

To help provide you with the best possible service, please take a few moments to complete the following questionnaire and bring to your initial appointment. We will be happy to assist with items in question during your visit or call 708-482-7090.

ESTATE PLANNING QUESTIONNAIRE



- NEW ESTATE PLAN UPDATE ESTATE PLANNING DOCUMENTS

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

YOUR INFORMATION:			
First Name	Middle Init.	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 Init.	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"/>			

<input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED
Date Married: _____	Date of Death: _____	
Do you have a Prenuptial Agreement? Yes <input type="checkbox"/> No <input type="checkbox"/>		
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"/> LLP
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other _____

FAMILY 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
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:

“Age of Distribution for Minors”: At what age would you like your property distributed to any minor legatees (beneficiaries)? (Can be 18 years of age or older). STATE AGE:

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:

ASSET INFORMATION

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

REAL ESTATE*			
Name(s) on Deed, Address, and County of Property	PIN (Required)	Approx. Value	Amt. of Mortgage
Do you own property with someone other than spouse?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, explain:			
If you have real estate in a LAND TRUST (with a bank or Title Company), please tell the attorney and provide a copy of the land trust. Additional fees (charged by the Title Company) will be incurred to transfer that property into your Revocable Living Trust.			
IMPORTANT			
<u>For Illinois Property:</u>	<i>Please provide us with copies of the current deed(s) in order to convey property into your Trust(s). If you do not provide us with a current deed and if you acquired property before 1986, there will be an additional \$75.00 Tract Search fee.</i>		
<u>For Out-of-State Property:</u>	<i>You MUST provide us with a copy of the current deed AND a current tax bill. An attorney licensed in the state where the property is located may have to be retained.</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

DIGITAL ASSETS

Would you like to discuss the administration/transfer of your *digital assets* upon disability or death?

YES NO

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.

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.

NAME YOURSELF AS INITIAL TRUSTEE? Yes No

FIRST CHOICE for Successor Trustee – Full Name		Relationship	
Address			
City	State	Zip Code	County
Cell Phone	Home Phone	Work Phone	

SECOND CHOICE for Successor Trustee – Full Name		Relationship	
Address			
City	State	Zip Code	County
Cell Phone	Home Phone	Work Phone	

THIRD CHOICE for Successor Trustee – Full Name		Relationship	
Address			
City	State	Zip Code	County
Cell Phone	Home Phone	Work Phone	

LAST WILL AND TESTAMENT INFORMATION

Executor:

NAME YOUR SPOUSE AS INITIAL EXECUTOR? Yes No

FIRST CHOICE for Executor – Full Name		Relationship		
Address				
City	State	Zip Code	County	
Cell Phone	Home Phone	Work Phone		

SECOND CHOICE for Successor Executor – Full Name		Relationship		
Address				
City	State	Zip Code	County	
Cell Phone	Home Phone	Work Phone		

THIRD CHOICE for Successor Executor – Full Name		Relationship		
Address				
City	State	Zip Code	County	
Cell Phone	Home Phone	Work Phone		

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 (your Agent) 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.

SPOUSE #1 or SINGLE PERSON – CHOOSE YOUR AGENTS

NAME YOUR SPOUSE AS INITIAL AGENT? Yes No

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

<hr/>			
SECOND CHOICE for Agent on Power of Attorney for Property – Full Name	Relationship		
<hr/>			
Address			
<hr/>			
City	State	Zip Code	County
<hr/>			
Cell Phone	Home Phone	Work Phone	

<hr/>			
THIRD CHOICE for Agent on Power of Attorney for Property – Full Name	Relationship		
<hr/>			
Address			
<hr/>			
City	State	Zip Code	County
<hr/>			
Cell Phone	Home Phone	Work Phone	

DURABLE POWER OF ATTORNEY FOR PROPERTY INFORMATION (Cont'd.)

Complete this page for Spouse #2 only. If you want the same Agents as Spouse #1, just write "SAME" for each.

If you have no spouse, skip to next page.

SPOUSE #2 – CHOOSE YOUR AGENTS

NAME YOUR SPOUSE AS INITIAL AGENT? Yes No

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

<hr/>			
SECOND CHOICE for Agent on Power of Attorney for Property – Full Name	Relationship		
<hr/>			
Address			
<hr/>			
City	State	Zip Code	County
<hr/>			
Cell Phone	Home Phone	Work Phone	

<hr/>			
THIRD CHOICE for Agent on Power of Attorney for Property – Full Name	Relationship		
<hr/>			
Address			
<hr/>			
City	State	Zip Code	County
<hr/>			
Cell Phone	Home Phone	Work Phone	

DURABLE POWER OF ATTORNEY FOR HEALTH CARE INFORMATION

The person(s) named in this section (your Agent) 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** as specified on the document and will **always** be subject to your express wishes.

SPOUSE #1 or SINGLE PERSON – CHOOSE YOUR AGENTS

NAME YOUR SPOUSE AS INITIAL AGENT? Yes No

<hr/>			
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	

<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	

<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	

DURABLE POWER OF ATTORNEY FOR HEALTH CARE INFORMATION (Cont'd.)

Complete this page for Spouse #2 only. If you want the same Agents as Spouse #1, just write "SAME" for each.

If you have no spouse, skip to next page.

SPOUSE #2 – CHOOSE YOUR AGENTS

NAME YOUR SPOUSE AS INITIAL AGENT? Yes No

<hr/>			
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	

<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	

<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	

You will also receive the following:

LIVING WILL (DECLARATION)

which will act as a directive if your health care agent is unavailable or 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 pages 10 and 11)

Would you like digital copies (USB Flash Drive) of your signed documents? YES NO

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: _____

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)



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):

- Financial Planning
- Life Insurance
- Mortgage/Loans
- Geriatric Care Manager
- Home Care Provider
- Assisted Living/Nursing Home Facilities
- 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."*



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

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*)