

# ESTATE PLANNING INTAKE QUESTIONNAIRE

## SECTION 1: CLIENT INFORMATION

**NOTE: EACH SPOUSE SHOULD FILL OUT THEIR OWN QUESTIONNAIRE. IF THERE ARE SECTIONS THAT HAVE THE SAME INFORMATION AS YOUR SPOUSE YOU CAN WRITE "SAME AS SPOUSE" FOR THAT SECTION.**

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Nos: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

(Mobile) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Do you have an existing Will(s)? [ ] Yes [ ] No  
(If yes, provide your attorney with a copy)

Have you been married previously? [ ] Yes [ ] No

Do you have any children from a previous marriage or relationship? [ ] Yes [ ] No

### **1. Family Information**

Please give the following information regarding your children (if your spouse has filled out this information in their questionnaire and you have no changes you can write the words "SAME AS SPOUSE HERE"):

<u>Name</u>	<u>Date of Birth</u>	<u>Indicate Whether Adopted or from a Previous Marriage.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any deceased children? ☐ Yes ☐ No

If Yes, Name of Deceased Child: \_\_\_\_\_

Did this deceased child leave any children? ☐ Yes ☐ No

If yes to the above, please indicate grandchildren, if any:

<u>Name</u>	<u>Date of Birth</u>	<u>Parents</u>
_____	_____	_____
_____	_____	_____

Have any children received an advance on their inheritance or are any children financially indebted to you?  
☐ Yes ☐ No

Are any of the children financially irresponsible? ☐ Yes ☐ No

Are any of the children under a disability? ☐ Yes ☐ No

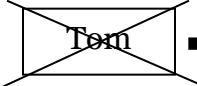

Is there any reason to treat your children other than equally? If Yes please explain below:

☐ Yes ☐ No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If any child should predecease a parent, should his/her share pass through to his/her children?  
☐ Yes ☐ No

**EXAMPLE: If John leaves his Estate to his two children, Tom and Sally, in equal shares, and Tom predeceased John leaving two children (Bill and Bob), then John's Estate would be distributed as follows:**

Sally      50%        Bill    25%    Bob    25%

## SECTION 2: INFORMATION REGARDING ASSETS

### Insurance Agent(s) Information:

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Financial Advisor(s) Information:

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone: \_\_\_\_\_

Married Couples:

☐ Husband has separate assets      ☐ Wife has separate assets      ☐ All assets are held jointly

1. Estimated net worth of estate: \$ \_\_\_\_\_  
(This can be a ball park – this includes equity in home, retirement and life ins. in your name)

2. Complete this section if you own real estate:

☐ Personal residence located in state of Illinois.

☐ Other property

How many different parcels of real estate do you own, other than your personal residence? \_\_\_\_\_

In what state(s) are these parcels located? \_\_\_\_\_

Are you purchasing any of the above properties on a contract for deed?

☐ Yes      ☐ No      If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

3. Complete this section if you are engaged in business:

Do you own a business, or are you a partner in a business? ☐ Yes      ☐ No

If yes, complete the following:

☐ Business is organized as a corporation. How many corporations? \_\_\_\_\_

How many corporations are subchapter S corporations? \_\_\_\_\_

☐ Business is organized as a partnership. How many partnerships? \_\_\_\_\_

☐ Business is a sole proprietorship. How many different firms? \_\_\_\_\_

4. Receivables: If any money is owed to you, as payments on contracts, where you have sold a business, as payments on obligations secured by real estate, or where you have loaned money to someone and you hold a note, indicate each type of indebtedness that you hold.

☐ Promissory Note(s) secured by real estate. Amount(s) owed: \_\_\_\_\_

☐ Installment contract(s) of sale of personal property. Amount(s) owed: \_\_\_\_\_

☐ Unsecured promissory note(s). Amount(s) owed: \_\_\_\_\_

5. Personal property other than automobiles, trucks, and trailers:

☐ Household furniture and appliances

☐ Collections, art, antiques, valuable jewelry

☐ Boats

☐ Recreational vehicles

☐ Motor home

☐ Business machinery and equipment

☐ Personal equipment and tools

☐ Farm or ranch machinery and equipment

(other than general household tools)

☐ Livestock

<u>ASSET TYPE</u>	<u>OWNERS</u>	<u>COMPANY</u>	<u>VALUE</u>	<u>BENEF.</u>	<u>JOINT</u>	<u>POD</u>	<u>PROBATE</u>
Residence							
Life Ins.							
Life Ins.							
Life Ins							
IRA/401k							
IRA/401k							
IRA/401k							
Checking 1							
Checking 2							
Savings 1							
Savings 2							
Brokerage							
Brokerage							
Annuity 1							
Annuity 2							
Car 1							
Car 2							
Car 3							
Household Items							
Other 1							
Other 2							
Other 3							
Other 4							
Other 5							

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**Please list additional assets on separate sheet of paper, if necessary.**

## SECTION 3: WILL INFORMATION

### 1. Personal Property

If you are married, the standard provisions in your will would be to leave all of your personal items to your spouse if they survive you. If you have children from a previous marriage you may want to leave some personal property to your kids from a previous marriage as well. If your spouse does not survive you then all of your personal items would be left to your children equally. If you want to leave specific personal property items to specific individuals (these are called "specific bequests") you can do so.

