|  |  |  |  |
| --- | --- | --- | --- |
| **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 | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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): | | |
|  |  | | |
| 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 children and stepchildren, 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: |  | | |
| If divorced, is there any agreement as to who will take over guardianship of minor children | |  | No |
|  | Yes |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.*

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| --- | --- | --- |
| 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:** | | | | |
|  | | Approximate Value | Owner(s) | 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 ever filed a United States Gift Tax Return (Form 709)? *If yes please attach a copy of Return/s.* | | | |  | No |
|  | Yes |
| Are there special issues such as disabilities or disputes?  For example: Are there any children who are beneficiaries who have special needs? | | | |  | No |
|  | Yes |

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

|  |  |
| --- | --- |
| **Prospective Inheritance:** | |
| Benefactor | Description |
|  |  |
|  |  |
|  |  |
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| --- | --- |
| **Gifts/Charitable Donations:** | |
| Description of Property/Cash Amount | Name of Individual/Organization |
|  |  |
|  |  |
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*(Consider making charitable gifts during lifetime rather than at death, considering tax issues. Also consider whether federal gift tax returns.)*

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| --- | --- |
| **Liabilities:** | |
| Description of Property/Cash Amount | Name of Individual/Organization |
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| **Executors:** *Executors duties include collecting assets at the time of your death and distributing them according to the instructions in your will.* | |
| **First Choice** | |
| Name: |  |
| Relationship to You: |  |
| Address: |  |
| Phone: |  |
| **Second Choice** | |
| Name: |  |
| Relationship to You: |  |
| Address: |  |
| Phone: |  |
| **Third Choice** | |
| Name: |  |
| Relationship to You: |  |
| Address: |  |
| Phone: |  |

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| --- | --- |
| **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. | |
| **First Choice** | |
| Name: |  |
| Relationship to You: |  |
| Address: |  |
| Phone: |  |
| **Second Choice** | |
| Name: |  |
| Relationship to You: |  |
| Address: |  |
| Phone: |  |
| **Third Choice** | |
| Name: |  |
| Relationship to You: |  |
| Address: |  |
| 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.* | |
| **First Choice** | |
| Name: |  |
| Relationship to You: |  |
| Address: |  |
| Phone: |  |
| **Second Choice** | |
| Name: |  |
| Relationship to You: |  |
| Address: |  |
| Phone: |  |
| **Third Choice** | |
| Name: |  |
| Relationship to You: |  |
| Address: |  |
| Phone: |  |

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

|  |  |
| --- | --- |
| **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. | |
| **First Choice** | |
| Name: |  |
| Relationship to You: |  |
| Address: |  |
| Phone: |  |
| **Second Choice** | |
| Name: |  |
| Relationship to You: |  |
| Address: |  |
| Phone: |  |
| **Third Choice** | |
| Name: |  |
| Relationship to You: |  |
| Address: |  |
| 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.

|  |  |
| --- | --- |
| **Signature** | **Date** |