

## **Estate Planning Questionnaire**

### **SYLVESTER LAW FIRM, PC**

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## General Information

### Client #1

### Client #2

**Full Legal Name:**

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**Social Security Number:**

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**Birth-date:**

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**Home Address:**

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Street

---

City, State, Zip and County

**Telephone and Fax Numbers:**

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Home

---

Work

---

Cell

**E-mail Addresses:**

---

Home

---

Work

**Occupation:**

---

Title

---

Work Street Address

---

Work City, State, and Zip

**Full Legal Name:**

---

**Social Security Number:**

---

**Birth-date:**

---

**Home Address:**

---

Street

---

City, State, Zip and County

**Telephone and Fax Numbers:**

---

Home

---

Work

---

Cell

**E-mail Addresses:**

---

Home

---

Work

**Occupation:**

---

Title

---

Work Street Address

---

Work City, State, and Zip

## Children / Beneficiaries

List all of your children, if any, regardless whether they will be beneficiaries under your estate plan. Also list any grandchildren, friends or charities that you want to be beneficiaries of your estate.

<u>Name</u>	<u>Address</u>	<u>Birth-date</u>
<b>Full legal name</b>	Street, City, State and Zip	month, day and year
Relationship	Disability? Reasonably Possible Future Disability?	% of Your Estate(s)
<hr/>		
<b>Full legal name</b>	Street, City, State and Zip	month, day and year
Relationship	Disability? Reasonably Possible Future Disability?	% of Your Estate(s)
<hr/>		
<b>Full legal name</b>	Street, City, State and Zip	month, day and year
Relationship	Disability? Reasonably Possible Future Disability?	% of Your Estate(s)
<hr/>		
<b>Full legal name</b>	Street, City, State and Zip	month, day and year
Relationship	Disability? Reasonably Possible Future Disability?	% of Your Estate(s)
<hr/>		
<b>Full legal name</b>	Street, City, State and Zip	month, day and year
Relationship	Disability? Reasonably Possible Future Disability?	% of Your Estate(s)
<hr/>		
<b>Full legal name</b>	Street, City, State and Zip	month, day and year
Relationship	Disability? Reasonably Possible Future Disability?	% of Your Estate(s)
<hr/>		

*\*Please list additional beneficiaries on the back side of this page; or, if you are completing this form electronically, please include the additional information in a separate e-mail or Microsoft Word document.*

# Advisors

## Client #1

## Client #2

### **Accountant:**

### **Accountant:**

\_\_\_\_\_  
Name and Firm

\_\_\_\_\_  
Name and Firm

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

### **Financial Advisor:**

### **Financial Advisor:**

\_\_\_\_\_  
Name and Firm

\_\_\_\_\_  
Name and Firm

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

### **Insurance Agent (life, LTC, umbrella):**

### **Insurance Agent (life, LTC, umbrella):**

\_\_\_\_\_  
Name and Firm

\_\_\_\_\_  
Name and Firm

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

### **Private Banker / Trust Officer:**

### **Private Banker / Trust Officer:**

\_\_\_\_\_  
Name and Firm

\_\_\_\_\_  
Name and Firm

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

### **Other Advisor:**

### **Other Advisor:**

\_\_\_\_\_  
Name and Firm

\_\_\_\_\_  
Name and Firm

\_\_\_\_\_  
Type of Advisor

\_\_\_\_\_  
Type of Advisor

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

## Summary of Assets

<u>Assets</u>	<u>Client #1</u>	<u>Client #2</u>	<u>Total Value</u>
Checking, Savings, Money Market	_____	_____	_____
Certificates of Deposit	_____	_____	_____
Traditional IRA / 401(k) / 403(b), etc.	_____	_____	_____
Roth IRA / 401(k)	_____	_____	_____
<u>Non-tax</u> deferred Brokerage Accts.	_____	_____	_____
Individual Stocks and Bonds	_____	_____	_____
Life Insurance ( <i>death benefit values</i> )	_____	_____	_____
Life Insurance ( <i>cash values</i> )	_____	_____	_____
Real Estate Equity	_____	_____	_____
Annuities	_____	_____	_____
Stock Options ( <i>current values</i> )	_____	_____	_____
Closely Held Business Interests	_____	_____	_____
Cars, Boats, Planes, etc.	_____	_____	_____
Valuable Tangible Personal Property	_____	_____	_____
Other _____	_____	_____	_____
<b><u>TOTALS:</u></b>	_____	_____	_____

