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C O N F I D E N T I A L

PERSONAL ESTATE PLAN QUESTIONNAIRE - SINGLE

This questionnaire has been prepared to assist you in the compilation of preliminary information necessary to analyze, review, and revise your personal estate plan. If you do not understand a question, or if the information is not readily available, please indicate that on the questionnaire. Please realize not all the questions contained herein may apply to your estate. Some questions may be more easily answered by attaching documents or schedules from your files.

GENERAL INFORMATION:

Date: _____ Marital Status: _____

Name: _____ Birth Date: _____

Residence: _____ County: _____

City: _____ State: _____ Zip: _____

Citizenship: U.S.A. Other: _____

TELEPHONE NUMBERS:

Home: _____

Work: _____

Cell: _____

SOCIAL SECURITY NUMBER:

E-Mail Address: _____

OCCUPATION:

EXPECTED RETIREMENT DATE:

EMPLOYER:

Name: _____

Address: _____

CHILDREN:

FULL LEGAL NAME:

ADDRESS:

BIRTH DATE:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you, any child, or some other person dependent upon you requires special care or treatment because of a disability, please explain below:

ESTATE:

Definition: When using the term Estate herein, we are referring to all of your possessions, including real property, business ownership, any type of financial account, cash, IRAs and other retirement accounts, personal belongings of any kind, and monies owed to you. It also includes the face value of life insurance policies on your life. Your Net Estate is the total of all of your property and possessions of whatever nature, less any indebtedness you may owe.

E. Is there any member of your family whom you wish to specifically exclude from receiving any portion of your estate? YES NO

If "YES", explain:

F. If upon your death, none of your named beneficiaries are living, do you want your estate distributed to your next of kin? YES NO

If "NO", explain how the estate should be distributed:

G. Now or in the future, if your child or any beneficiary of your estate resides with you and becomes your full-time caretaker, do you want to provide special compensation to that caretaker after your death from your estate? YES NO _____

(Initials)

NOTE: If you are disabled, under current Illinois law, a full-time uncompensated caretaker who is a member of your family and who cares for you for at least three (3) years has a right to make a claim against your estate for a minimum of \$180,000.00, less certain offsets.

TRUSTEES:

Definition: A Trustee is the person who holds legal title to certain property and has been entrusted with the job of administering it for a beneficiary. The Trustee will be empowered, on your behalf (you will be the beneficiary), to manage whatever funds and property you place into the Trust. It should be a person or financial institution in which you place great confidence.

A. Who will be Trustee(s) while you are still living?

TRUSTEE: _____

- OR -

CO-TRUSTEES: _____

- B. If Co-Trustees, do you want one person to have the right to make the final decision in a dispute? YES NO
If "YES", which one:

- C. If you have named yourself as Trustee, who will be Trustee(s) upon your death or disability (called "the Successor Trustee")?

FIRST SUCCESSOR TRUSTEE: _____

Address: _____

SECOND SUCCESSOR TRUSTEE: _____

Address: _____

There are many advantages of a professional corporate Trustee, especially when minor children are involved as beneficiaries of the Trust. If you wish to discuss the benefits of a professional corporate Trustee, please check the "YES" box below and talk to the attorney about the specific situation when you have your initial meeting. YES NO

EXECUTOR:

Definition: An Executor is the person you appoint to see that your instructions as set forth in your Will are carried out. It is the person who will make decisions as to distribution of personal property items in the event of a dispute between your beneficiaries, or who will be in charge of selling unwanted items and placing the money obtained therefrom into your Trust to be properly distributed, or, if you have no Trust, to open a probate estate. Your Executor may also need to prepare (or arrange for the preparation of) tax returns, and will be responsible to see that taxes are paid. If possible, you should select someone who resides in your State. You must indicate your Executor's place of residence.

- A. Who will be your Executor?

FIRST CHOICE: _____

Address: _____

SECOND CHOICE: _____

Address: _____

GUARDIANS FOR MINORS:

Definition: A Guardian is the person you nominate, and who may thereafter be appointed by a Court to be legally responsible, upon your death, for the care and raising of your minor children and management of their estates and possessions.

