

# MY ESTATE *and* LEGACY PLANNER

▪ MY FAMILY

▪ MY ESTATE

▪ MY LEGACY



Lesser Lutrey  
Pasquesi & Howe LLP  
ATTORNEYS AT LAW

*Life • Legacy • Law*

# PLANNING YOUR ESTATE *and* LEGACY

▪ MY FAMILY

▪ MY ESTATE

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Estate planning is not merely the preparation of a will or a trust, it is an examination of who you are and what legacy you wish to leave. Estate planning is the means by which you achieve some of your most cherished goals and is the culmination of your life's work.

Planning and protecting your estate is our passion. We understand that the steps we take today determine the legacy you leave for tomorrow.

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.

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## ■ 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/  
Employer, You:**

\_\_\_\_\_  
Business Name / Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
City County State Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
e-mail address

**Business/  
Employer, Spouse:**

\_\_\_\_\_  
Business Name / Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
City County State Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
e-mail address

**Additional  
Address:**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City County State Zip

\_\_\_\_\_  
Telephone

■ MY FAMILY (CONTINUED)

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                      |  |

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?

- YES  NO

FAMILY PROFILE

BIRTH DATE	CITIZENSHIP(S)	OCCUPATION	IDENTIFY ANY SERIOUS MEDICAL CONDITION
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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
<i>Child 1</i>			
<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 _____ _____			
<i>Child 2</i>			
<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 _____ _____			
<i>Child 3</i>			
<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 _____ _____			
<i>Child 4</i>			
<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 _____ _____			
<i>Non-Child Dependent 1</i>			
<input type="checkbox"/> Special Needs <input type="checkbox"/> Marriage or Creditor Issues <input type="checkbox"/> Relationship: _____			
<i>Non-Child Dependent 2</i>			
<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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FINANCIAL SERVICES PROVIDERS

	NAME	COMPANY	PHONE	DO YOU WANT/NEED A REFERRAL?
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PLEASE PROVIDE INFORMATION FOR  
YOUR FINANCIAL SERVICE PROVIDERS

<i>Accountant</i>				<input type="checkbox"/> YES <input type="checkbox"/> NO

<i>Financial Advisor</i>				<input type="checkbox"/> YES <input type="checkbox"/> NO

<i>Insurance Agent</i>				<input type="checkbox"/> YES <input type="checkbox"/> NO

<i>Personal Banker</i>				<input type="checkbox"/> YES <input type="checkbox"/> NO

<i>Trust Officer</i>				<input type="checkbox"/> YES <input type="checkbox"/> NO

<i>Attorney</i>				<input type="checkbox"/> YES <input type="checkbox"/> NO

<i>Other</i>				<input type="checkbox"/> YES <input type="checkbox"/> NO

This planner is designed to capture a wide variety of asset types and details. Thus, you may find that many sections do not apply to you, or call for information not at your fingertips. All we ask is that you complete the planner to the best of your ability, using whatever level of detail you are comfortable with. Attaching copies of your statements or a spreadsheet is perfectly acceptable. With your consent, we are also happy to help you collect this information from your other advisors.

**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: _____
		<b>TOTAL</b>
		\$

**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>				
				<b>TOTAL</b>
				\$

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

INVESTMENT MANAGEMENT ACCOUNTS

COMPANY	FINANCIAL REPRESENTATIVE	ACCOUNT NUMBER	APPROX. BALANCE
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				\$

\*Husband (H); Wife (W); Jointly Owned (J); \*\*Account numbers optional



**ASSETS - EMPLOYEE BENEFITS**

TYPE	AMOUNT VESTED	BENEFICIARY	APPROX. ACCOUNT BALANCE
Corporate Pension			
Corporate Profit Sharing			
Corporate Savings Plan			
IRA			
401(k)			
Qualified Plans			
<b>TOTAL</b>			<b>\$</b>

**ASSETS - ANNUITIES**

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: _____				
<b>TOTAL ANNUITIES</b>					<b>\$</b>

**STOCK OPTIONS**

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

**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
<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		
Is it an 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	Do you or any family members have a Power of Appointment? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please describe:</i> _____
Beneficiaries of Trust	Are any family members beneficiaries of a trust? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please list and describe:</i> _____ _____

TOTAL \$

PERSONAL PROPERTY

<i>Family Heirlooms</i>	\$
<i>Jewels and Furs</i>	\$
<i>Automobiles</i>	\$
<i>Collections (Art, etc.)</i>	\$
<i>Other</i>	\$
TOTAL VALUE OF PERSONAL PROPERTY	
	\$

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

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*

## ■ 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?



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