



ESTATE PLANNING DATA FORM
2610 LAKE COOK ROAD, SUITE 250
847.559.0800 * 847.559.0867 FAX

Client1 _____ Date of Birth ___ - ___ - 19___

Client2 _____ Date of Birth ___ - ___ - 19___

Date Married: _____ Prev. married? _____

Address _____ City _____ Zip _____ County _____

Ph () _____ - _____ e-mail _____

Are you a United States citizen? Yes___ No___ If not, what country? _____

Is your spouse a United States citizen? Yes___ No___ If not, what country? _____

Marital Status: ___Married ___Single ___Divorced ___Widow(er) ___Separated

Please provide the following information regarding your children, if any:

Name Birth Date City State

Name Birth Date City State

Name Birth Date City State

Name Birth Date City State

Name Birth Date City State

Best time to reach you by phone: _____ Phone # if different: _____

Is Estate over \$1.0 Million? Yes___ No___ Approx. Value of Estate: \$ _____

Life Insurance _____

Is anyone in the family disabled? Yes___ No___ If yes, who? _____

Comments/Other: _____



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CLIENT 1:

For **financial and property decisions** who do you want (a) to handle your financial affairs if you are disabled and (b) to execute your financial and property decisions after your death?

1st: Your spouse or, if not, then _____ of _____,
Name City
_____, _____
State Your Relationship

2nd: _____ of _____, _____, _____
Name City State Your Relationship

3rd: _____ of _____, _____, _____
Name City State Your Relationship

4th: _____ of _____, _____, _____
Name City State Your Relationship

Who of the above, if any, was/were convicted of a felony? _____

Who do you want to make your personal **health care decisions** if you are incapacitated?

1st: Your spouse or, if not, then _____ of _____,
Name City
_____, _____
State Your Relationship

2nd: _____ of _____, _____, _____
Name City State Your Relationship

3rd: _____ of _____, _____, _____
Name City State Your Relationship

4th: _____ of _____, _____, _____
Name City State Your Relationship

Other than your spouse, who do you want to be **guardian** of your minor children, if any?

1st: _____ of _____, _____, _____
Name City State Your Relationship

2nd: _____ of _____, _____, _____
Name City State Your Relationship



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CLIENT 2 (if applicable):

For financial and property decisions who do you want (a) to handle your financial affairs if you are disabled and (b) to execute your financial and property decisions after your death?

1st: [] Your spouse or, if not, then _____ of _____,
Name City
_____, _____
State Your Relationship

2nd: _____ of _____, _____, _____
Name City State Your Relationship

3rd: _____ of _____, _____, _____
Name City State Your Relationship

4th: _____ of _____, _____, _____
Name City State Your Relationship

Who of the above, if any, was/were convicted of a felony? _____

Who do you want to make your personal health care decisions if you are incapacitated?

1st: [] Your spouse or, if not, then _____ of _____,
Name City
_____, _____
State Your Relationship

2nd: _____ of _____, _____, _____
Name City State Your Relationship

3rd: _____ of _____, _____, _____
Name City State Your Relationship

4th: _____ of _____, _____, _____
Name City State Your Relationship

Other than your spouse, who do you want to be guardian of your minor children, if any?

1st: _____ of _____, _____, _____
Name City State Your Relationship

2nd: _____ of _____, _____, _____
Name City State Your Relationship



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Beneficiary Information:

To whom do you want to distribute your residuary estate? (Equal shares are assumed unless otherwise specified.)

- Normal distribution: First, to your spouse, if living, otherwise to your children in equal shares, or, if a child predeceases you, that child's share to his/her children in equal shares.

If not the Normal Distribution, then to:

1st: _____, _____, to get _____ %, if not equal.
Name Your Relationship

2nd: _____, _____, to get _____ %, if not equal.
Name Your Relationship

3rd: _____, _____, to get _____ %, if not equal.
Name Your Relationship

4th: _____, _____, to get _____ %, if not equal.
Name Your Relationship

NOTIFY (IF APPROPRIATE) ABOUT LEGAL DESCRIPTION, R.E. TAX BILL, & MTGEE INFO

Trust for house: ___H ___W ___B Age to distribute: ___25, ___30, or _____

T'ees: ___Both, ___Separate

Special Notes:

Five horizontal lines for special notes.