

Help us make your legacy everything it can be by considering the following questions. Then, call to speak with one of our estate planning attorneys at 847.295.8800.

CONTACT INFORMATION

You / Spouse:

Your Name Date

Spouse's Name

Residence Address

City County State Zip

Residence Telephone Cell Phone(s)

e-mail address(es)

Additional Address:

Address

City County State Zip

Telephone

Business/ Employer, You:

Business Name / Employer

Address

City County State Zip

Telephone

e-mail address

Check which of the following you have now:

- | | |
|--|--|
| <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 <i>Please describe:</i> _____ | |

If yes, please provide a copy of each document.

May we have your permission to contact you by e-mail/or US mail?
 YES NO

FAMILY PROFILE

| | BIRTH DATE | CITIZENSHIP(S) | OCCUPATION | IDENTIFY ANY SERIOUS MEDICAL CONDITION |
|--------|------------|----------------|------------|--|
| You | | | | |
| Spouse | | | | |

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 or Post-Nuptial 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 | ADDRESS | OCCUPATION |
|--|------|------------|---------|------------|
| 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 _____ | | | | |

YOUR 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: _____ |
| | | TOTAL \$ |

CASH, STOCKS & BONDS

| QUALIFIED PLANS/IRAS | | VALUE |
|----------------------|--|--|
| Spouse 1 | | \$ |
| Spouse 2 | | \$ |
| OWNED OUTRIGHT | | VALUE |
| Joint | | \$ |
| Spouse 1 | | \$ |
| Spouse 2 | | \$ |
| | | TOTAL CASH, STOCKS & BONDS \$ |

STOCK OPTIONS

| | UNVESTED | VESTED | VALUE |
|--|--|--|-------|
| | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ |

LIFE INSURANCE

| | VALUE |
|----------|----------------------------------|
| Spouse 1 | \$ |
| Spouse 2 | \$ |
| | TOTAL LIFE INSURANCE \$ |

INHERITANCE & GIFT TAX

| | VALUE |
|---|--|
| Are you expecting an inheritance? <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ |
| Have you ever filed a Gift Tax Return? <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ |
| | TOTAL INHERITANCE & GIFT TAX \$ |

TOTAL ESTATE

| | |
|---------------------------|----|
| TOTAL ESTATE VALUE | \$ |
|---------------------------|----|

■ MY LEGACY

It is natural to focus on benefitting your children or grandchildren 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

And here are some additional considerations about the legacy you leave.

WHO WOULD YOU LIKE TO BENEFIT FROM YOUR ESTATE?

HOW?

ALL AT ONCE

HELD FOR LIFE

RIGHT TO WITHDRAW

OVER TIME

PROVIDE INCENTIVES

POWER TO GIVE AWAY

SPECIFIC USES

WHO SHOULD BE IN CHARGE OF YOUR ASSETS WHEN YOU CAN'T DO IT YOURSELF?

WHO SHOULD BE IN CHARGE OF YOUR HEALTHCARE DECISIONS WHEN YOU CAN'T DO IT YOURSELF?

WHO SHOULD BE IN CHARGE OF YOUR MINOR OR DISABLED CHILDREN WHEN YOU CAN'T DO IT YOURSELF?

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