

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: _____

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 stored genetic material? Yes No

Do any of your children have stored genetic material? Yes No

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? If "Yes" – what assets and when: _____	Yes	No
Do you or have you ever owned real estate individually, or with a spouse, in a state other than IL? If "Yes" - which states(s): _____	Yes	No
Do you or your spouse want to disinherit any child or relative? Name and Relationship: _____	Yes	No
Do you or your spouse currently contribute to any charities? Names of organizations and % or \$: _____	Yes	No
Do you or your spouse wish to contribute to any charities upon death?	Yes	No

POWER OF ATTORNEY FOR HEALTH CARE: 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: _____

