



A PROFESSIONAL
CORPORATION

306 West Church Street
Champaign, IL 61820

217-352-1800 (Phone)

217-352-1083 (Fax)

www.meyercapel.com

Forrest Heyman
fheyman@meyercapel.com

Confidential

ESTATE PLANNING QUESTIONNAIRE

for an unmarried individual

*Please complete this questionnaire and send to
Forrest Heyman by fax, email or U.S. Mail*

Confidential

ESTATE PLANNING QUESTIONNAIRE

for an unmarried individual

This questionnaire is designed to help me evaluate your unique situation and create an estate plan to address your specific needs. Effective estate planning requires detailed knowledge concerning your family and financial circumstances. The more information I have, the better I can advise and guide you through the estate planning process. Therefore, this form should be filled out as completely as possible. While it is expected that you will estimate values if necessary, it is important to provide accurate information regarding the ownership of an asset. The manner in which an asset is owned – whether individually, joint, in trust, or otherwise – can dramatically impact your estate plan.

Additionally, there are some other issues that you should give thought during the estate planning process. For example, if you have minor children, who will you name as their guardian(s) in the event that something should happen to you? Who would be best suited to serve as executor of your estate? Finally, if a trust is applicable to your situation, who should serve as trustee, a financial institution or a family member or friend? It is understandable that these types of decisions deserve much thought, and it is important to consider a person's fitness to serve in these capacities.

Finally, it is generally my recommendation that while preparing to execute a new Last Will and Testament, you consider executing a Durable Power of Attorney and Power of Attorney for Healthcare. The first document allows you to name an agent and successor agents to make decisions for you in the event that you cannot make them for yourself. A named power of attorney can do anything that you could do while you were incapacitated. The Power of Attorney for Health Care is a similar, but unique, tool, designed to govern who will make your health care decisions for you, in the event that you cannot. They are widely recognized and accepted by hospitals and medical institutions, and allow you to name an agent and set guiding parameters for your agent.

While the foregoing is a lot of information to consider, I view it as my job to help guide you through this process and make it as smooth as possible. My goal is to create a plan, suited to your individual needs, that puts your mind to rest by providing you the knowledge that your affairs are all in good order. With that in mind, please complete the following questionnaire and return it to me. You may use the back sides of the sheets for additional writing room.

Signature of Client: _____

Date of Completion of Questionnaire: _____

SECTION 1 – ABOUT YOU

CLIENT NAME (include former names)	
Address	
Telephone number	
Email Address	
Birth date	
Social Security Number	
Occupation	
Citizenship	

Were you previously married? _____

Reason for termination: ___ death or ___ divorce *Please provide copies of any marital settlement agreement(s)*

SECTION 2 – YOUR DESCENDANTS (IF ANY)

<u>FULL NAME OF CHILDREN</u>	<u>BIRTH DATE</u>	<u>SOCIAL SECURITY NO.</u>

GUARDIANSHIP OF MINOR CHILDREN:

If any of your children are minors, who would you like to be their guardian(s), if anything should ever happen to you?

Guardian(s): _____ Relationship: _____

Successor guardian(s): _____ Relationship _____

GRANDCHILDREN (if any):

<u>FULL NAME</u>	<u>BIRTH DATE</u>	<u>PARENTS' NAMES</u>

SECTION 3 - PREVIOUS ESTATE PLANNING

Do you have current wills or trusts in effect? _____

If so, identify the date of signing and location of each document & provide a copy of the document(s):

Will _____ Trust _____

SECTION 4 – APPOINTED POSITIONS

Who would you like to serve as Executor and Successor Executor of your estate?

Executor	
Address	
City, State Zip	
Phone #	
Successor Executor	
Address	
City, State Zip	
Phone #	

Who would you like to name as agent of your power of attorney for property?

Primary agent	
Address	
City, State Zip	
Phone #	
Successor Agent	
Address	
City, State Zip	
Phone #	

Who would you like to name as agent of your power of attorney for healthcare?

Primary agent	
Address	
City, State Zip	
Phone #	
Successor Agent	
Address	
City, State Zip	
Phone #	

SECTION 5 – EXPECTED INHERITANCE

Do you expect an inheritance? Yes _____ No _____

From whom? _____ Value: _____

From whom? _____ Value: _____

SECTION 6 –PERSONAL AGENT DATA

Location of safety deposit box: _____

Name of financial planner/broker: _____

Name of accountant: _____

Name of life insurance agent(s): _____

Do you have a long-term care (nursing home) insurance policy? _____

SECTION 7 - ASSETS

BANK ACCOUNTS:

Name of Institution	Type of Account (savings, checking, money market, CD)	Registration of Account	Average Balance

REAL ESTATE:

Type of Real Estate (residence, farm, etc.)	Real Estate Address or Location	Legal Title in Whose Name?	Fair Market Value	Mortgage(s) Balance due

SECURITIES:

BROKERAGE ACCOUNTS AND MUTUAL FUNDS
(use back of this sheet for additional entries)

Institution or Firm	Type of Account	Account Registration	Value

INDIVIDUALLY HELD STOCKS AND BONDS

Name of Company or Bond	Account Registration	Number of shares	Value

BUSINESS INTERESTS: Partnership, joint venture, closely held corporation, proprietorship

Type of Interest	Owner	% of ownership or number of shares	Value

RETIREMENT PLANS: IRAs/Keoghs, Pension plans, 401k plans, Profit-sharing plans, etc.

Plan/Administrator/ Custodian	Type of Plan	Registration	Value

LIFE INSURANCE:

Insurer	Insured	Owner	Primary & Contingent Beneficiaries	Face Amount	Cash value (whole life)

OTHER MISCELLANEOUS ASSETS: Below, please list any other assets, such as automobiles, boats, trailers, campers, intellectual property, promissory notes, mobile homes, savings bonds, royalty or mineral interests, extremely valuable collections, and any other valuable assets not listed elsewhere.

Asset	Ownership	Value	Comments

SECTION 8 - LIABILITIES

LOANS AND NOTES: (Other than mortgages listed on page 4)

Financial Institution	Debtor	Date Due	Balance

PLEASE LIST ANY OTHER LIABILITIES YOU MAY HAVE:

SECTION 9 - ADDITIONAL INFORMATION

Have you ever lived in a community property state? ___ Yes or ___ No

If so, please identify which: ___AZ / ___CA / ___ID / ___LA / ___NV / ___NM / ___TX / ___WA / ___WI

Have you ever made gifts totaling more than \$10,000 to any one person in any one year? ___Yes or ___No

Are you or a member of your family a beneficiary of a trust? ___Yes or ___No

Do you own any property for your child(ren) in a custodial or other account (college savings program, etc)?
___ Yes or ___ No

CHARITABLE BEQUESTS: Below, please list any charitable organizations you would like to include in your estate plan.

<u>Organization</u>	<u>Gift (property, assets, \$, etc)</u>

SPECIFIC BEQUESTS: Below, please list any specific gifts you know you would like to include in your planning documents.

<u>Recipient</u>	<u>Gift (property, assets, \$, etc)</u>

PLEASE LIST ANY FURTHER INFORMATION YOU WANT ME TO KNOW: