

MY ESTATE *and* LEGACY PLANNER

▪ MY FAMILY

▪ MY ESTATE

▪ MY LEGACY

▪ PROTECTING
MY LEGACY



Lesser Lutrey
McGlynn & Howe LLP
ATTORNEYS AT LAW

Life • Legacy • Law

PLANNING YOUR ESTATE *and* LEGACY

▪ MY FAMILY

▪ MY ESTATE

▪ MY LEGACY

▪ PROTECTING
MY LEGACY

Traditionally, estate planning focuses on the transfer of money and personal property upon passing. Legacy planning involves that and more. A legacy is built while you are living, in order to pass on the values and the ideals for which you will be remembered. We believe your life can be enriched by the legacy you plan.

Please consider the following questions. Some focus specifically on estate planning. Others will help you plan your legacy. Fill in as much or as little of the Planner as you feel comfortable with. Then, call to speak with one of our qualified estate planning attorneys.



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Managing Partner

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WWW.LLMHLEGAL.COM

■ MY FAMILY

You:

Your Name Date

Spouse's Name

Residence Address

City County State Zip

Residence Telephone Cell Phone(s)

e-mail address(es)

Business:

Business Name

Business Address

City County State Zip

Business Telephone

**Additional
Address 1:**

Residence Address

City County State Zip

Residence Telephone

**Additional
Address 2:**

Residence Address

City County State Zip

Residence Telephone

■ MY FAMILY (CONTINUED)

Check which of the following you have:

- | | |
|---|--|
| <input type="checkbox"/> Will | <input type="checkbox"/> Power of Attorney for health care |
| <input type="checkbox"/> Revocable living trust | <input type="checkbox"/> Power of Attorney for property |
| <input type="checkbox"/> Irrevocable life insurance trust | <input type="checkbox"/> Living will |
| <input type="checkbox"/> Irrevocable gift trust | <input type="checkbox"/> Family limited liability entity |
| <input type="checkbox"/> Other trust | |

Please describe: _____

If yes, please provide a copy of each document.

May we have your permission to contact you by e-mail/or US mail in the event of a change in tax law or other circumstances necessitating update or discussion of your plan or other arrangements?

- YES NO

FAMILY PROFILE

	NAME	BIRTH DATE	CITIZENSHIP(S)	OCCUPATION	HEALTH CONDITION
Husband					
Wife					

Additional Children and Dependents:

Are additional children planned? YES NO

Are there additional relatives or persons who may become dependent on you/your family? YES NO

Previous Marital Settlement Agreement(s)/ Judgment(s) for Dissolution of Marriage:

YES NO
(If yes, copies required)

Premarital Agreement(s) From Current Marriage:

YES NO
(If yes, copies required)

FAMILY PROFILE (continued)

Use a separate sheet for additional children or dependents

	NAME	BIRTH DATE	CITIZENSHIP	OCCUPATION	HEALTH CONDITION
Child 1					
<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Other <input type="checkbox"/> Special Needs <input type="checkbox"/> If from Previous Marriage, Parent or Guardian Name: _____ <input type="checkbox"/> Marriage or Creditor Issues					
If married, spouse's name _____ Grandchildren's names and birthdates _____ _____					
Child 2					
<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Other <input type="checkbox"/> Special Needs <input type="checkbox"/> If from Previous Marriage, Parent or Guardian Name: _____ <input type="checkbox"/> Marriage or Creditor Issues					
If married, spouse's name _____ Grandchildren's names and birthdates _____ _____					
Child 3					
<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Other <input type="checkbox"/> Special Needs <input type="checkbox"/> If from Previous Marriage, Parent or Guardian Name: _____ <input type="checkbox"/> Marriage or Creditor Issues					
If married, spouse's name _____ Grandchildren's names and birthdates _____ _____					
Child 4					
<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Other <input type="checkbox"/> Special Needs <input type="checkbox"/> If from Previous Marriage, Parent or Guardian Name: _____ <input type="checkbox"/> Marriage or Creditor Issues					
If married, spouse's name _____ Grandchildren's names and birthdates _____ _____					
Non-Child Dependent 1					
<input type="checkbox"/> Special Needs <input type="checkbox"/> Marriage or Creditor Issues <input type="checkbox"/> Relationship: _____					
Non-Child Dependent 2					
<input type="checkbox"/> Special Needs <input type="checkbox"/> Marriage or Creditor Issues <input type="checkbox"/> Relationship: _____					

