LAW OFFICES OF **JEFFREY R. GOTTLIEB, LLC**

Attorney and Counselor at Law | Licensed in Illinois

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MEETING DATE:	•
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ESTATE PLANNING INFORMATION (SINGLE)

I. GENERAL PERSONAL INFORMATION

Full Name (as you sign legal documents)				
Date of Birth	SS#			
Home Phone	Home Addres	s		
Cell Phone				
Office Phone	Occupation _			
*Email Address(es)				
Circle preference for receiving draft document	nts for review:	Mail	E-Mail	Pickup
Who referred you/how did you find us?				
Please circle choice and insert any additional information	n, as appropria	ate:		
Are you a U.S. citizen?	Yes	No _		
Have you been previously married?**	Yes	No _		
Have you executed any estate planning documents?*	** Yes	No _		
Are you a beneficiary of any trust or estate?**	Yes	No _		
Have you filed any gift tax returns (Form 709)?**	Yes	No _		
Have you ever lived in any of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin	Yes	No _		
Are your parents or grandparents living?	Yes	No _		
Do you have any special health/medical issues?				

^{*} We will add your e-mail address to our monthly educational e-newsletter.

^{**} If any of these apply, please bring relevant documentation with you to our meeting (e.g. copies of divorce decree, prenuptial agreements, copies of estate planning documents, gift tax returns, etc.).

I.	CHILDREN AND DESCENDANTS (Child's Name (to appear in estate docs)	attach additiona Date of Birth		-	Child'		# of
1.							
2.							
3.							
	y children or grandchildren adopted? Y		-				
	you have any predeceased children? Y		•	ve childre		No	
	any children or grandchildren have spec ysical needs, or receive government bene				Yes	No	
Do	es any child or grandchild have problems	s with drug/alcol	nol abuse?		Yes	No	
Are	e you concerned with a child/grandchild'	s ability to hand	le money?		Yes	No	
Are	e you concerned with your children's abi	lity to get along	with each oth	ner?	Yes	No	
An	y concerns relative to your relationship v	vith your childre	n?		Yes	No	
Are	e any of your children divorced or going	through divorce	?		Yes	No	
Ha	ve you made any advancements or signif	icant loans to a	child or grand	lchild?	Yes	No	
Otl	ner special issues to address for children?		_				
II.	CONTINGENT AND OTHER POTE (Contingent beneficiary means if a pr Name Re		ry predecea	•		charitie	es, etc
	<u>Name</u>	<u>rationsinp</u>	<u>Age</u>	<u>i otennai</u>	<u>OIII</u>		
1.							
2.							
3.							
4.							
5.							
				Yes	, No	Movba	<u> </u>
D0	you have any interest in charitable gifting	ig in your estate	Pian:	1 68	s No	Maybe	5
Da	you have any pets that you wish to speci	fically include:	n vour nlang	Yes	s No	Maybe	

Description	Title	Mortgage	Market Value
			_
			_
and Savings Accounts (Ch	ecking, Savings, Money Mar	ket, CD's, etc.)	
Financial Institution	Type	Acc	ount Value
	Bonds (Non-Retirement Acc		
ment ricedants, stock and	Donas (11011 Rediction 110	courts)	
Financial Institution	Type	ŕ	ount Value
Financial Institution	Type	ŕ	
Financial Institution	Type	Acc	
Financial Institution	Туре	Acc	
Financial Institution	Type	Acc	
Financial Institution	Type	Acc	
Financial Institution	Type	Acc	2.)
Financial Institution ment Accounts (IRA, 401) Financial Institution	Type	on, Profit Sharing, etc Beneficiaries	e.) Account Value
Financial Institution ment Accounts (IRA, 401) Financial Institution	Type (k), 403(b), Roth IRA, Pension Type	on, Profit Sharing, etc Beneficiaries	Account Value
Financial Institution Financial Institution Financial Institution	Type Type Type Type Type	on, Profit Sharing, etc Beneficiaries	Account Value
Financial Institution ment Accounts (IRA, 401) Financial Institution	Type (k), 403(b), Roth IRA, Pension Type	on, Profit Sharing, etc	Account Value

<u>ASSET INFORMATION</u> (You may bring your own asset list instead or attach additional pages)

IV.

Life Insurance Policies and Annuities Financial Institution Type Beneficiaries Face Value 2. ______ 3. _____ Personal Effects (Autos, Jewelry, Art, Collections – of significant value) Owner(s) Description Market Value 3. ______ Other Assets (e.g. Businesses, Corporations, Partnerships, LLC, stock options, Section 529 plans, powers of appointment, potential inheritances, etc.) Description Owner(s) Market Value **YOUR FINANCIAL ADVISORS** (e.g. financial planner, accountant, insurance agent, broker) Name Role Phone Number

V.

Executor(s) for your V	Vill	
Name	Relationship	Address
1		
2		
3		
Successor Trustee(s) f	or your Trust (after yourself)	
Name	Relationship	Address
1		
2		
3		
Guardian(s) for your	minor children (under age 18)	
Name	Relationship	Address
1		
2		
J		
Agent for Power of At	torney for Property (manages	property during your incapacity)
Name	Relationship	Address
1		
3		
A gant fan Darwan of A4	town ou fou Hoolth Cour (modes	a booleb oo yo doolalay whom way ano you abla)
Agent for Power of At Name	torney for Health Care (make Relationship	s health care decision when you are not able) Address
	_	Address
2		
3.		

YOUR FIDUCIARY APPOINTMENTS (may be same person(s) for each role)

VI.