- A. If you have minor children, who do you select as the guardian of their person in the event of your death?

FIRST CHOICE: _____

Address: _____

Phone: _____

SECOND CHOICE: _____

Address: _____

Phone: _____

- B. If you have minor children, who do you select as the guardian of their property in the event of your death?

FIRST CHOICE: _____

Address: _____

Phone: _____

SECOND CHOICE: _____

Address: _____

Phone: _____

HEALTH CARE POWER OF ATTORNEY:

Definition: A Healthcare Power of Attorney is a document in which you legally give one person the right, authority and duty of making certain decisions in the event of your inability to make decisions as to your personal health care for reasons such as severe injury, unconsciousness, mental incapacity, senility, etc.

- A. If you wish to have a Power of Attorney prepared that will give your named agent the authority to make important health care decisions on your behalf, please give the name, address, and phone number of the person(s) to whom you would like to give that responsibility:

FIRST CHOICE: _____

Address: _____

Phone: _____

SECOND CHOICE: _____

Address: _____

Phone: _____

B. Illinois law allows you to name a person to make health care decisions for your minor children if you are temporarily unable to do so, for any reason. Do you wish to name a person to make health care decisions for your minor children?

YES

NO

If "YES", provide the name, home address, and phone number of the person to whom you would like to give that responsibility.

NAME: _____

Address: _____

Phone: _____

C. Please indicate which **ONE** of the three following questions reflects your healthcare preferences:

1. I want my life to be prolonged to the greatest extent possible in accordance with reasonable medical standards without regard to my condition, the chances I have for recovery, or the cost of the procedures.
2. I want my life to be prolonged and I want life-sustaining treatment to be provided or continued UNLESS I am, in the opinion of my attending physician, in accordance with reasonable medical standards at the time of reference, in a state of "permanent unconsciousness" or suffer from an "incurable or irreversible condition" or "terminal condition", as those terms are defined in Section 4-4 of the Illinois Power of Attorney Act. If and when I am in any one of these states or conditions, I want life-sustaining treatment to be withheld or discontinued.
3. I do not want my life to be prolonged nor do I want life-sustaining treatment to be provided or continued if my Agent believes the burdens of the treatment outweigh the expected benefits. I want my Agent to consider the relief of suffering, the expense involved, and the quality as well as the possible extension of my life in making decisions concerning life-sustaining treatment.

DURABLE POWER OF ATTORNEY FOR YOUR PROPERTY/ESTATE:

Definition: You may give someone the authority to handle the care and management of your estate, who becomes legally responsible to do so when, because of any one of several reasons, you become unable to manage your own affairs. The document you sign to give your designated agent that authority is called a Durable Power of Attorney for Property.

NOTE: Your Trustee or Successor Trustee will manage those assets which have been transferred into your Trust, if you have one. The agent you designate under a Durable Power of Attorney for Property will be responsible only for those assets that have not been transferred into your Trust, for whatever reason.

- A. If you wish to designate a person to handle the care and management of your estate and who will serve as Guardian of your property and estate, please provide the name and address of the person to whom you wish to give that authority.

FIRST CHOICE: _____

Address: _____

Phone: _____

SECOND CHOICE: _____

Address: _____

Phone: _____

- B. If you wish your Agent to have the authority to make gifts to any or all of the following, but in amounts not to exceed the amount of the annual gift tax exclusion (currently \$14,000.00 per year, per donee) or the amount of the unified credit as set forth in the Internal Revenue Code in effect at the time of the gift, please check the individuals and organizations named below to whom you wish to gift:

Individuals

Children

Agent

Charitable Organizations

Other: _____

LIVING WILL:

Definition: A Living Will is a document that sets forth your intent regarding "artificial" life support if your condition is incurable and considered terminal by your physician. The standard form provides that when your condition is terminal and irreversible you do not want extraordinary means used to delay death.

Do you wish to have a Living Will prepared for you? YES NO

NOTE: If you have already signed a Living Will, there may be no need for a new one to be prepared. However, one of our attorneys should review the document.

PETS:

If you have a pet or pets, you may wish to make specific legal arrangements for the pet's care if anything were to happen to you. There are a number of ways this can be done. Even separate Trusts for the benefit of a pet are now permissible by Illinois law. If you wish to discuss the various possibilities for caring for a pet if you are unable to do so, please check the YES box below and talk to the attorney about the specific situation when you have your initial meeting.

YES

NO

I have pets but I do not wish to make any special arrangements: _____
(Initials)

MISCELLANEOUS - CHARITABLE CONTRIBUTIONS:

A. Do you wish to have your estate contribute to a church or charitable organization?

YES

NO

If "YES", explain below:

B. How much would you like to contribute (a fixed amount or percentage of the estate, or specific property or accounts)?

C. List exact names and addresses of charities. If a charity no longer exists when the contribution is to be made, indicate if the gift is to be added back to the remainder of your estate or go to another charity.

1. NAME: _____

Address: _____

If not in existence, then to:

NAME: _____

Address: _____

2. NAME: _____

Address: _____

If not in existence, then to:

NAME: _____

Address: _____

3. NAME: _____

Address: _____

If not in existence, then to:

NAME: _____

Address: _____

OTHER CONSIDERATIONS:

If you have other issues to address in this estate plan, please explain them below.

NOTE: Information as to burial requests and memorial services and other remembrances, etc. need not be listed here. Those issues can be taken care of once you have received your Estate Planning Binder, which will give instructions for handling those types of considerations.

REAL ESTATE TRANSFERS:

If you own Real Property and need legal assistance with the transfer of ownership into your Trust(s), please fill in the **NUMBER** of properties you wish assistance with below, and attach to this Application a copy of the Deed pertaining to each property. Additionally, please provide us with the Permanent Index Number (PIN), which can be found on your property tax bill. The Deed(s) must show how title is presently held. Appropriate Deeds will be prepared and ready for execution at the time you sign the other documentation, and we will arrange for the recording of those Deeds. After they have been properly recorded, the original Deeds will be forwarded to you for retention with the rest of your documentation. We cannot guaranty that this process will transfer title to the Trust. That can only be done by a title search or an update of your current

Title Insurance Policy. We recommend that you obtain such a search or update if it has not been done in some time, i.e. twenty (20) years, or if you cannot find your Title Insurance Policy.

LARGE ESTATES:

If your estate exceeds \$5,000,000.00 and you wish to plan to avoid or reduce federal estate taxes upon your death, there are other estate planning techniques you may wish to learn about and consider. Please check below if you would like to discuss any of the following:

Irrevocable Life Insurance Trusts

Qualified Personal Residence Trusts

Charitable Trusts

Family Partnerships or Limited Liability Companies

Lifetime Gifting

Other Irrevocable Trusts including Generation Skipping Trusts

CURRENT ESTATE PLANNING RELATED DOCUMENTS:

* Please provide copies of all documents listed in this section, either by attaching them to this questionnaire, or by bringing them to your first meeting with our attorney.

A. Have you ever before signed a Will or Trust document, or any type of Power of Attorney?
YES NO

If "YES", please list the document(s), the date(s) prepared, and the current location(s) of the originals below:

<u>DOCUMENT:</u>	<u>DATE:</u>	<u>LOCATION:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who might have copies of such document(s)?

- A. Have you ever filed a U.S. Gift Tax Return (IRS Form 709)? YES NO
 If "YES", please attach a copy of each Return filed.
- B. Have you ever executed a Prenuptial Agreement? YES NO
- C. Have you ever executed a Marital Settlement Agreement due to a divorce action or has there been a Judgment of Dissolution of Marriage file with the courts?
 YES NO

If "YES" to any of the above, please list the document(s), the date(s) prepared, and the current location(s) of the originals below:

<u>DOCUMENT:</u>	<u>DATE:</u>	<u>LOCATION:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRIOR ATTORNEY CONTACT INFORMATION:

Please list contact information for any attorney that has prepared any documents related to your estate plans:

CLIENT NOTES AND QUESTIONS:
