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## BOLEN ROBINSON & ELLIS, LLP

T. G. BOLEN, RETIRED  
(1960 – 2013)

### **CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE**

Thank you for entrusting me with the important job of helping you with your estate planning. We all want to control our property while alive, take care of our loved ones and ourselves if we become disabled and, when we die, to leave our affairs in good order, making sure our families are provided for, giving what we have to whom we want, the way we want, and when we want. As much as we can, we want to protect our assets from third parties and to save every last tax dollar, professional fee, and court cost possible. Those are the goals of estate planning and I look forward to meeting with you to help you accomplish these goals.

To do so, it's important that I have complete and accurate information about your family and financial situation and your wishes. I've found that having my clients complete this questionnaire prior to our first meeting helps them organize their information and their thoughts and gives me vital details I need to give the best advice I can. Of course I can't independently verify the accuracy of the information and must rely on what you tell me to advise you and complete any necessary documents, so it's important that you be as complete and accurate as possible. But, don't stress about it -- you can feel free to skip or place a question mark for any items that don't apply to you or about which you have questions or simply don't know the answer. We'll go over them when we meet. Feel free to use additional sheets if necessary, to attach any additional information or documents you'd like to provide, or to mention any other topics you'd like covered when we meet.

I realize this is very personal information. I can assure you that we will hold it in the strictest confidence and won't release it to anyone else without your authorization or request.

Please return the completed questionnaire and any supporting documentation before we meet. Also, if possible, include copies of any existing estate plan documents you may have.

## I. PERSONAL & FAMILY INFORMATION

### A. Identification & Contact

**You (Y)**

**Spouse (S)**

Full Legal Name		
Nickname or Preferred Name		
Date and Place of Birth		
Date and Place of Marriage		
<b>Prior Marriages:</b> <input type="checkbox"/> None	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Home Address and County		
Home Phone		
Cell Phone		
Personal Email		
Citizenship Status		

### B. Work

**You (Y)**

**Spouse (S)**

Occupation/Employer		
Work Address		
Work Phone		
Work Email		
Approximate annual income <i>(for tax considerations)</i>		

### C. Children *(in birth order)*

Name	Date of Birth	Address	You/Spouse Both?	Previous Marriage ?	Adopted ?

**D. Grandchildren**

Name	Date of Birth	Address	You/Spouse Both?	Parents	Adopted ?

**E. Extended Family: (D) = Deceased**

	You			Spouse		
Mother						
Father						
Brother(s)						
Sister(s)						

**F. Other**

1. Is any of the previous listed children and/or grandchildren deceased? If yes, list their names below:
2. Does any child or grandchild have special needs (e.g., long-term medical problems, financial irresponsibility, marital issues, incompetence, etc.)? \_\_\_\_\_ Explain:
3. Is any child or grandchild above (or other anticipated beneficiary) qualified to receive governmental benefits as a result of any mental or physical impairment? \_\_\_\_\_ Explain:
4. Do you or spouse have parents or other adults who are financially dependent on you? \_\_\_\_\_ Explain:
5. In connection with your present marriage (if applicable), did you enter into a pre-marital or post-marital agreement? \_\_\_\_\_ If so, please attach a copy.
6. Do you or your spouse have any obligations to an ex-spouse or children from a previous marriage under a separation agreement or divorce decree? \_\_\_\_\_ If so, please attach a copy.

## II. FINANCIAL INFORMATION

*In order to create an estate plan that is suited to your individual needs and maximizes tax savings, it's important that, together, we have a clear and accurate assessment of your financial situation and the approximate amount of the estate. It's particularly important that you are careful in correctly noting how each asset is titled -- whether an asset is owned individually, jointly, in trust, or has a beneficiary designation can dramatically impact tax consequences and your estate plan. Of course, accuracy is important, but you can feel free to approximate the value of any asset to the nearest \$1000.*

### A. Assets

Description	Total Value	How is Asset Titled? e.g. Individual/Joint	If Joint, With Whom?	Designated Beneficiary?
Cash, CDs, and Bank Accounts				
Stocks, Bonds, Mutual Funds				
Notes, Accounts Receivable				
Options				
Annuities				
Cash Value of Life Insurance				
Residence				
Other Real Estate				
IRAs, 401(k)s, Other Retirement				
529 Plans / UGMA accounts				
Health Savings Accounts				
Business Interests				
Cars, Boats, Etc.				
Collectibles				
Digital Assets, e.g. website, blog				
Other Tangible Personal Property				
Land Contracts				
Other				
<b>Total</b>				

**B. Liabilities**

Description	Amount	How is Debt held? e.g. Individual/Joint	If Joint, With Whom?
Real Estate Mortgages			
Loans on Insurance Policies			
Others Loans and Notes			
Pledges			
Taxes owed			
Other			
Other			
<b>Total</b>			

**C. Other Interests**

1. Do you or your spouse own any real estate or property located outside of Illinois? \_\_\_\_\_ Explain:
2. If you are married, have you ever lived in a community property state (California, Texas, New Mexico, Arizona, Nevada, Louisiana, Washington, Idaho or, after 1985, Wisconsin)? \_\_\_\_\_ State(s) & dates:
3. Are you or your spouse likely to receive substantial inheritances in the future? \_\_\_\_\_ Explain:
4. Are you or your spouse a beneficiary or a trustee under any trust? \_\_\_\_\_ Explain:
5. Do you or your spouse have any powers of appointment over property (the right to transfer or dispose of property that you do not own) under a will, trust or other document? \_\_\_\_\_ Attach Copy & Explain:
6. Do you or your spouse wish to provide for any pets under your estate plan? \_\_\_\_\_ Explain:
7. Please describe below the general nature, form of ownership and your estimate of the value of any asset or other interest of value that does not seem to fit in any of the categories addressed so far:

### III. ESTATE PLANNING OBJECTIVES & DESIGNATION OF ESTATE BENEFICIARIES

1. State briefly any particular objectives you and your partner (if applicable) wish your estate plan to accomplish or that you would like to discuss in our meeting:

2. Identify below any gifts (whether charitable or non-charitable) of specific items or assets you wish to make to particular individuals or organizations:

Name	Relationship	Item or Amount

3. Describe below how you would like to dispose of the remainder of your estate.

<input type="checkbox"/> <b>Surviving Spouse 100%, or</b> <input type="checkbox"/> <b><i>Other Provision below:</i></b>		
Name	Relationship	Percentage

4. Should all of your primary intended beneficiaries fail to survive or to take your property, list below any contingent charitable or non-charitable beneficiaries to whom you may wish to then leave your property.

<input type="checkbox"/> <b>Surviving Children in equal shares with the share of any deceased child to their descendants, or</b> <input type="checkbox"/> <b><i>Other Provision below:</i></b>		
Name	Relationship	Percentage

#### IV. GUARDIANS, EXECUTORS, TRUSTEES & AGENTS

*If you have a minor child (or minor children), you may nominate a **guardian** in your will to take physical care and custody of the child if both natural parents are deceased. You should designate at least one alternate.*

Guardian	Relationship	Address	Phone
1 <sup>st</sup> :			
2 <sup>nd</sup> :			

*Select an **executor** to wind up your affairs at your death and make sure your wishes as expressed in your will are carried out. The executor will see to it that your assets are collected and that bills, claims, expenses, and estate and inheritance taxes are paid, and then distribute property to trustees or other beneficiaries you have named. You should designate at least one alternate.*

Executor	Relationship	Address	Phone
1 <sup>st</sup> :			
2 <sup>nd</sup> :			

*If your estate plan includes setting up any trusts (for example, for minor beneficiaries), you will need to select a **trustee** to manage the property that is to be held in trust for the trust's beneficiaries, investing it appropriately and making distributions according to your directions. Trusts could last many years. A trustee can be an individual or a corporation that is qualified to act as a trustee (typically a bank or trust company). You should designate at least one alternate.*

Trustee	Relationship	Address	Phone
1 <sup>st</sup> :			
2 <sup>nd</sup> :			
<i>If you have minor children, at what age(s) should they be entitled to receive property free and clear of your trust? (You can designate more than one age -- e.g. 1/3 at age 21, 1/3 at age 25, and 1/3 at age 30.</i>			

**Powers of Attorney:**

A Power of Attorney for property is often included in any estate plan. It is a legal document in which you can authorize another trust-worthy person (called an **“agent”** or **“attorney-in-fact”**) to act on your behalf in the management of your property and financial affairs if you become disabled or incapacitated. If your estate plan includes a Power of Attorney, designate your agent below. You may designate an alternate.

	<b>Agent - Property</b>	Relationship	Address	Phone
You	1 <sup>st</sup> :			
	2 <sup>nd</sup> :			
Spouse	1 <sup>st</sup> :			
	2 <sup>nd</sup> :			

A Health Care Power of Attorney is a legal document in which you appoint another person, such as your spouse, (called a **“health care agent”**) to make decisions regarding your health care treatment when you are unable to give informed consent. If your estate plan includes a Health Care Power of Attorney, list the person you wish to serve as your health care agent. You should designate at least one alternate.

	<b>Agent – Health Care</b>	Relationship	Address	Phone
You	1 <sup>st</sup> :			
	2 <sup>nd</sup> :			
Spouse	1 <sup>st</sup> :			
	2 <sup>nd</sup> :			

**V. OTHER MATTERS RELEVANT TO YOUR ESTATE PLANNING**

- Have you or your spouse served in the military? \_\_\_\_\_ (provide branch, dates, and highest rank):  
 You: \_\_\_\_\_  
 Spouse: \_\_\_\_\_
- Health status (good/fair/poor), special needs, mental health status (capacity issues):  
 You: \_\_\_\_\_  
 Spouse: \_\_\_\_\_
- Have you made past gifts to a person or organization other than a spouse or a charity where the amount of such gift in any single year was more than \$3,000 in any year prior to 1982 or more than \$10,000 in any year since 1982? \_\_\_\_\_
- Are you a guarantor of any indebtedness? \_\_\_\_\_
- Any potential lawsuits (as plaintiff or defendant)? \_\_\_\_\_



6. Do you own any joint tenancy property with someone other than your spouse? \_\_\_\_\_ List and state whose funds were used to purchase the property:
  
7. Do you have disability insurance? \_\_\_\_\_
  
8. Do you have long-term care insurance? \_\_\_\_\_
  
9. Do you have umbrella insurance? \_\_\_\_\_
  
10. Are you an organ donor? \_\_\_\_\_
  
11. Have you purchased prepaid burial contracts? \_\_\_\_\_
  
12. List any special requests you may have regarding your memorial ceremony, handling of remains, etc.
  
13. Describe or list below any other thoughts or concerns about your affairs or situation that you think may be relevant in planning your estate but which do not seem to be covered by the other sections of this questionnaire.

## VI. CURRENTLY EXECUTED OR FILED DOCUMENTS

*In preparing an estate plan for you, it's important that we know what documents have been prepared for you and executed by you in the past related to the estate. Please check if **You** or your **Spouse** already have any of the following, and provide or bring a copy of them to our meeting:*

- |  |   |
|--|---|
| Existing Will and any codicil(s)   | <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>S</b> |
| Power of Attorney for Property   | <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>S</b> |
| Power of Attorney for Health Care  | <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>S</b> |
| Pre-or Post-Nuptial Agreements   | <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>S</b> |
| Separation Agreements & Divorce Decrees  | <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>S</b> |
| Gift Tax Returns filed by either spouse  | <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>S</b> |
| Any Trusts to which either of you are a party<br>or for which you are a trustee or beneficiary | <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>S</b> |
| Buy/sell or stock redemption agreements  | <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>S</b> |
| Copies of deed and tax receipts for any<br>real estate or property                             | <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>S</b> |

Location of safety deposit box: \_\_\_\_\_