## Estate Plan Design Information

This section addresses the information we need to design your custom estate plan. The persons you name in the following sections will act for you if you become disabled and upon your death. All individual persons named should have a history of responsible behavior.

### Guardian for Minor Children

If you have children under the age of 18, list in order of preference whom you wish to be guardian of your minor children. The guardians are named in your Will.

**First Choice for Guardian**

**Relationship**

\_\_\_\_\_  
Name

**Second Choice for Guardian**

**Relationship**

\_\_\_\_\_  
Name

### Executor

The Executor is the person or qualified corporation that is responsible for filing your Will with the probate court and administering your probate estate, if any. Spouses are often the first choice for each other.

**Client #1**

**Client #2**

**First Choice:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Relationship

**Second Choice:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Relationship

**Third Choice:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Relationship

## Trustee

If you set up a Living Trust or a Trust established under your Will, the Trustee is the person or qualified corporation that is responsible for managing your assets upon your disability and/or death. Spouses are often the first choice for each other.

### Client #1

### Client #2

#### First Choice:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Relationship

#### Second Choice:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Relationship

#### Third Choice:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Relationship

## Power of Attorney for Property / Finances Agent

The agent for your Power of Attorney for Property is the person who manages your financial affairs if you become disabled. If you have a Trustee, the same order should apply. Spouses are often the first choice for each other.

### Client #1

### Client #2

#### First Choice:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Relationship

#### Second Choice:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Relationship

#### Third Choice:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Relationship

# Power of Attorney for Health Care Agent

The agent for your Power of Attorney for Health Care is the person who makes health care decisions for you if you are not able to communicate decisions yourself. Spouses are often the first choice for each other.

## Client #1

## Client #2

### First Choice:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Relationship

### Second Choice:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Relationship

### Third Choice:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Relationship

## Living Will

If you become terminally ill, and such illness is irreversible, and your death is imminent, do you want your doctors to *refrain* from using heroic measures (i.e., heart-lung machine, feeding tube, etc.) to keep you alive if such measures would only delay the moment of your death? (If you answer “yes,” you are indicating that you want a Living Will. If you answer “no,” you are indicating that you do not want a Living Will.)

**Client #1**

Yes

No

**Client #2**

Yes

No

## Questions

If you have children or other beneficiaries whom you do not want to receive their entire inheritance unless they have reached certain ages, please indicate when they should receive distributions (*e.g., one-third at age 25, one-half of the balance at age 30, and the balance at age 35, etc.*).

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



Do any of your beneficiaries have a disability? If yes, please indicate which beneficiary(ies) is/are disabled, and briefly describe the disability(ies). If you believe that a beneficiary is likely to develop a *future* disability, please describe.

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Do you have any financial obligations as a result of a prior divorce or separation? If so, please describe. Please also provide me a copy of any divorce decree or settlement agreement.

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Do you have Umbrella Liability Insurance? If yes, please indicate the \$ level of your coverage.

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Do you have Long-term Care Insurance that covers long-term nursing home or in-home nursing care?

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Do you expect to receive an inheritance? If yes, from whom, and approximately how much?

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Is there anything else that you would like me to know relative to your estate planning?

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**Acknowledgement**

The information I have provided herein is accurate to the best of my knowledge. SYLVESTER LAW FIRM, PC may rely on the information herein in preparing my custom estate plan.

**Client #1**

**Client #2**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature