insurance policy)					
<b>Personal residence</b>					
<b>Vacation Residence</b>					
<b>Other Real Estate:</b>					
1.					
2.					
<b>Partnerships</b>					
<b>Closely-held business</b>					
<b>Life Insurance (face value)</b>					
1.					
2.					
3.					

<u>ASSET DESCRIPTION</u>	<u>HIS (VALUE)</u>	<u>HERS (VALUE)</u>	<u>JOINTLY HELD (VALUE)</u>	<u>JOINTLY HELD WITH OTHERS (VALUE)</u>	<u>COMMENTS</u>  <i>IF ASSET HAS ASSOCIATED DEBT (I.E. MORTGAGE), IS HELD IN TRUST OR HAS A PAYABLE ON DEATH BENEFICIARY, NOTE IT IN THIS COLUMN. ALSO NOTE HOW ASSET IS TITLED</i>
<b>Qualified Retirement</b>					
1.					
2.					
3.					
4.					
<b>Individual Retirement</b>					
1.					
2.					
3.					
4.					
<b>Other Assets and Other</b>					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
<b>TOTALS:</b>					
<b>TOTAL NET VALUE OF TWO</b>					
<b>NET WORTH (ASSETS LESS</b>					

Have either of you personally guaranteed an obligation for another person or business interest? **NO**  **YES**  If yes, explain.

Are any of your assets subject to some sort of restriction or performance agreement? **NO**  **YES**  If yes, explain.

\*To the extent there are annuities, provide copies of the annuity agreement and any beneficiary designation separate from the annuity agreement. Show underwriting company, owner, insured, beneficiary, face amount, cash surrender value and type of insurance (term, whole life, universal, etc...)

\*\* For debt, show creditor, liable party, collateral, guarantor and other relevant terms.

*THE COMPLETENESS AND ACCURACY OF ASSET AND LIABILITY INFORMATION IS ESSENTIAL TO PROPER ESTATE PLANNING. INCOMPLETE OR INACCURATE DATA OR INFORMATION WHICH IS SUBJECT TO IMMEDIATE CHANGE MAY MATERIALLY IMPACT PLANNING STRATEGIES.*

**The undersigned certifies that the foregoing information supplied on the preceding two pages of this estate planning questionnaire is substantially accurate and complete.**

\_\_\_\_\_  
**Husband Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Wife Signature**

\_\_\_\_\_  
**Date**

*If you have provided less than complete information for another reason, such as you only want a simple will prepared or you have already obtained a comprehensive analysis of your estate and have chosen the direction you want to go and do not wish to engage in further investigation by this attorney, then please state the reason below and sign below as certification of your wishes.*

Reason for less than full disclosure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Husband Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Wife Signature**

\_\_\_\_\_  
**Date**

**ADDITIONAL NOTES**