IF ANY CHILDREN OR DEPENDENTS HAVE SPECIAL NEEDS, PLEASE DESCRIBE HERE:

INCOME

SOURCE	AMOUNT PER YEAR	USE
		<input type="checkbox"/> Current Maintenance <input type="checkbox"/> Saved <input type="checkbox"/> Gifted to: _____
		<input type="checkbox"/> Current Maintenance <input type="checkbox"/> Saved <input type="checkbox"/> Gifted to: _____
		<input type="checkbox"/> Current Maintenance <input type="checkbox"/> Saved <input type="checkbox"/> Gifted to: _____
		<input type="checkbox"/> Current Maintenance <input type="checkbox"/> Saved <input type="checkbox"/> Gifted to: _____
		TOTAL
		\$

ASSETS - CASH AND BANK BALANCES

	OWNERSHIP H, W, J*	INSTITUTION	BENEFICIARY (IF ANY)	APPROXIMATE BALANCE
<i>Cash</i>				
<i>Checking Accounts</i>				
<i>Savings Accounts</i>				
<i>Money Markets</i>				
				TOTAL
				\$

*Husband (H); Wife (W); Jointly Owned (J)

INVESTMENT MANAGEMENT ACCOUNTS

INVESTMENT REPRESENTATIVE	PHONE CONTACT	APPROXIMATE BALANCE
NAME		
NAME		
NAME		
NAME		
		TOTAL \$

ASSETS - BONDS NOT HELD IN AN INVESTMENT MANAGEMENT ACCOUNT (PLEASE COMPLETE FOR EACH LOT)

DESCRIPTION	OWNERSHIP H, W, J*	NUMBER OF UNITS	FACE VALUE	BENEFICIARY	RETAIL ACCOUNT NUMBER/INSTITUTION**	CURRENT VALUE
						TOTAL \$

ASSETS - STOCKS NOT HELD IN AN INVESTMENT MANAGEMENT ACCOUNT (PLEASE COMPLETE OR ATTACH LIST)

DESCRIPTION	OWNERSHIP H, W, J*	NUMBER OF SHARES	BENEFICIARY	CURRENT VALUE
				TOTAL \$

ASSETS - EMPLOYEE BENEFITS

TYPE	AMOUNT VESTED	BENEFICIARY	APPROX. ACCOUNT BALANCE
<i>Corporate Pension</i>			
<i>Corporate Profit Sharing</i>			
<i>Corporate Savings Plan</i>			
<i>IRA</i>			
<i>Keogh Plan</i>			
<i>Qualified Plans</i>			
<i>Annuities</i>			
<i>Other Accounts</i>			
<i>Totten (and other Trusts)</i>			
			TOTAL \$

STOCK OPTIONS

<i>Number of Shares</i>	Now _____	Later _____	Conditions _____
	Option Price \$ _____	Current Value \$ _____	
			TOTAL \$

CHARITABLE TRUSTS OR FOUNDATIONS

PLEASE DESCRIBE

LIFE INSURANCE

NAME OF COMPANY	POLICY TYPE	INSURED	CASH VALUE	BENEFICIARY	DEATH BENEFIT
	<input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Other: _____				
	<input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Other: _____				
	<input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Other: _____				
	<input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Other: _____				
	<input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Other: _____				
	<input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Other: _____				
	<input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Other: _____				
TOTAL LIFE INSURANCE					\$

