

LAW OFFICES OF
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MEETING DATE: _____, ____

ESTATE PLANNING INFORMATION (SINGLE)

I. GENERAL PERSONAL INFORMATION

Full Name (as you sign legal documents) _____

Date of Birth _____ SS# _____

Home Phone _____ Home Address _____

Cell Phone _____

Office Phone _____ Occupation _____

*Email Address(es) _____

Check preference for receiving draft documents for review: Mail___ E-Mail___ Pickup___

Who referred you/how did you find us? _____

Please check answer and insert any additional information, as appropriate:

| | <u>Yes</u> | <u>No</u> | |
|---|------------|-----------|-------|
| Are you a U.S. citizen? | ___ | ___ | _____ |
| Have you been previously married?*** | ___ | ___ | _____ |
| Have you executed any estate planning documents?*** | ___ | ___ | _____ |
| Are you a beneficiary of any trust or estate?*** | ___ | ___ | _____ |
| Have you filed any gift tax returns (Form 709)?** | ___ | ___ | _____ |
| Have you ever lived in any of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin | ___ | ___ | _____ |
| Are your parents or grandparents living? | ___ | ___ | _____ |
| Do 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, gift tax returns, etc.).

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

| | <u>Child's Name</u> (to appear in estate docs) | <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. | _____ | _____ | _____ | _____ | _____ |

Yes No

Any children or grandchildren adopted? _____ Yes No

Do you have any predeceased children? _____ If Yes, did they have children? _____

Do any children or grandchildren have special educational, medical or physical needs, or receive government benefits (Medicaid, SSI, etc.)? _____

Does any child or grandchild have problems with drug/alcohol abuse? _____

Are you concerned with a child/grandchild's ability to handle money? _____

Are you concerned with your children's ability to get along with each other? _____

Any concerns relative to your relationship with your children? _____

Are any of your children divorced or going through divorce? _____

Have you made any advancements or significant loans to a child or grandchild? _____

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. | _____ | _____ | _____ | _____ |

Yes No Maybe

Do you have any interest in charitable gifting in your estate plan? _____

Do you have any pets that you wish to specifically include in your plan? _____

Do you have digital accounts/assets that you wish to plan for? _____

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.)

| Description | Title | Mortgage | Market Value |
|-------------|-------|----------|--------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

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

| Financial Institution | Type | Account Value |
|-----------------------|-------|---------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

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

| Financial Institution | Type | Account Value |
|-----------------------|-------|---------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

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

| Financial Institution | Type | Beneficiaries | Account Value |
|-----------------------|-------|---------------|---------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ |

Life Insurance Policies and Annuities

| | Financial Institution | Type | 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. | _____ | _____ | _____ |

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)

Executor(s) for your Will

| | Name | Relationship | Address |
|----|-------------|---------------------|----------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

Successor Trustee(s) for your Trust (after yourself)

| | Name | Relationship | Address |
|----|-------------|---------------------|----------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

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

| | Name | Relationship | Address |
|----|-------------|---------------------|----------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

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

| | Name | Relationship | Address |
|----|-------------|---------------------|----------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

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

| | Name | Relationship | Address |
|----|-------------|---------------------|----------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |