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616 N. North Court – Suite 160
Palatine, Illinois 60067

JEFFREY R. GOTTLIEB
jeff@illinoisestateplan.com

ROBERT H. GLORCH (Of Counsel)
robertg42@aol.com

MEETING DATE: _____, _____

Phone: (847) 991-2250
Fax: (847) 991-9445

ESTATE PLANNING INFORMATION (MARRIED)

I. GENERAL PERSONAL INFORMATION

	<i>Husband's Information</i>	<i>Wife's Information</i>
Name (as you sign)	_____	_____
Date of Birth	_____	_____
Social Security #	_____	_____
Occupation	_____	_____
E-mail address	_____	_____
Cell Phone #	_____	_____
Office Phone #	_____	_____
Home Phone #	_____	_____
Home Address	_____	

Circle preference for receiving draft documents for review: Mail E-Mail Pickup

Who referred you/how did you find us? _____

Please circle choice and insert any additional information, as appropriate:

Are you both U.S. citizens? Yes No _____

Have either of you been previously married?*** Yes No _____

Have you executed any estate planning documents?*** Yes No _____

Are either of you a beneficiary of any trust or estate?*** 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 either of you have any special health/medical issues? _____
(pacemaker, defibrillator, family history, reduced life expectancy, etc.)

* 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, etc.).

II. CHILDREN AND DESCENDANTS (attach additional pages if necessary)

	<u>Child's Name (to appear in estate docs)</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Child's Spouse's Name</u>	<u># of Children</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Any children or grandchildren adopted? Yes No If Yes, please indicate _____

Do you have any predeceased children? Yes No If Yes, did they have children? Yes No

Do any children or grandchildren have special educational, medical or physical needs, or receive government benefits (Medicaid, SSI, etc.)? Yes No

Does any child or grandchild have problems with drug/alcohol abuse? Yes No

Are you concerned with a child/grandchild's ability to handle money? Yes No

Are you concerned with your children's ability to get along with each other? Yes No

Any concerns relative to your relationship with your children? Yes No

Are any of your children divorced or going through divorce? Yes No

Have you made any advancements or significant loans to a child or grandchild? Yes No

Other special issues to address for children? _____

**III. CONTINGENT AND OTHER POTENTIAL BENEFICIARIES (relatives, friends, charities, etc.)
(Contingent beneficiary means if a primary beneficiary predeceases you)**

	<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Potential Gift</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Do you have any interest in charitable gifting in your estate plan? Yes No Maybe

Do you have any pets that you wish to specifically include in your plan? Yes No Maybe

Do you have digital accounts/assets that you wish to plan for? Yes No Maybe

IV. ASSET INFORMATION (You may bring your own asset list instead or attach additional pages)

Real Estate and Land (Residence, Vacation Home, Rentals, Investment Properties, etc.)

	Address	Title	Mortgage	Market Value
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Bank and Savings Accounts (Checking, Savings, Money Market, CD's, etc.)

	Financial Institution	Type	Title	Market Value
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Investment Accounts, Stock and Bonds (Non-Retirement Accounts)

	Financial Institution	Type	Title	Market Value
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Retirement Accounts (IRA, 401(k), 403(b), Roth IRA, Pension, Profit Sharing)

	Financial Institution/Type	Participant/Owner	Beneficiaries	Market Value
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Life Insurance Policies and Annuities

	Financial Institution/Type	Participant/Owner	Beneficiaries	Face Value
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Personal Effects (Autos, Jewelry, Art, Collections – of significant value)

	Description	Owner(s)	Market Value
1.	_____	_____	_____
2.	_____	_____	_____
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
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

V. YOUR FINANCIAL ADVISORS (e.g. financial planner, accountant, insurance agent, broker)

	Name	Role	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

VI. YOUR FIDUCIARY APPOINTMENTS (may be same person(s) for each role)
(may indicate 'same' for Husband and Wife)

Executor(s) for your Will(s)

<u>Name</u>	<u>Relationship</u>
Husband	
1. _____	_____
2. _____	_____
3. _____	_____
Wife	
1. _____	_____
2. _____	_____
3. _____	_____

Successor Trustee(s) for your Trust(s)

<u>Name</u>	<u>Relationship</u>
Husband	
1. _____	_____
2. _____	_____
3. _____	_____
Wife	
1. _____	_____
2. _____	_____
3. _____	_____

Agent for Power of Attorney for Property (manages property during your incapacity)

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
Husband		
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
Wife		
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Agent for Power of Attorney for Health Care (makes health care decisions when you are not able)

	<u>Name</u>	<u>Relationship</u>	<u>Address</u>
Husband			
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Wife			
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Guardian(s) for your minor children (under age 18)

	<u>Name(s)</u>	<u>Relationship</u>	<u>Address</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____