ASSETS - REAL ESTATE

Use a separate sheet for additional properties

DESCRIPTION	PROPERTY #1	PROPERTY #2	PROPERTY #3	PROPERTY #4	PROPERTY #5
<i>Address (Include County)</i>					
<i>Use (Residence, Investment)</i>					
<i>Owner</i>					
<i>Joint Owner</i>					
<i>How Acquired</i>					
<i>Cost Basis (Purchase Price)</i>					
<i>Current Mortgage</i>					
<i>Additional Mortgage(s)</i>					
<i>Equity Loan(s)</i>					
<i>Other Encumbrances</i>					
<i>Approximate Current Value</i>					
TOTAL					\$

CLOSELY HELD BUSINESS INTERESTS

Use a separate sheet for additional companies

COMPANY #1

COMPANY #2

Company Name		
Type of Entity		
If S Corp		
Shares Owned		
Overall % of Ownership		
Owned in Trust	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Succession Plan/ Buy-Sell Agreement	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, attach copy)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, attach copy)</i>
Names of Other Owners/Partners and Their Percentage of Ownership		
Value of Business (Approximate)	\$	\$
		TOTAL \$

INHERITANCES

Do you or your spouse have an expectation of inheritance? YES NO

If yes, from whom? _____ When? _____ Amount _____ Nature of Asset(s) _____

In Trust _____ Terms _____

Power of Appointment	
Beneficiaries of Trust	<p>Are any family members beneficiaries of a trust? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, please list and describe:</p> <p>_____</p> <p>_____</p>

TOTAL \$

MISCELLANEOUS ASSETS

Home Furnishings | \$

Jewels and Furs | \$

Automobiles | \$

Collections (Art, etc.) | \$

Other, Including Animals | \$

TOTAL VALUE OF MISCELLANEOUS ASSETS | \$

GROSS ESTATE

TOTAL FROM ALL PREVIOUS PAGES/BOXES | \$

LIABILITIES - NOTES, MORTGAGES, ETC.

CREDITOR	NATURE OF DEBT	SECURITY	MATURITY	FACE AMOUNT	CURRENT BALANCE OWED

TOTAL CURRENT BALANCES OWED | \$

GROSS TAXABLE ESTATE

GROSS ESTATE | \$

LESS LIABILITIES | -\$

GROSS TAXABLE ESTATE | \$

UMBRELLA LIABILITY INSURANCE

NAME OF COMPANY	POLICY TYPE	INSURED	POLICY LIMIT	BENEFICIARY	CASH VALUE

PAST GIFTS

Please list all gifts you have made to other people during your lifetime exceeding the annual exclusion amount, noting the recipient(s), amount(s), and date(s) of gift(s)
Attach gift tax returns (if any)

OTHER LIABILITIES

Describe high-risk professions of any adults in family

If creditor concerns, please describe

Please list any previous gifts with amounts and date of gift

--

■ MY LEGACY

If you have descendants it is natural to simply want to benefit your children with your estate, but we know that there are often instances where there is a desire to make bequests to other individuals, organizations and charities. Just to get you thinking, here are some options to consider:

Parent

Friend

Local/ National Charity

Sibling

Business Partner or Employee

Local Civic/Community Organization

Distant Relative

Professional Association

IS THERE FAMILY MONEY OR OTHER ASSETS TO BE KEPT SEPARATE FROM ASSETS OF THE MARRIAGE?

WHO WOULD YOU LIKE TO BENEFIT MOST FROM YOUR ESTATE?

HOW?

ALL AT ONCE

HELD FOR LIFE

RIGHT TO WITHDRAW

OVER TIME

PROVIDE INCENTIVES

POWER TO GIVE AWAY

SPECIFIC USES

WHOM DO YOU WANT TO BE IN CHARGE OF YOUR BEQUEST?

IS THERE ANYONE ELSE (OR OTHER ENTITY) WHOM YOU WOULD LIKE TO BENEFIT?



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