

Estate Analysis Questionnaire

**I. Personal Information**

1. Husband \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_ U.S. Citizen \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Wife \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_ U.S. Citizen \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

3. Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

4. Are there any prenuptial or postnuptial agreements between clients? \_\_\_\_\_

5. Children:

<u>Name</u>	<u>Date of Birth</u>	<u>Marital Status</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*\*Indicate if any child listed above has special needs, is adopted, or is not the natural child of client's present marriage.

**II. Distribution of Property**

1. List any specific bequests of cash, real estate, etc. to any individuals or charities. Please use legal names.

<u>Name &amp; Address</u>	<u>Amount/Property Description</u>
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2. Do you wish to make a specific bequest as to any items of personal property (i.e. jewelry, furniture, etc.)? Depending on the length of the list, it can be included in your will or trust, or referenced in a separate listing.

Name & Address

Item

3. List the individuals or charities that will receive the remainder of your estate and the percentage to each.

Name & Address

Amount

Percentage

4. If you are leaving anything to minors, please note that under Illinois law minors reach the age of majority at eighteen (18) and are entitled to any inheritance at that time. If you wish to postpone the receipt of any inheritance beyond the age eighteen, at what age do you wish distribution to be made (i.e. age 21, age 25, or age 30), or do you wish partial distributions as stated different ages (i.e. 25% at age 21, 25% at age 25, and 50% at age 30); or you can make partial distributions over a term of years (i.e. 10 year period).
5. If you set up a deferred disbursement to beneficiaries, you must appoint a Trustee. You can name an individual, a bank, or any combination thereof. You can also name one or more successor trustees.
6. If any of your named beneficiaries are deceased, do you wish for their descendants to receive their share if the beneficiary should predecease you?

Or do you wish that the deceased beneficiaries share be distributed among the remaining beneficiaries?

Or do you wish to name other, contingent beneficiaries?

### **III. Assets**

1. Assets: Description, approximate value and owner (H, W, J)

Investment Advisor: \_\_\_\_\_

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

a. Stocks and Bonds

\_\_\_\_\_

b. Cash, Bank Accounts, CDs

\_\_\_\_\_

c. Real Estate

\_\_\_\_\_

d. Tangible Personal Property – Collections, Antiques, etc.

\_\_\_\_\_

e. Retirement Accounts'

\_\_\_\_\_

f. Life Insurance (insurance company, policy number, face amount,  
owner, beneficiary)

\_\_\_\_\_

Insurance Advisor:

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

g. Other (trusts, partnerships, sole proprietorships)

\_\_\_\_\_

2. Does husband or wife have an interest, including a power of appointment, in any trust created by another person or in the estate other than a mere expectancy? Are you a beneficiary of a generation-skipping trust?

\_\_\_\_\_

3. Does husband or wife expect to receive substantial property by gift or inheritance?

\_\_\_\_\_

**IV. Liabilities**

Description, amount and, obligor: Husband (H), Wife (W), Joint (J)

\_\_\_\_\_

**V. Selection of Representatives**

1. Who is to be the executor of your estate? \_\_\_\_\_

Successor Executor \_\_\_\_\_

2. Who is to be the guardian of minor children? \_\_\_\_\_

Successor Guardian \_\_\_\_\_

Have the guardians been advised? \_\_\_\_\_

3. Trustee or trustees for adult beneficiaries \_\_\_\_\_

Trustee or trustees for minor children \_\_\_\_\_

Successor trustee \_\_\_\_\_

**VI. Additional Questions or Comments**

**VI. Durable Powers of Attorney**

To make financial decisions for you in the event you are incapacitated, or unavailable

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

Agent: \_\_\_\_\_

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

City: \_\_\_\_\_ State & Zip \_\_\_\_\_

Successor Agent #1: \_\_\_\_\_

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

City: \_\_\_\_\_ State & Zip \_\_\_\_\_

Successor Agent #2: \_\_\_\_\_

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

City: \_\_\_\_\_ State & Zip \_\_\_\_\_

To make medical and other lifestyle decisions for you in the event you are incapacitated.

Health Care:

Agent:

Address:

City: \_\_\_\_\_ State & Zip \_\_\_\_\_

Successor Agent #1:

Address:

City: \_\_\_\_\_ State & Zip \_\_\_\_\_

Successor Agent #2:

Address:

City: \_\_\_\_\_ State & Zip \_\_\_\_\_