

ESTATE PLANNING INFORMATION



CLIENT(S) LAST NAME:	
REFERRED BY:	
DATE COMPLETED:	

Instructions

This form can be used to begin the planning process. Please complete the applicable sections, sign where indicated, and return it to our office at least two business days prior to your scheduled appointment. (If you have any questions about the form, please call.)

INTRODUCTION

This form should be filled out as completely as possible and forwarded to our office for review prior to a personal conference.

Our goal in preparing an estate plan is to create planning documents which are carefully tailored to meet your needs and accomplish your wishes. We will gather information regarding your immediate family, your financial circumstances, your selected beneficiaries, and the individuals or corporations you select to represent you and administer your estate according wishes and instructions.

If you will be having a plan prepared involving a revocable living trust or any plan more detailed than a simple will, we will gather additional specifics regarding your assets and liabilities to assist in the planning process. This information will also be helpful to those representatives you select who will need to locate and collect your assets, pay your debts, and see that your estate planning goals are met.

	HUSBAND	WIFE
NAME		
Residence Address		
City, State, Zip		
Telephone Numbers	Residence (____) _____ Business (____) _____ Cell (____) _____	Residence (____) _____ Business (____) _____ Cell (____) _____

List children in order of birth; indicate if any adopted or deceased.

CHILDREN	ADDRESS	BIRTH DATE	SOCIAL SECURITY NUMBER	SPOUSE
1				
2				
3				
4				
5				
6				

KEY ESTATE PLANNING CONSIDERATIONS

- I. **List desired EXECUTOR(S) or TRUSTEE(S) for HUSBAND:** (person(s) desired to administer your estate plan):

	NAME	ADDRESS	TELEPHONE
First Executor or Trustee (Usually Spouse)			
First Successor Executor or Trustee			
Second Successor Executor or Trustee			

- II. **List desired EXECUTOR(S) or TRUSTEE(S) for WIFE:**

	NAME	ADDRESS	TELEPHONE
First Executor or Trustee (Usually Spouse)			
First Successor Executor or Trustee			
Second Successor Executor or Trustee			

ADDITIONAL MATTERS

Powers of Attorney to deal with unexpected situations can be quite useful, and can help avoid prolonged and costly litigation. You can use Durable Powers of Attorney for Health Care and for Property to authorize individuals of your choice to act on your behalf and handle health care and financial matters for you during any brief or extended period of disability. Having Durable Powers of Attorney in place can eliminate a great deal of confusion in otherwise difficult situations.

III. AGENT(S) for HEALTH CARE decisions with DURABLE POWER OF ATTORNEY FOR

HEALTH CARE:

(Person(s) you wish to have speak on your behalf regarding health care decisions if you cannot express your wishes yourself):

List desired AGENTS(S) FOR HUSBAND for HEALTH CARE matters:

	NAME	ADDRESS	TELEPHONE
First Agent (Usually Spouse)	<input type="checkbox"/> Spouse <input type="checkbox"/> Other (Specify):		
First Successor Agent			
Second Successor Agent			

List desired AGENT(S) FOR WIFE for HEALTH CARE matters:

	NAME	ADDRESS	TELEPHONE
First Agent (Usually Spouse)	<input type="checkbox"/> Spouse <input type="checkbox"/> Other (Specify):		
First Successor Agent			
Second Successor Agent			

IV. **AGENT(S) for PROPERTY and Asset matters with
DURABLE POWER OF ATTORNEY FOR
PROPERTY:**

(Person(s) you wish to have act on your behalf regarding property transfers, gifts, distributions and the like in the event of disability or other circumstance rendering you unable to express your wishes yourself.)

List desired AGENTS(S) FOR HUSBAND for PROPERTY matters:

	NAME	ADDRESS	TELEPHONE
First Agent (Usually Spouse)	<input type="checkbox"/> Spouse <input type="checkbox"/> Other (Specify):		
First Successor Agent			
Second Successor Agent			

List desired AGENT(S) FOR WIFE for PROPERTY matters:

	NAME	ADDRESS	TELEPHONE
First Agent (Usually Spouse)	<input type="checkbox"/> Spouse <input type="checkbox"/> Other (Specify):		
First Successor Agent			
Second Successor Agent			

List desired Guardian for any minor children: (the person(s) selected can also act as trustee of a special trust for a minor child's needs)

	NAME	ADDRESS	TELEPHONE
First Guardian			
First Successor Guardian			
Second Successor Guardian			

**CONFIRMATION
of
CONFIDENTIAL ESTATE PLANNING DATA**

I (we) understand that this questionnaire is designed to provide the LAW OFFICES OF RALPH J. SCHUMANN with important initial information for estate planning purposes and that the firm's ability to advise clients with respect to lifetime and testamentary disposition of assets, with minimization of adverse tax consequences, depends on the accuracy and completeness of such information. I (We) hereby confirm that the information provided herein is substantially correct and complete.

[Signature]

[Signature]

Dated: _____, 20____

Rev. 4/30/12

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