|  |
| --- |
| **Partner/Spouse 1: General Information** |
| Full Legal Name: |  |
| Preferred Name: |  |
| Date of Birth: |  |
| Home Address: |  |
| Home Phone: |  |
| Cell Phone: |  |
| E-mail Address: |  |
| Social Security #: |  |
| Occupation: |  |
| Business Address: |  |
| Business Phone: |  |
| Current Income: |  |
| Have you been married previously?  |  | No, Never Married |
|  | Yes, Widowed |
|  | Yes, Separated |
|  | Yes, Divorced: |
|  | * Date of Divorce:
 |  |
| * What are your benefits/responsibilities under your divorce settlement agreement?
 |
|  |
| U.S. Citizen? |  | No |
|  | Yes |
| Do you own any property outside the state of Illinois? |  | No |
|  | Yes |
|  | * Where?
 |  |

|  |
| --- |
| **Partner/Spouse 1: General Information** (Continued) |
| Are you a war-time veteran? |  | No |
|  | Yes |
|  | * Branch of Service:
 |  |
|  | * Service Number:
 |  |
|  | * Current Benefits:
 |  |
| Widow/widower of a war-time veteran? |  | No |
|  | Yes |
| Are you currently on PAAD (Pharmaceutical Assistance to the Aged and Disabled Program) or any other state pharmaceutical plan? |  | No |
|  | Yes |
|  | * Name of Plan:
 |  |

|  |
| --- |
| **Partner/Spouse 2: General Information** |
| Full Legal Name: |  |
| Preferred Name: |  |
| Date of Birth: |  |
| Home Address: |  |
| Home Phone: |  |
| Cell Phone: |  |
| E-mail Address: |  |
| Social Security #: |  |
| Occupation: |  |
| Business Address: |  |
| Business Phone: |  |
| Current Income: |  |
| Have you been married previously?  |  | No, Never Married |
|  | Yes, Widowed |
|  | Yes, Separated |
|  | Yes, Divorced: |
|  | * Date of Divorce:
 |  |
| * What are your benefits/responsibilities under your divorce settlement agreement?
 |
|  |
| U.S. Citizen? |  | No |
|  | Yes |
| Have you ever lived in a community-property state with your current partner/spouse? |  | No |
|  | Yes |
|  | * When?
 |  |
| * Where?
 |  |

|  |
| --- |
| **Partner/Spouse 2: General Information** (Continued) |
| Are you a war-time veteran? |  | No |
|  | Yes |
|  | * Branch of Service:
 |  |
|  | * Service Number:
 |  |
|  | * Current Benefits:
 |  |
| Widow/widower of a war-time veteran? |  | No |
|  | Yes |
| Are you currently on PAAD (Pharmaceutical Assistance to the Aged and Disabled Program) or any other state pharmaceutical plan? |  | No |
|  | Yes |
|  | * Name of Plan:
 |  |

|  |
| --- |
| **Children, Stepchildren, and Other Beneficiaries of Will or Trust** |
| 1.  | **Full Legal Name:**  |
| Relationship: | Birth Date: | Disabled? | Portion of Estate: |
|  |  |  | % |
| Address: | Date and Place of Adoption (If Applicable): |
|  |  |
|  | Please check here if this child is from a previous marriage/relationship. |
| 2.  | **Full Legal Name:**  |
| Relationship: | Birth Date: | Disabled? | Portion of Estate: |
|  |  |  | % |
| Address: | Date and Place of Adoption (If Applicable): |
|  |  |
|  | Please check here if this child is from a previous marriage/relationship. |
| 3.  | **Full Legal Name:**  |
| Relationship: | Birth Date: | Disabled? | Portion of Estate: |
|  |  |  | % |
| Address: | Date and Place of Adoption (If Applicable): |
|  |  |
|  | Please check here if this child is from a previous marriage/relationship. |
| 4.  | **Full Legal Name:**  |
| Relationship: | Birth Date: | Disabled? | Portion of Estate: |
|  |  |  | % |
| Address: | Date and Place of Adoption (If Applicable): |
|  |  |
|  | Please check here if this child is from a previous marriage/relationship. |

 *To add additional children, please use Appendix A.*

|  |  |  |
| --- | --- | --- |
| Should any of the children named above be treated differently from an estate planning perspective? |  | No |
|  | Yes  |
| Do you have any additional biological or adopted children who are not named above? |  | No |
|  | Yes  |

|  |
| --- |
| **Guardians of Minor Children:** |
| **First Choice** |
| Name: |  |
| Relationship to You: |  |
| Address: |  |
| Phone: |  |
| **Second Choice** |
| Name: |  |
| Relationship to You: |  |
| Address: |  |
| Phone: |  |

|  |
| --- |
| **Grandchildren/Beneficiaries of Will or Trust** |
| 1.  | **Full Legal Name:**  |
| Relationship: | Birth Date: | Disabled? | Portion of Estate: |
|  |  |  | % |
| Address: | Date and Place of Adoption (If Applicable): |
|  |  |
| 2.  | **Full Legal Name:**  |
| Relationship: | Birth Date: | Disabled? | Portion of Estate: |
|  |  |  | % |
| Address: | Date and Place of Adoption (If Applicable): |
|  |  |
| 3.  | **Full Legal Name:**  |
| Relationship: | Birth Date: | Disabled? | Portion of Estate: |
|  |  |  | % |
| Address: | Date and Place of Adoption (If Applicable): |
|  |  |
| 4.  | **Full Legal Name:**  |
| Relationship: | Birth Date: | Disabled? | Portion of Estate: |
|  |  |  | % |
| Address: | Date and Place of Adoption (If Applicable): |
|  |  |

 *To add additional grandchildren, please use Appendix B.*

|  |  |  |
| --- | --- | --- |
| Should any of the grandchildren named above be treated differently from an estate planning perspective? |  | No |
|  | Yes  |
| Do you have any additional biological or adopted grandchildren who are not named above? |  | No |
|  | Yes |

|  |
| --- |
| **Assets:**Please indicate whether you own these assets **individually, jointly or in the name of another entity** (i.e. corporation, partnership etc.) If you have a personal financial statement, you may attach a copy in lieu of completing the following, but please indicate who owns each item of property. |
|  | Approximate Value | Owner | Beneficiary(If Applicable) |
| Equity in Personal Residence | $ |  |  |
| Equity in other Real Estate | $ |  |  |
| Checking and Savings Accounts, CDs | $ |  |  |
| Insurance (Death Benefit and Cash Value) | $ |  |  |
| IRA / 401(k) | $ |  |  |
| Deferred Compensation (Vested Interest) in IRA, pension, profit sharing | $ |  |  |
| Annuities | $ |  |  |
| Brokerage Accounts | $ |  |  |
| Individual Stocks & Bonds, Mutual Funds | $ |  |  |
| Tangible Personal Property (Cars, Valuable Art, etc.) | $ |  |  |
| Closely-held Business Interests (Partnership, LLC, Corporation) | $ |  |  |
| Stock Options | $ |  |  |
| Interest in Trust or Estate | $ |  |  |
| Special Assets: Frequent Flyer Miles, Sports Tickets, Collections | $ |  |  |
| Other: | $ |  |  |
| Other: | $ |  |  |
| **TOTAL:** | **$** |  |
| **Have you and your Partner/Spouse…** |
| … entered into any agreement prior to or during your partnership/marriage regarding the rights of each of you in the property of the other?*If yes please attach a copy of agreement.* |   | No |
|  | Yes |
| …ever filed a United States Gift Tax Return (Form 709)? *If yes please attach a copy of Return/s.* |  | No |
|  | Yes |

|  |
| --- |
| **Safety Deposit Box:** |
| Name of Bank: |  |
| Branch/Address: |  |
| Box Number: |  |

|  |
| --- |
| **Prospective Inheritance:** |
| Benefactor | Description |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **Gifts/Charitable Donations:** |
| Description of Property/Cash Amount | Name of Individual/Organization |
|  |  |
|  |  |
|  |  |
|  |  |

*(Consider making charitable gifts during lifetime rather than at death, considering tax issues. Also consider whether federal gift tax returns.)*

|  |
| --- |
| **Liabilities:** |
| Description of Property/Cash Amount | Name of Individual/Organization |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| Are there special issues such as disabilities or disputes? |   | No |
|  | Yes |
| Should the *surviving* spouse consider making charitable gifts? |  | No |
|  | Yes |

