

PART I - BASIC INFORMATION

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

FULL LEGAL NAME: _____

NAME TO BE USED IN YOUR ESTATE PLANNING DOCUMENTS: _____

HOME ADDRESS

STREET: _____
UNIT/APT: _____
CITY: _____
STATE: _____
ZIP: _____
COUNTY: _____

OTHER CONTACT INFO

HOME PHONE: _____
CELL PHONE: _____
WORK PHONE: _____
EMAIL: _____
FAX: _____

PREFERRED METHOD OF WRITTEN COMMUNICATION (**CIRCLE ONE**): EMAIL MAIL

SOCIAL SECURITY NUMBER: _____

BIRTH DATE: _____

PLACE OF BIRTH
CITY/STATE/COUNTY: _____

U.S. CITIZEN (**CIRCLE ONE**)? YES NO

VOCATION: _____

EMPLOYER'S NAME: _____

ANNUAL INCOME: _____

CHILDREN AND THEIR BIRTH DATES: _____

APPROXIMATE VALUE OF ALL
ASSETS – SEE PART IV

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.

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

9. **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

10. **Special obligations.** Do you have any personal or business contracts which could materially affect your estate planning?

NO YES

11. **Gifting.** Have you ever made any significant gifts (more than \$12,000)?

NO YES

12. **Gift tax.** Have you ever filed a gift tax return?

NO YES

13. **529 Plan Account Funding.** Have you set up a 529 plan that carries forward annual exclusion gifts?

NO YES

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

NO YES

15. **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

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

NO YES

17. **Organ Donations.** Are you interested in providing organ donations or anatomical gifts?

NO YES

18. **Funeral and Burial or Cremation.** Do you have specific wishes concerning your funeral and burial or cremation?

NO YES

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

NO YES

20. **Long-term care.** Have you made specific plans or arrangements for “long-term” healthcare?
NO YES

21. **Estate contest.** Are there friends or family who might seriously question or object to your estate plans?
NO YES

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

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

24. **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

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

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

27. **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

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

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

3rd 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

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

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

3rd 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

1st Name
Relationship
Street Address
Home Telephone Number
Office Telephone Number

2nd Name
Relationship
Street Address
Home Telephone Number
Office Telephone Number

3rd Name
Relationship
Street Address
Home Telephone Number
Office Telephone Number

Trustee

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

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

3rd 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

1st Name
Relationship
Street Address
Home Telephone Number
Office Telephone Number

2nd Name
Relationship
Street Address
Home Telephone Number
Office Telephone Number

3rd Name
Relationship
Street Address
Home Telephone Number
Office Telephone Number

Agent under a Healthcare Power of Attorney

1st Name
Relationship
Street Address
Home Telephone Number
Office Telephone Number

2nd Name
Relationship
Street Address
Home Telephone Number
Office Telephone Number

3rd 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.

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 12.

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 pages 19 and 20 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.

You should anticipate that the estate planning process may result in recommendations on changing asset titles, beneficiary designations and perhaps other pertinent documents – like a business agreement. Implementation of asset allocation recommendations, change of beneficiary designations and the like are **your responsibility** unless you have asked us, in writing, to implement these changes on your behalf or unless I have acknowledged to you, in writing, that I will undertake such implementation.

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>VALUE</u>	<u>JOINTLY HELD WITH OTHERS</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>
Cash or cash equivalents:			
1.			
2.			
3.			
4.			
Marketable Securities:			
1. Stocks (total)			
2. Bonds (total)			
3. Others (total)			
Personal property (only those items on which you have an insurance policy)			
Personal residence			
Vacation Residence			
Other Real Estate:			
1.			
2.			
Partnerships			
Closely-held business interests			
Life Insurance (face value) or Annuities*			
1.			
2.			
3.			

<u>ASSET DESCRIPTION</u>	<u>VALUE</u>	<u>JOINTLY HELD WITH OTHERS</u>	<u>COMMENTS</u> 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
Qualified Retirement Benefits:			
1.			
2.			
3.			
4.			
Individual Retirement Accounts:			
1.			
2.			
3.			
4.			
Other Assets and Other Debt**			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
TOTALS:			
TOTAL NET VALUE OF TWO COLUMNS			
NET WORTH (ASSETS LESS DEBT)			

Have 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.

Signature

Date

ADDITIONAL NOTES