Do you wish to make any specific bequests? ☐ Yes ☐ No

If you want to make specific bequests, please describe the personal property and give the full name of the person you want to leave that item to in your Will:

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Do you wish to make any charitable bequests? ☐ Yes ☐ No

If you want to make any charitable bequests please describe in detail below:

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Do you have a safe deposit box? If so, where? \_\_\_\_\_

Does anyone else have access to your box? \_\_\_\_\_

### 2. Children's Trust

In general I recommend that anyone with minor children should have a "Children's Trust" in their Will. This means that if both you and your spouse were to die, your assets would be divided equally among your children (unless you have indicated that it should be divided some other way) and those assets would be placed in trusts for the benefit of each of your children until they reach an age designated by you. The trustee of the Children's Trust manages the money/assets in the trust and makes decision on when distributions should be made to each child in order to provide for the support, education and health of each child. If you do not establish a trust in your Will, your children inherit their share of your estate at age eighteen.

Below is the standard language set forth in our typical trust that describes how the trustee should spend the money in in the Children's Trust.

"The Trustee shall distribute to the Beneficiary so much of the net income of the trust, and so much of the principal thereof as the Trustee from time to time believes desirable for the health, education, maintenance and reasonable support of the Beneficiary, considering the other resources of such Beneficiary known to the Trustee."

**Do you wish to have trusts established for the benefit of your children if both you and your spouse would die?** ☐ Yes ☐ No

If you answered yes to the above question, please indicate who the trustee(s) should be. (A trustee manages the assets for your children or other beneficiaries until they reach specified ages.) I generally recommend that clients name individuals persons for their first and second choices of trustees and then name a bank or trust company as a back-up trustee in case your first or second choices for trustee cannot serve.

**First Choice for Trustee:**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to you (ex: brother, sister, friend):  
\_\_\_\_\_

**Second Choice for Trustee:**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to you (ex: brother, sister, friend):  
\_\_\_\_\_

**Third Choice for Trustee: Bank or Trust Company:**

\_\_\_ Heartland Bank and Trust Company

\_\_\_ Commerce Bank

\_\_\_ First State Bank of Bloomington

\_\_\_ Busey Bank

\_\_\_ Other Choice \_\_\_\_\_

**Principal Distributions of the Trust:** Many people prefer that the children's trust remain intact after their children turn 18 years old. The general thought is that children in their late teens/early twenties do not have the experience, responsibility, etc. to properly manage a large inheritance on their own and it is best for the trustee to remain in control of the trust funds.

Many people prefer that their children would be given direct access to their inheritance gradually. For example, a trust can distribute 1/3 of the trust principal to a child at age 25; 1/2 of the remaining trust principal at age 30 and the remaining trust balance at age 35. This is a personal preference and should be decided on a case by-case basis for each family. In general we recommend the Standard Distribution Scheme set forth below. Please indicate if you choose the Standard Distribution Scheme for your Children's Trust, or if you want to provide for a Custom Distribution Scheme of your Children's Trust.

[ ] Standard Distribution Scheme of Children's Trust: 1/3 at age 25  
1/2 at age 30;  
Remaining Amount at age 35

[ ] Custom Distribution Scheme of Children's Trust:  
\_\_\_\_\_  
\_\_\_\_\_

### 3. Guardians

In the event of your death, who should be guardian of your minor children? (A guardian has physical and legal control over your children until they reach the age of eighteen.)

**First Choice:**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship to you (ex: brother, sister, friend):

\_\_\_\_\_

**Second Choice:**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship to you (ex: brother, sister, friend):

\_\_\_\_\_

### 4. Executor

Who should be the Executor of your estate? (An executor is responsible for probating your will, paying your debts, collecting your assets, and settling your estate.)

**Executor of your Will:** Generally if you are married you would appoint your Spouse as your First Choice for Executor. If you want your spouse to be your first choice just write "Spouse".