|  |
| --- |
| **Executors:***Executors duties include collecting assets at the time of your death and distributing them according to the instructions in your will.* |
| **Partner/Spouse 1** | **Partner/Spouse 2** |
| **First Choice** | **First Choice** |
| Name: |  | Name: |  |
| Relationship: |  | Relationship: |  |
| Address: |  | Address: |  |
| Phone: |  | Phone: |  |
| **Second Choice** | **Second Choice** |
| Name: |  | Name: |  |
| Relationship: |  | Relationship: |  |
| Address: |  | Address: |  |
| Phone: |  | Phone: |  |
| **Third Choice** | **Second Choice** |
| Name: |  | Name: |  |
| Relationship: |  | Relationship: |  |
| Address: |  | Address: |  |
| Phone: |  | Phone: |  |

|  |
| --- |
| **Trustees:***The trustee’s duties are to manage the assets in your trust while you are alive but incapacitated for your benefit. After your death they are to distribute your assets according to your trust.* |
| **Partner/Spouse 1** | **Partner/Spouse 2** |
| **First Choice** | **First Choice** |
| Name: |  | Name: |  |
| Relationship: |  | Relationship: |  |
| Address: |  | Address: |  |
| Phone: |  | Phone: |  |
| **Second Choice** | **Second Choice** |
| Name: |  | Name: |  |
| Relationship: |  | Relationship: |  |
| Address: |  | Address: |  |
| Phone: |  | Phone: |  |
| **Third Choice** | **Second Choice** |
| Name: |  | Name: |  |
| Relationship: |  | Relationship: |  |
| Address: |  | Address: |  |
| Phone: |  | Phone: |  |

|  |
| --- |
| **Power of Attorney for Health Care Agent***While you are alive, The POA for Healthcare Agent is the person you choose to discuss your future medical care with your doctor when you are unable to do so yourself.* |
| **Partner/Spouse 1** | **Partner/Spouse 2** |
| **First Choice** | **First Choice** |
| Name: |  | Name: |  |
| Relationship: |  | Relationship: |  |
| Address: |  | Address: |  |
| Phone: |  | Phone: |  |
| **Second Choice** | **Second Choice** |
| Name: |  | Name: |  |
| Relationship: |  | Relationship: |  |
| Address: |  | Address: |  |
| Phone: |  | Phone: |  |
| **Third Choice** | **Second Choice** |
| Name: |  | Name: |  |
| Relationship: |  | Relationship: |  |
| Address: |  | Address: |  |
| Phone: |  | Phone: |  |

|  |
| --- |
| **Living Will** |
| **Partner/Spouse 1:** |
| If you become terminally ill, do you want to provide that the moment of your death should not be unnecessarily prolonged by artificial means? |  | No |
|  | Yes |
| Do you require a Statement of Interment, Cremation and Wishes? |   | No |
|  | Yes |
| **Partner/Spouse 2:** |
| If you become terminally ill, do you want to provide that the moment of your death should not be unnecessarily prolonged by artificial means? |  | No |
|  | Yes |
| Do you require a Statement of Interment, Cremation and Wishes? |   | No |
|  | Yes |

|  |
| --- |
| **Power of Attorney for Property Agent***While you are alive, The Power of Attorney for Property has the ability to dispose of your assets as if they were you. They have a fiduciary duty to preserve your assets for your benefit. The POA ceases to exist upon your death.* |
| **Partner/Spouse 1** | **Partner/Spouse 2** |
| **First Choice** | **First Choice** |
| Name: |  | Name: |  |
| Relationship: |  | Relationship: |  |
| Address: |  | Address: |  |
| Phone: |  | Phone: |  |
| **Second Choice** | **Second Choice** |
| Name: |  | Name: |  |
| Relationship: |  | Relationship: |  |
| Address: |  | Address: |  |
| Phone: |  | Phone: |  |
| **Third Choice** | **Second Choice** |
| Name: |  | Name: |  |
| Relationship: |  | Relationship: |  |
| Address: |  | Address: |  |
| Phone: |  | Phone: |  |

|  |
| --- |
| **Advisors** |
| **Accountant** |
| Name: |  |
| Address: |  |
| Phone: |  |
| **Insurance Agent** |
| Name: |  |
| Address: |  |
| Phone: |  |

The undersigned hereby verifies that the data furnished herein is complete and accurate in all respects, and understands that it is being relied on McHenry County Law in connection with estate planning services being rendered; and further understands that if said information is not complete and accurate, the planning advice and recommendations made to me may not meet my intended objectives and may be inappropriate.

|  |  |
| --- | --- |
| **Partner/Spouse 1 Signature** | **Date** |

|  |  |
| --- | --- |
| **Partner/Spouse 2 Signature** | **Date** |