



# ESTATE PLANNING & TRUSTS WORKSHEET

## PERSONAL INFORMATION

Your Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_

Phone  
Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Address  
Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Marital Status**  
Married      Single      Divorced      Widowed

**U.S. Citizen**  
Yes      No

**Do you expect to receive property or cash from** *select all that apply*  
Gift      Inheritance      Lawsuit      Other *specify*

**You currently have the following forms of estate planning** *select all that apply*  
Will      Trust      Health Care POA      Financial POA      Other      None

## SPOUSAL INFORMATION

Spouse's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ **U.S. Citizen**  
Yes      No

Spouse's Occupation \_\_\_\_\_

## CHILDREN

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Married      Dependent      Needs special care      **Biological Parent**      You      Spouse      Both

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Married      Dependent      Needs special care      **Biological Parent**      You      Spouse      Both

**Who would you like to raise your minor children should something happen to you and your spouse?**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## SPECIAL GIFTS

Please list any specific items you wish to give to individuals, a church, a college, or a charity such as heirlooms, collectibles, cash gifts, etc.

DESCRIPTION OF GIFT \_\_\_\_\_

Given to \_\_\_\_\_

DESCRIPTION OF GIFT \_\_\_\_\_

Given to \_\_\_\_\_

DESCRIPTION OF GIFT \_\_\_\_\_

Given to \_\_\_\_\_

## BENEFICIARIES

Please designate who shall receive the residual balance of your assets after the distribution of special gifts. Specify a percentage of the balance.

GIVEN TO \_\_\_\_\_ PERCENTAGE \_\_\_\_\_

GIVEN TO \_\_\_\_\_ PERCENTAGE \_\_\_\_\_

GIVEN TO \_\_\_\_\_ PERCENTAGE \_\_\_\_\_

GIVEN TO \_\_\_\_\_ PERCENTAGE \_\_\_\_\_

## SPECIAL INHERITING INSTRUCTIONS

Should your beneficiaries receive inheritances at once or portions at specific ages (e.g., children to receive part of estate at ages 21, 25, and 30)?

## SPECIAL NEEDS

Please name any of your dependents who have special needs, require special care or are currently receiving government benefits.

## DISINHERITING

Is there anyone whom you wish to exclude from your estate benefits?

## FINANCIAL ANALYSIS

In completing this section, simply use your memory to estimate values, it is usually very close.

CASH AND SAVINGS TOTAL \_\_\_\_\_

### ESTIMATED GROSS ESTATE

under \$1,000,000

\$2-\$3 Million

\$3-\$6 Million

Over \$6,000,000



## DURABLE POWER OF ATTORNEY FOR FINANCIAL PURPOSES

*This document authorizes whomever is named, the power to manage your affairs in the event that you are physically or mentally incapacitated. This power ends upon death. The power of attorney avoids a court-appointed guardian or conservatorship. It allows a person of your choosing to make financial decisions for you, or take action on your behalf, should you become unable to do so for yourself. It is imperative that you have confidence in the person named as the attorney-in-fact, since that person will have the right to sign documents, sell assets, and do whatever you can do.*

### ATTORNEY-IN-FACT

*May be more than one person and is usually a spouse.*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## DURABLE POWER OF ATTORNEY FOR HEALTH CARE

### ATTORNEY-IN-FACT

*May be more than one person and is usually a spouse or child.*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## PLEASE LIST ANY OTHER ESTATE PLANNING CURRENTLY IN PLACE

*Such as Family Limited Partnerships, Illinois Land Trusts, Inheritance Trusts, etc.*

## WHEN COMPLETED PLEASE DATE AND SIGN THIS QUESTIONNAIRE

*I/we state that the information in this questionnaire is correct to the best of my/our knowledge as of the date shown below.*

NAME \_\_\_\_\_ DATED \_\_\_\_\_

NAME \_\_\_\_\_ DATED \_\_\_\_\_

