

Before your first meeting with an attorney at this office, this questionnaire must be completed. Please answer all questions. If anything is unclear, please call 708-482-7090.

ESTATE PLANNING QUESTIONNAIRE

(You can either print this questionnaire and fill in by hand, or tab to each entry below to fill in; then save the file to your computer and either print it or attach file to an email to be returned to Wilson & Wilson).



| YOUR INFORMATION: | | | |
|---|----------------|------------|--------|
| First Name | Middle Initial | Last Name | |
| Address | | | |
| City | State | Zip | County |
| Cell Phone | Home Phone | Work Phone | |
| Fax Number | Email Address | Age | |
| Date of Birth | Place of Birth | | |
| Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

| SPOUSE INFORMATION (if applicable): | | | |
|---|----------------|------------|--------|
| First Name | Middle Initial | Last Name | |
| Address | | | |
| City | State | Zip | County |
| Cell Phone | Home Phone | Work Phone | |
| Fax Number | Email Address | Age | |
| Date of Birth | Place of Birth | | |
| Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

| | | |
|---|---|--------------------------------------|
| Date Married: _____ | Is Spouse Living? Yes <input type="checkbox"/> No <input type="checkbox"/> | Date of Death: _____ |
| Do you have a Prenuptial Agreement? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Please provide the Property Identification Number (PIN) for all Illinois real estate you own. If you do not know the PIN, provide a copy of the deed or a copy of your last real estate tax bill. | | |
| PIN(s): _____ | | |
| Do you own property with someone other than spouse? Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, explain: _____ | |
| Do you (or your spouse) own a business or an interest in a business? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| If so, what type of entity is this business? | | |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> S-Corporation | <input type="checkbox"/> LLC |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership | <input type="checkbox"/> Other _____ |

TRUST INFORMATION

Under most circumstances, you will be the Trustee of your own Trust. The Successor Trustee (or Trustees) is the person (or persons) you wish to handle the Trust Estate upon your disability, resignation or death. Generally, this should be your spouse or someone who is familiar with your estate, family and goals.

| | | | |
|---|--------------|----------|--------|
| <hr/> | | | |
| FIRST CHOICE for Successor Trustee – Full Name | Relationship | | |
| <hr/> | | | |
| Address | | | |
| <hr/> | | | |
| City | State | Zip Code | County |

| | | | |
|--|--------------|----------|--------|
| <hr/> | | | |
| SECOND CHOICE for Successor Trustee – Full Name | Relationship | | |
| <hr/> | | | |
| Address | | | |
| <hr/> | | | |
| City | State | Zip Code | County |

| | | | |
|---|--------------|----------|--------|
| <hr/> | | | |
| THIRD CHOICE for Successor Trustee – Full Name | Relationship | | |
| <hr/> | | | |
| Address | | | |
| <hr/> | | | |
| City | State | Zip Code | County |

LAST WILL AND TESTAMENT INFORMATION

Executor:

| | | | |
|--|--------------|----------|--------|
| <hr/> | | | |
| FIRST CHOICE for Executor – Full Name | Relationship | | |
| <hr/> | | | |
| Address | | | |
| <hr/> | | | |
| City | State | Zip Code | County |

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| SECOND CHOICE for Successor Executor – Full Name | Relationship | | |
| <hr/> | | | |
| Address | | | |
| <hr/> | | | |
| City | State | Zip Code | County |

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| THIRD CHOICE for Successor Executor – Full Name | Relationship | | |
| <hr/> | | | |
| Address | | | |
| <hr/> | | | |
| City | State | Zip Code | County |

Specific Funeral Arrangements:

Please indicate any specific funeral arrangements to be included in the Will:

DURABLE POWER OF ATTORNEY FOR PROPERTY INFORMATION

The person(s) named in this section will have the authority to handle all of your personal and business affairs should you become mentally or physically incapacitated. The document is designed to become effective upon your disability, or voluntary activation of it. You should consider their proximity to you, business skills, knowledge of your risk tolerance and estate planning goals.

| | | | |
|--|--------------|----------|--------|
| _____ | | _____ | |
| FIRST CHOICE for Power of Attorney for Property – Full Name | Relationship | | |
| _____ | | | |
| Address | | | |
| _____ | | | |
| City | State | Zip Code | County |

| | | | |
|---|--------------|----------|--------|
| _____ | | _____ | |
| SECOND CHOICE for Power of Attorney for Property – Full Name | Relationship | | |
| _____ | | | |
| Address | | | |
| _____ | | | |
| City | State | Zip Code | County |

| | | | |
|--|--------------|----------|--------|
| _____ | | _____ | |
| THIRD CHOICE for Power of Attorney for Property – Full Name | Relationship | | |
| _____ | | | |
| Address | | | |
| _____ | | | |
| City | State | Zip Code | County |

*Please indicate your **spouse's** choices here and include address information on the reverse side of this page or on a separate sheet:*

FIRST Choice for Power of Attorney for Property: _____

SECOND Choice for Power of Attorney for Property: _____

THIRD Choice for Power of Attorney for Property: _____

DURABLE POWER OF ATTORNEY FOR HEALTH CARE INFORMATION

The person(s) named in this section will have the authority to handle all of your health care decisions should you become mentally or physically incapacitated. These decisions might include what doctor or hospital to use and whether or not to allow surgery if needed. The document is designed to become effective **only** upon your disability and will **always** be subject to your express wishes. **BE SURE TO INCLUDE PHONE NUMBERS.**

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| FIRST CHOICE for Power of Attorney for Health Care – Full Name | Relationship | | |
| <hr/> | | | |
| Address | | | |
| <hr/> | | | |
| City | State | Zip Code | County |
| <hr/> | | | |
| Cell Phone | Home Phone | Work Phone | |

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|--|--------------|------------|--------|
| <hr/> | | <hr/> | |
| SECOND CHOICE for Power of Attorney for Health Care – Full Name | Relationship | | |
| <hr/> | | | |
| Address | | | |
| <hr/> | | | |
| City | State | Zip Code | County |
| <hr/> | | | |
| Cell Phone | Home Phone | Work Phone | |

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|---|--------------|------------|--------|
| <hr/> | | <hr/> | |
| THIRD CHOICE for Power of Attorney for Health Care – Full Name | Relationship | | |
| <hr/> | | | |
| Address | | | |
| <hr/> | | | |
| City | State | Zip Code | County |
| <hr/> | | | |
| Cell Phone | Home Phone | Work Phone | |

*Please indicate your **spouse's** choices here and include address information on the reverse side of this page or on a separate sheet:*

FIRST Choice for Power of Attorney for Health Care: _____

SECOND Choice for Power of Attorney for Health Care: _____

THIRD Choice for Power of Attorney for Health Care: _____

You will also receive the following:

LIVING WILL (DECLARATION)

which will act as a directive if your health care agent is unable to fulfill his/her duties.

HIPAA PATIENT AUTHORIZATION

which will act as a directive to any health care provider or insurance company to release your records to your authorized agent(s).

MEDICAL DIRECTIVES WALLET CARD

which will show any medical personnel whom to call in case of emergency (as long as you provide phone numbers of agents on page 5)

Would you like digital copies of your signed documents?

YES

NO

If yes, what format? *(please select one)*

CD-Rom

Flash Drive (USB)

Special Directives:

Do you have any pets that you want cared for after your death(s)?

YES

NO

If yes, please name and give details:

Any other issues to be addressed with the attorney:

GENERAL INFORMATION

| FULL NAMES OF ALL OF YOUR CHILDREN – LIVING OR DECEASED [Indicate “(L)” or “(D)”] | | | |
|---|--------|------------|--------------------------------|
| Name of Child (L) or (D) | Gender | Birth Date | From Current or Prior Marriage |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Are any of your children disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| If yes, please name: | | | |

| FULL NAMES OF ALL OF YOUR GRANDCHILDREN – LIVING OR DECEASED [Indicate “(L)” or “(D)”] | | | |
|--|--------|------------|----------|
| Name of Grandchild (L) or (D) | Gender | Birth Date | Child Of |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| Are any of your grandchildren disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| If yes, please name: | | | |

DIVISION OF PROPERTY

Would you like your property divided equally among your children? YES NO

If not, please indicate how you would like your property distributed:

| |
|-------|
| _____ |
| |
| |
| |

GUARDIANSHIP FOR MINORS

If you and your spouse die and you have children under 18 years of age, they will need a guardian. The Guardian of the Person has custody of the child. The Guardian of the Estate controls the child's property. Please indicate your choices for guardians:

| | |
|------------------------------------|--------------|
| Guardian of the Person – Full Name | Relationship |
|------------------------------------|--------------|

Address

| | |
|------------------------------------|--------------|
| Guardian of the Estate – Full Name | Relationship |
|------------------------------------|--------------|

Address

Do any children have disabilities? YES NO

If yes, name:

Government Subsidy:

FOR OFFICE USE ONLY

Attorney Notes:

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ASSET INFORMATION

| EMPLOYMENT | | |
|---------------------|---------------|------------------------------|
| | Annual Amount | Estimated Date of Retirement |
| Salary #1: | | |
| Name of Employer: | | |
| Salary #2 (spouse): | | |
| Name of Employer: | | |

| REAL ESTATE* | | |
|--|---|------------------|
| Who Owns & Address of Property | Approx. Value | Amt. of Mortgage |
| | | |
| | | |
| | | |
| *IMPORTANT* | | |
| <u><i>For Illinois Property:</i></u> | <i>Please provide us with copies of the current deed(s) in order to convey property into your Trust(s). If you acquired property before 1985, there will be an additional \$75.00 Tract Search fee.</i> | |
| <u><i>For Out-of-State Property:</i></u> | <i>You MUST provide us with a copy of the current deed AND a current tax bill.</i> | |

| BANK ACCOUNTS | | |
|---------------------|--------------------|-------|
| Name of Institution | Name(s) on Account | Value |
| | | |
| | | |
| | | |
| | | |

| STOCKS/BONDS | | |
|---------------------|--------------------|-------|
| Name of Institution | Name(s) on Account | Value |
| | | |
| | | |
| | | |

| BROKERAGE ACCOUNTS | | |
|---------------------|--------------------|-------|
| Name of Institution | Name(s) on Account | Value |
| | | |
| | | |

| LIFE INSURANCE | | | |
|----------------|---------------|------------|-------------------------|
| Who Owns | Approx. Value | Face Value | Type (i.e. Whole, Term) |
| | | | |
| | | | |
| | | | |
| | | | |

| RETIREMENT ASSETS [IRAs, 401(k)s, etc.] | | |
|---|----------|---------------|
| Beginning Date/Year | Who Owns | Approx. Value |
| | | |
| | | |
| | | |
| | | |

| AUTOMOBILES | | |
|----------------|----------|---------------|
| Make and Model | Who Owns | Approx. Value |
| | | |
| | | |
| | | |
| | | |

| ESTIMATED PERSONAL PROPERTY | |
|-----------------------------|---------------|
| List Any Item(s) of Value | Approx. Value |
| | |
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| | |

| DIGITAL ASSETS | |
|--|--|
| Would you like to discuss the administration/transfer of your <i>digital assets</i> upon disability or death? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <i>A digital asset is information that is stored on a computing device. Examples are information and photos on your computer, or online user accounts such as Facebook, blogs or banking services.</i> | |

| | |
|--|---|
| I/We hereby state that the information contained in this questionnaire is complete and truthful to the best of my/our knowledge. | |
| _____ Dated | _____ Dated |
| _____ Signature | _____ Spouse Signature (if applicable) |



THE CENTER FOR ESTATE PLANNING AND ELDER LAW

1023 West 55th Street • Suite 110
LaGrange, Illinois 60525
Phone: 708.482.7090 • Fax: 708.482.7093

Do you want a referral for any of the following? *(check any that apply):*

- | | | |
|---|---|--|
| <input type="checkbox"/> Financial Planning | <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Mortgage/Loans |
| <input type="checkbox"/> Geriatric Care Manager | <input type="checkbox"/> Home Care Provider | <input type="checkbox"/> Assisted Living/Nursing Home Facilities |
| <input type="checkbox"/> Other: | | |

Other lists that should be provided to your family or your executor that can be extremely helpful are:

SAFE DEPOSIT BOX INVENTORY:

Takes the mystery out of what is in the box, and therefore removes the pressure of getting into the box to find burial instructions or anything else that may be missing.

ASSET LOCATION LIST:

It should communicate not only WHAT assets are owned by a decedent, but WHERE they are, how much they are worth, and any other pertinent information.

INVESTMENT RECORDS:

On the purchase price and date of assets can establish values for capital gains tax purposes. This can avoid problems in the event of a tax audit.

PERSONAL PROPERTY DISTRIBUTION LIST:

Can eliminate squabbles over family memorabilia. A note can resolve a lot of questions. *Example: "I have promised my rocking chair to my daughter, Suzie, and my shotgun to my brother, Bill, and I instruct my executor to keep my promise."*



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DIRECTIONS TO WILSON & WILSON

From Interstate 55, The Stevenson Expressway:

- Exit LaGrange Road Northbound
- Take LaGrange Road approximately 2 miles to 55th Street
- Take 55th Street West 1 mile to Law Offices of Wilson & Wilson
- We are located at the west end of the Fifth Third Bank Building (*parking in rear*)

From Interstate 290, The Eisenhower Expressway:

- Exit Wolf Road Southbound
- Take Wolf Road 2 miles to Ogden Avenue Eastbound
- Take Ogden Avenue Eastbound ½ mile to Gilbert Avenue (Willow Springs Road)
- Take Gilbert Avenue (Willow Springs Road) Southbound 2 miles to 55th Street
- Take 55th Street East approx. ½ mile to Law Offices of Wilson & Wilson
- We are located at the west end of the Fifth Third Bank Building (*parking in rear*)

From Interstate 294, the Tri-State Toll Road:

- Exit Ogden Avenue Eastbound
- Take Ogden Avenue 1.3 miles to Gilbert Avenue (Willow Springs Road)
- Take Gilbert Avenue (Willow Springs Road) Southbound 2 miles to 55th Street
- Take 55th Street East ½ mile to Law Offices of Wilson & Wilson
- We are located at the west end of the Fifth Third Bank Building (*parking in rear*)