



306 West Church Street
Champaign, IL 61820

Phone 217-352-1800

Fax 217-352-2065

www.meyercafel.com

A PROFESSIONAL
CORPORATION

Brooke Didier Starks
bstarks@meyercafel.com

Confidential

ESTATE PLANNING QUESTIONNAIRE

for an unmarried individual

***Please save this questionnaire to your computer,
complete, and send to
Brooke Didier Starks by fax, email or U.S. Mail***

Confidential

ESTATE PLANNING QUESTIONNAIRE

for an unmarried individual

The following questionnaire is confidential. It is designed to help us better assess your financial and familial circumstances. The more information we have about you, the better we can advise you and guide you in your estate planning process. The following form should be filled out as completely as possible. While it is expected that you will estimate values, it is very important to be certain of the identity of assets and how they are owned. Whether an asset is owned individually, jointly, in trust, or names a beneficiary can dramatically impact your estate plan.

Additionally, there are some other issues that you should give some thought to prior to executing your estate plan. If you have minor children, who will you name as their guardian(s) in the event that something should happen to you? In the event of your death, 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 require quite a bit of thought, and it is important to consider a person's ability to serve in these capacities, as well as their time and inclination to do so, and then sit down and discuss your choices with both those you have named and those you have not, and explain why.

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 capacitated. The Power of Attorney for Healthcare is a similar, but unique, tool, designed to govern who will make your healthcare 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 select one of three guiding parameters for your agent to work within. We advise all of our clients to consider executing these documents in addition to a Living Will.

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.

For best results, please save the questionnaire to your computer
and open the questionnaire separately in Adobe Reader
before typing information.

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

How did you learn of my estate planning practice? _____

Previously married? ___Yes or ___No

Reason for termination: ___death or ___divorce

Please provide copies of any marital settlement agreement(s)

CHILDREN (if any)

<u>FULL NAME</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>

PREVIOUS ESTATE PLANNING:

Do you have current wills or trusts in effect? ___Yes or ___No

If so, please give the date of execution and location of each document & *provide a copy*:

Will: Date of Execution: _____ Location of document: _____

Trust: Date of Execution: _____ Location of document: _____

PRESENT ESTATE PLANNING:

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 #	

EXPECTED INHERITANCES:

Do you expect an inheritance? ___Yes or ___No

From Whom? _____ Value: _____
 From Whom? _____ Value: _____

PERSONAL AGENT DATA:

Location of Safety Deposit Box: _____
 Name of financial planner/broker _____
 Name of accountant: _____
 Name of Life Insurance agent: _____
 Do you have a long-term care (nursing home) insurance policy? _____

BANK ACCOUNTS:

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

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, mobile homes, savings bonds, royalty or mineral interests, extremely valuable collections, and any other valuable assets not listed elsewhere.

Asset	Ownership	Value	Comments

LOANS AND NOTES: (Other than mortgages listed on page 6)

Financial Institution	Debtor	Date Due	Balance
TOTAL:			

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>Contact Information</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:

Signature: _____

Date of Completion of Questionnaire: _____