

**INFORMATION CHECKLIST**

Date of Preparation: \_\_\_\_\_

-----  
MY NAME: \_\_\_\_\_  
(PLEASE PRINT - the above name will be used in your documents - exactly how it is spelled above)

Full Legal Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_  
(Cook, DuPage, Will, Lake, etc.)

Phone Numbers (home and cell): \_\_\_\_\_

Birthdate: \_\_\_\_\_ E-Mail: \_\_\_\_\_

U.S. Citizen?: Yes            No

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

-----  
**MY SPOUSE'S NAME** (if married): \_\_\_\_\_  
(PLEASE PRINT - the above name will be used in your documents)

Full Legal Name: \_\_\_\_\_

Phone Numbers (home and cell): \_\_\_\_\_

Birthdate: \_\_\_\_\_ E-Mail: \_\_\_\_\_

U.S. Citizen?: Yes            No

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

-----  
Wedding Date: \_\_\_\_\_

LIVING CHILDREN: (spell out full legal name)

1. \_\_\_\_\_ Joint Child / Husband's Child / Wife's Child  
(circle one)

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

2. \_\_\_\_\_ Joint Child / Husband's Child / Wife's Child  
(circle one)

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

3. \_\_\_\_\_ Joint Child / Husband's Child / Wife's Child  
(circle one)

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

4. \_\_\_\_\_ Joint Child / Husband's Child / Wife's Child  
(circle one)

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

5. \_\_\_\_\_ Joint Child / Husband's Child / Wife's Child  
(circle one)

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

6. \_\_\_\_\_ Joint Child / Husband's Child / Wife's Child  
(circle one)

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

7. \_\_\_\_\_ Joint Child / Husband's Child / Wife's Child  
(circle one)

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

8. \_\_\_\_\_ Joint Child / Husband's Child / Wife's Child  
(circle one)

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

---

GRANDCHILDREN:

Parent: \_\_\_\_\_ Grandchildren: \_\_\_\_\_

Parent: \_\_\_\_\_ Grandchildren: \_\_\_\_\_

Parent: \_\_\_\_\_ Grandchildren: \_\_\_\_\_

Parent: \_\_\_\_\_ Grandchildren: \_\_\_\_\_

Parent: \_\_\_\_\_ Grandchildren: \_\_\_\_\_

Parent: \_\_\_\_\_ Grandchildren: \_\_\_\_\_

-----  
DECEASED CHILDREN:

\_\_\_\_\_ Descendants?: Yes No

\_\_\_\_\_ Descendants?: Yes No

-----  
GUARDIANS FOR MINOR CHILDREN: (Name in order of preference)

1. \_\_\_\_\_ Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_

3. \_\_\_\_\_ Relationship: \_\_\_\_\_

4. \_\_\_\_\_ Relationship: \_\_\_\_\_

-----  
OTHER DEPENDENTS: (friends or relatives who depend on you for support)

\_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

-----  
Do you have any pets? Yes / No Type and names: \_\_\_\_\_

Do you want to make special provisions for them? i.e. who should receive them, \$ to care for them Yes / No

-----  
Do you or your spouse currently have a: will / trust / n/a

What state is your legal residence: \_\_\_\_\_

Do any of your children receive governmental support or benefits? Yes No  
- please circle or specify: SSI SSD Other:

Do any of your children have special educational, medical or physical needs? Yes No

Do you or your spouse have any adopted children? Yes No

Have you or your spouse ever made a gift exceeding \$10,000.00 or filed a federal gift tax return? Yes No

Are you enrolled in the Senior Citizens Real Estate Tax Deferral Program? Yes No

Do you or your spouse have long-term care insurance? Yes No

Do you or your spouse own any firearms? Yes No Who has FOID card? You Spouse

Have you or your spouse ever been divorced? Yes No

Have you or your spouse ever signed a pre- or post-marital agreement? Yes No

Did you or your spouse inherit any assets from someone? Yes No

If "Yes" - what assets and when: \_\_\_\_\_

Do you or have you ever owned real estate individually, or with a spouse, in a state other than IL? Yes No

If "Yes" - which states(s): \_\_\_\_\_

Do you or your spouse want to disinherit any child or relative? Yes No

Name and Relationship: \_\_\_\_\_

Do you or your spouse currently contribute to any charities? Yes No

Names of organizations and % or \$: \_\_\_\_\_

\_\_\_\_\_

Do you or your spouse wish to contribute to any charities upon death? Yes No

-----  
**MEDICAL INSTRUCTIONS:** Who would make medical decisions for you if you couldn't?

**FOR ME:**

**EMERGENCY CONTACT**

1. \_\_\_\_\_ Telephone #: \_\_\_\_\_

2. \_\_\_\_\_ Telephone #: \_\_\_\_\_

3. \_\_\_\_\_ Telephone #: \_\_\_\_\_

4. \_\_\_\_\_ Telephone #: \_\_\_\_\_

**FOR MY SPOUSE:** (if married)

**EMERGENCY CONTACT**

1. \_\_\_\_\_ Telephone #: \_\_\_\_\_

2. \_\_\_\_\_ Telephone #: \_\_\_\_\_

3. \_\_\_\_\_ Telephone #: \_\_\_\_\_

4. \_\_\_\_\_ Telephone #: \_\_\_\_\_  
-----

-----  
DISABILITY TRUSTEES: If you were unable to do so yourself i.e. **disabled**, who would you want to pay your bills, manage your money, etc.?

FOR ME:

FOR MY SPOUSE: (if married)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Corporate Trustee back-up

Corporate Trustee back-up

-----  
DEATH TRUSTEES: After your **death**, who would you like to pay your bills, take care of distributing your estate, etc.?

FOR ME:

FOR MY SPOUSE: (if married)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Corporate Trustee back-up

Corporate Trustee back-up

Each beneficiary may be sole Trustee of their separate trust share at age: \_\_\_\_\_ N/A

-----

ASSET SUMMARY:

MY ASSETS

JOINT  
ASSETS

MY SPOUSE'S  
ASSETS

Real Estate: \_\_\_\_\_

Real Estate: \_\_\_\_\_

Bank Accounts: \_\_\_\_\_

Bank Accounts: \_\_\_\_\_

Investment Accounts: \_\_\_\_\_

Investment Accounts: \_\_\_\_\_

Life Insurance (death benefit): \_\_\_\_\_

Life Insurance (death benefit): \_\_\_\_\_

Retirement / IRA's: (Regular or Roth?) \_\_\_\_\_

Retirement / 401k, 403b: \_\_\_\_\_

Personal Property: \_\_\_\_\_

Other \_\_\_\_\_:

Other \_\_\_\_\_:

Other \_\_\_\_\_:

TOTAL ASSETS: \_\_\_\_\_

---

LIABILITY SUMMARY:

Mortgages: \_\_\_\_\_

Other \_\_\_\_\_:

Other \_\_\_\_\_:

TOTAL LIABILITIES: \_\_\_\_\_

---

NET ESTATE: \_\_\_\_\_

WHO SHOULD RECEIVE YOUR ESTATE?: *(list names, relation to you, and specific \$ amount or %)*

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

QUESTIONS OR COMMENTS:

---

---

---

---

---

---

---

---

---

---

---

---