



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**