**First Choice:**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship to you (ex: brother, sister, friend):

\_\_\_\_\_

**Second Choice:**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship to you (ex: brother, sister, friend):

\_\_\_\_\_

**Third Choice:**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship to you (ex: brother, sister, friend):

\_\_\_\_\_

## SECTION 4: POWER OF ATTORNEY FOR HEALTH CARE

As part of your estate planning I recommend that you have a Power of Attorney for Healthcare (“POA for Healthcare”) which includes a Health Care Declaration (“Living Will”) stating your preference for health care if you are in a terminal condition. A POA for Healthcare document is a document in which you designate a person as your agent to make health care decisions for you in the event you are not able to make them yourself.

**POA for Healthcare Agent:** Who do you want to designate as your POA for Healthcare?

**First Choice:** (Generally Spouse would be first choice if married.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to You: (ex. cousin, friend, brother, etc.) \_\_\_\_\_

**Second Choice:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to You: (ex. cousin, friend, brother, etc.) \_\_\_\_\_

**Third Choice:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to You: (ex. cousin, friend, brother, etc.) \_\_\_\_\_

**When should the POA for Healthcare become effective?**

☐ My agent can make decisions for me only when I cannot make them for myself. The physician(s) taking care of me will determine when I lack this ability.

☐ My agent can make decisions for me only when I cannot make them for myself. The physician(s) taking care of me will determine when I lack this ability. Starting now, for the purpose of assisting me with my health care plans and decisions, my agent shall have complete access to my medical and mental health records, the authority to share them with others as needed, and the complete ability to communicate with my personal physician(s) and other health care providers, including the ability to require an opinion of my physician as to whether I lack the ability to make decisions for myself.

☐ My agent can make decisions for me starting now and continuing after I am no longer able to make them for myself. While I am still able to make my own decisions, I can still do so if I want to.

☐ If my agent is my spouse, he/she may make decisions for me starting now and continuing after I am no longer able to make them for myself. While I am still able to make my own decisions, I can still do so if I want to. I authorize my successor agents named in this instrument to make decisions for me when I cannot make them for myself after a physician taking care of me will determine when I lack this ability.

☐ Other: \_\_\_\_\_



**Life Sustaining Treatment:** Please choose your preferred option for life sustaining treatment.

\_\_\_ The quality of my life is more important than the length of my life. If I am unconscious and my attending physician believes, in accordance with reasonable medical standards, that I will not wake up or recover my ability to think, communicate with my family and friends, and experience my surroundings, I do not want treatments to prolong my life or delay my death, but I do want treatment or care to make me comfortable and to relieve me of pain.

\_\_\_ Staying alive is more important to me, no matter how sick I am, how much I am suffering, the cost of the procedures, or how unlikely my chances for recovery are. I want my life to be prolonged to the greatest extent possible in accordance with reasonable medical standards.

### **Organ Donation**

Effective upon your death, your agent has the full power to make an anatomical gift of the following option you choose:

\_\_\_ Any organs, tissues, or eyes suitable for transplantation or used for research or education.

\_\_\_ Specific organs:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ I do not grant my agent authority to make any anatomical gifts.

Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION 5: POWER OF ATTORNEY FOR PROPERTY

As part of your estate planning documents I recommend that you have a Power of Attorney for Property ("POA for Property"). A POA for Property is a document in which you give your agent authority to handle your financial affairs if you become incompetent or unable to sign your name. This authority can include the power to pledge, sell or dispose of any real or personal property that you own.

**POA for Property Agent:** Who do you want to designate as your POA for Property?

**First Choice:** (Generally Spouse would be first choice if married.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to You: (ex. cousin, friend, brother, etc.) \_\_\_\_\_

**Second Choice:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to You: (ex. cousin, friend, brother, etc.) \_\_\_\_\_

**Third Choice:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to You: (ex. cousin, friend, brother, etc.) \_\_\_\_\_

Should your agent be entitled to reimbursement for all reasonable expenses he/she incurs in acting under this POA for Property? ☐ Yes ☐ No

**When should the POA for Property be able to make decisions on your behalf?**

☐ Upon signing of this document. (**Note: You still have the right to make decisions for yourself so long as you are able.**)

☐ Upon a court of law making a determination that I am disabled or upon the written determination by a practicing physician that I cannot handle my own financial affairs.

☐ If my agent is my spouse, this power of attorney shall become effective upon signing this document and shall terminate upon my death or my prior written revocation thereof. I authorize my successor agents named in this instrument to make decisions for me when I cannot make them for myself upon a court of law making a determination that I am disabled or upon the written determination by a practicing physician that I cannot handle my own financial affairs.

☐ Other: \_\_\_\_\_