

## **ESTATE PLANNING QUESTIONNAIRE**

We use this questionnaire to get a general understanding of your situation so that we can better advise you on your estate planning needs. Please be as complete as possible when answering this questionnaire. If any of the requested information does not apply or is not readily available, leave those sections blank. Please provide **legal** names as you want them to appear in your estate planning documents.

Date: \_\_\_\_\_

LEGAL Name(s) \_\_\_\_\_

LEGAL Name(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Indicate your preference of receiving rough drafts by circling either: *Email* or *Regular Mail*.

Phone: Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Indicate by circling if documents are for *Husband and Wife* or *Individual*.

Please list the full legal names, addresses (if different from yours) and ages of any children:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Simultaneous Death Clause. Indicate by circling who has more assets in their name: **Husband** or **Wife**.

Do you own: IRAs \_\_\_\_\_ Life Insurance \_\_\_\_\_ Investment Accounts: \_\_\_\_\_

Does the fair market value of property owned by you that are not payable on death accounts such as IRAs or Life Insurance exceed \$100,000.00? Indicate by circling **Yes** or **No**.

Do you expect to inherit property or other significant assets? Indicate by circling **Yes** or **No**.

Burial/Cremation instructions (if any): \_\_\_\_\_

Executors: Co-Executors or Sole Executor

The Executor is the person you appoint to settle the affairs of your estate. Frequently, a family member such as an adult child is named as executor. If the designated family member cannot or does not want to act as executor, a bank, another relative, or a reliable and long-time friend may be named as executor.

Please indicate executor(s) and successor(s) if the first person or persons initially named are unable to serve:

Executor(s): \_\_\_\_\_

Successor(s): \_\_\_\_\_

Successor(s): \_\_\_\_\_

Guardians: Co-Guardians or Sole Guardian

The Guardian is an individual or couple whom you appoint to raise your minor children in the event you should die. The guardian generally will receive distributions from your trustee for the support, maintenance, health, and education of your minor children. The state of Illinois allows you to appoint one guardian for the person and a different guardian for the estate/finances. However, these are often deemed to be the same person.

Please indicate guardian(s) and successor(s) if the first person or couple initially named are unable to serve.

Guardian of PERSON

Guardian of ESTATE

Name

Address

Name

Address

1. \_\_\_\_\_ 1. \_\_\_\_\_

2. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 3. \_\_\_\_\_

**Distribution of Assets:**

**1. Names of your designated beneficiaries and percentage given of your Estate (i.e. spouse 100%):**

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**2. Names of your first contingent designated beneficiaries (i.e. if your spouse predeceases you then ... 100% to my children equally) along with the percentage given of your Estate:**

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**3. If you desire to delay disbursements to a later date, *please specify*: [i.e. 1/4 disbursement to my children when youngest child attains age of 21 years]:**

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**4. Disaster provision - in the event none of the beneficiaries named above survive you, then disbursements of your estate to the following persons/entities and percentages:**

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**Special Personal Property Bequests (collectibles, jewelry, furniture, cars, boats, etc.):**

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**Real Property Distribution (homes, lots, timeshares, etc.):**

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**Specific Cash Gifts:**

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**Charities (religious or educational organizations):**

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**LIVING TRUST IF DESIRED:**

Trustees: Co-Trustees or Sole Trustee

Trustees have similar responsibilities to the executor of the will and are often the same people. Trustees are only necessary if you have a trust.

Trustee(s): \_\_\_\_\_

Successor(s): \_\_\_\_\_

Successor(s): \_\_\_\_\_

**DEED(S) INTO TRUST:** Indicate by circling *Yes* or *No*. If Yes, how many: \_\_\_\_\_  
Need Legal Description, Old Deed, or Title Packet

**TODI (Transfer on Death Instrument):** Indicate by circling *Yes* or *No*.  
Need Legal Description, Old Deed, or Title Packet

**POWERS OF ATTORNEY (you may have different agents for each spouse):**

**HEALTH CARE Agents for** \_\_\_\_\_

An Agent is the person who may make health care decisions for you in the event of your incapacity. Only one person may serve as an agent at a time. Please indicate agent and successor(s) if the first person initially named is unable to serve:

Name	Address
1. _____	_____
2. _____	_____
3. _____	_____

**POWERS OF ATTORNEY (you may have different agents for each spouse):**

**HEALTH CARE Agents for** \_\_\_\_\_

An Agent is the person who may make health care decisions for you in the event of your incapacity. Only one person may serve as an agent at a time. Please indicate agent and successor(s) if the first person initially named is unable to serve:

Name	Address
1. _____	_____
2. _____	_____
3. _____	_____

**PROPERTY Agents for \_\_\_\_\_**

An Agent is the person who may make financial and legal decisions for you. Only one person may serve as an agent at a time. Please indicate agent and successor(s) if the first person initially named is unable to serve:

Name	Address
1. _____	_____
2. _____	_____
3. _____	_____

**PROPERTY Agents for \_\_\_\_\_**

An Agent is the person who may make financial and legal decisions for you. Only one person may serve as an agent at a time. Please indicate agent and successor(s) if the first person initially named is unable to serve:

Name	Address
1. _____	_____
2. _____	_____
3. _____	_____

**Declaration(s)/Living Will(s):** Indicate by circling *Yes* or *No*.

**A \$750.00 retainer is requested prior to commencement of drafting documents. The remaining cost is required at the appointment for signing your Estate documents.**