



ESTATE PLANNING INFORMATION SHEET

I. GENERAL INFORMATION (PLEASE COMPLETE THIS FORM AS THOROUGHLY AS POSSIBLE, AND INCLUDE YOUR LAST ACCOUNT STATEMENT FOR ANY ASSETS FOR WHICH YOU RECEIVE A STATEMENT)

CLIENT NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ FAX: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ D/O/B: \_\_\_\_\_

NAMES OF CHILDREN/GRANDCHILDREN:

1 \_\_\_\_\_ SSN \_\_\_\_\_ D/O/B: \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

2 \_\_\_\_\_ SSN \_\_\_\_\_ D/O/B: \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

3 \_\_\_\_\_ SSN \_\_\_\_\_ D/O/B: \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

4 \_\_\_\_\_ SSN \_\_\_\_\_ D/O/B: \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

II. CLIENT ASSET INFORMATION

1) PERSONAL AND HOUSEHOLD EFFECTS: VALUE: \$ \_\_\_\_\_

TO WHOM DO YOU WANT TO GIVE YOUR PERSONAL & HOUSEHOLD EFFECTS: \_\_\_\_\_

\_\_\_\_\_

(NOTE: IF LEFT BLANK, WE WILL ASSUME ALL PASSING TO SPOUSE, IF LIVING; OTHERWISE TO CHILDREN EQUALLY.)

2) PRIMARY RESIDENCE: \_\_\_\_\_ CURRENT VALUE: \$ \_\_\_\_\_

OWNERSHIP: CLIENT \_\_\_\_\_ SPOUSE \_\_\_\_\_ MORTGAGE AMT.: \$ \_\_\_\_\_

JT. TENANCY \_\_\_\_\_ WITH CHILDREN \_\_\_\_\_ SPOUSE \_\_\_\_\_ OTHER \_\_\_\_\_

CONTRIBUTION TO PURCHASE (%): CLIENT \_\_\_\_\_ SPOUSE \_\_\_\_\_ OTHER \_\_\_\_\_

IF TITLE IS IN A LAND TRUST, WHO HOLDS THE TITLE: \_\_\_\_\_

PLEASE INCLUDE A COPY OF THE DEED IN TRUST AND TRUST AGREEMENT YOU HAVE WITH THE LAND TRUSTEE.

PRIMARY BENEFICIARY OR BENEFICIARIES: \_\_\_\_\_

POST-DEATH BENEFICIARY OR BENEFICIARIES: \_\_\_\_\_

\_\_\_\_\_

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3) OTHER REAL ESTATE: \_\_\_\_\_ CURRENT VALUE: \$ \_\_\_\_\_

MORTGAGE AMT.: \$ \_\_\_\_\_

HOW IS TITLE HELD TO THIS REAL ESTATE: \_\_\_\_\_

4) LIVING TRUST: \_\_\_\_\_ VALUE: \$ \_\_\_\_\_

INDIVIDUALLY IN GROSS ESTATE FOR TAX PURPOSES? YES \_\_\_\_ NO \_\_\_\_

5) STOCKS, BONDS, FUNDS: (PLEASE PROVIDE ITEMIZED LIST OF STOCK) VALUE: \$ \_\_\_\_\_

CLIENT CONTRIBUTION: \$ \_\_\_\_\_

HOW STOCKS/BONDS ARE HELD (NAME(S) OF OWNERS): \_\_\_\_\_

6) BUSINESS INTERESTS: \_\_\_\_\_ VALUE: \$ \_\_\_\_\_

HOW OWNERSHIP IS HELD: \_\_\_\_\_

7) CASH, SAVINGS ACCOUNTS, CHECKING ACCOUNTS, MONEY MARKETS, CDs, ETC.:

TYPE OF ACCOUNT:	HOW TITLE IS HELD (OWNER(S)):	VALUE \$:
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____
D. _____	_____	_____
E. _____	_____	_____
F. _____	_____	_____

8) PENSION, PROFIT SHARING, ETC.:

**PENSION:** AMOUNT: \$ \_\_\_\_\_

EMPLOYEE CONTRIBUTION: \$ \_\_\_\_\_ EMPLOYER CONTRIBUTION: \$ \_\_\_\_\_

BENEFICIARY: PRIMARY: \_\_\_\_\_

CONTINGENT: \_\_\_\_\_

**PROFIT SHARING:** AMOUNT: \$ \_\_\_\_\_

BENEFICIARY: PRIMARY: \_\_\_\_\_

CONTINGENT: \_\_\_\_\_

**IRA:** AMOUNT: \$ \_\_\_\_\_

BENEFICIARY: PRIMARY: \_\_\_\_\_

CONTINGENT: \_\_\_\_\_

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9) LIFE INSURANCE: FACE AMOUNT: \$ \_\_\_\_\_ NAME OF INSURED: \_\_\_\_\_  
CASH VALUE: \$ \_\_\_\_\_ LOANS: \$ \_\_\_\_\_  
BENEFICIARY: PRIMARY: \_\_\_\_\_  
CONTINGENT: \_\_\_\_\_  
OWNER: \_\_\_\_\_

10) MISCELLANEOUS PROPERTY:

DESCRIPTION:	HOW TITLE IS HELD (OWNERS):	VALUE: \$
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____
D. _____	_____	_____

11) SPECIFIC BEQUESTS (LIST SPECIFIC GIFTS YOU WISH TO GIVE TO SPECIFIC INDIVIDUALS, IF ANY):

DESCRIPTION OF PROPERTY:	NAME OF BENEFICIARY:
A. _____	_____
B. _____	_____
C. _____	_____
D. _____	_____

12) RESIDUE (LIST NAMES OF INDIVIDUALS TO WHOM YOU WISH TO LEAVE THE REMAINDER OF YOUR ESTATE):

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

13) TRUST (IF TRUST TO BE ESTABLISHED, COMPLETE THE FOLLOWING):

- A. NAME OF TRUSTEE: \_\_\_\_\_
- B. NAME OF SUCCESSOR TRUSTEE: \_\_\_\_\_
- C. TRUST TO BE FOR BENEFIT OF: \_\_\_\_\_
- D. LENGTH OF TRUST (DURATION): \_\_\_\_\_
- E. ANY OTHER PROVISIONS: \_\_\_\_\_  
\_\_\_\_\_

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14) ESTATE ADMINISTRATION (PROVIDE NAMES AND ADDRESSES):

EXECUTOR (NAME PERSON WHO SHALL ADMINISTER YOUR WILL): \_\_\_\_\_

SUCCESSOR EXECUTOR(S): \_\_\_\_\_

15) GUARDIAN: NAME/ADDRESS OF GUARDIAN OF A MINOR CHILD: \_\_\_\_\_

NAME/ADDRESS OF SUCCESSOR GUARDIAN OF CHILD: \_\_\_\_\_

NAME/ADDRESS OF GUARDIAN OF MINOR CHILD'S ESTATE: \_\_\_\_\_

NAME/ADDRESS OF SUCCESSOR GUARDIAN OF CHILD'S ESTATE: \_\_\_\_\_

**III. HEALTH CARE AND PROPERTY MANAGEMENT**

PLEASE INDICATE WHETHER YOU WISH TO HAVE ANY OF THE FOLLOWING DOCUMENTS PREPARED, WHICH WILL ALLOW YOU TO EMPOWER AN INDIVIDUAL OR INDIVIDUALS TO MAKE DECISIONS CONCERNING YOUR HEALTH CARE AND PROPERTY IN THE EVENT THAT YOU ARE RENDERED UNABLE TO MAKE THESE DECISIONS INDIVIDUALLY.

HEALTH CARE POWER OF ATTORNEY: YES \_\_\_\_\_ NO \_\_\_\_\_

PROPERTY POWER OF ATTORNEY: YES \_\_\_\_\_ NO \_\_\_\_\_

NAME, ADDRESS & PHONE OF PRIMARY AGENT: \_\_\_\_\_

NAME, ADDRESS & PHONE OF SUCCESSOR AGENT: \_\_\_\_\_

**IV. SPECIAL CIRCUMSTANCES**

PLEASE PROVIDE SPECIFIC INFORMATION ON ANY SPECIAL CIRCUMSTANCES WE SHOULD CONSIDER IN RECOMMENDING A PLAN FOR YOU AND YOUR FAMILY. SUCH SPECIAL CIRCUMSTANCES INCLUDE ANY DISABILITY AFFECTING YOUR OR YOUR FAMILY, THE SPECIAL NEEDS OF ANY FAMILY MEMBER, OR ANY OTHER ISSUE WHICH YOU CONSIDER UNIQUE TO YOUR PARTICULAR CIRCUMSTANCES.

**RETURN COMPLETED INFORMATION SHEET AT THE SCHEDULED ESTATE PLANNING CONFERENCE, OR BY MAIL, FAX OR EMAIL TO:**

**BART A SMITH, ESQ.**  
**SMITH & SMITH**  
**PO Box 59**  
**RIVER GROVE IL 60171-0059**  
**OR**  
**FAX: (708) 456-4520**  
**bas@2smithlaw.com**