**** This form can be filled out and submitted online at www.kuczek.com/forms ****

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

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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

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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:			

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

QUESTIONS OR COMMENTS: