



**KISELSTEIN
FRANCKOWIAK
LAW
GROUP**

estate planning with compassion

930 East Northwest Highway | Mt. Prospect, IL 60056
Phone: 847-670-8200 | www.KF-Lawgroup.com

Bruce Kiselstein, JD
Lenore D. Franckowiak, JD

ESTATE PLANNING NEW CLIENT QUESTIONNAIRE

Date: _____

(The information provided on this document is **CONFIDENTIAL**. The attorney/client privilege prohibits your attorney from disclosing its contents to anyone). If any question does not apply, please indicate as n/a or leave blank. If you have any questions while completing the application, please contact our office.

PERSONAL INFORMATION

Full Legal Name _____ Date of Birth _____
 Other Names used (and nicknames) _____ Citizenship _____
 Home Address _____ City _____
 State _____ Zip _____ County _____ Email _____
 Home Phone _____ Business Phone _____ Cell _____
 Employer _____ Position _____
 Business Address _____ Military/Veteran _____
 City _____ State _____ Zip _____ Marital Status _____

SPOUSE (If not married, please leave blank)

Full Legal Name _____ Date of Birth _____
 Other Names used (and nicknames) _____ Citizenship _____
 Home Address _____ City _____
 State _____ Zip _____ County _____ Email _____
 Home Phone _____ Business Phone _____ Cell _____
 Employer _____ Position _____
 Business Address _____ Military/Veteran _____
 City _____ State _____ Zip _____

BENEFICIARY(IES)

Please provide the full legal names of your beneficiary(ies). If the beneficiaries are your children, indicate the parent of each child by marking "JT" if both spouses are the parents or if not the child of both spouses indicates the initials of the parent. Indicate if any special needs or concerns.

1. Name _____ Phone _____
Address _____ Parent _____ Birth Date _____
City _____ State _____ Zip _____ Email _____
Special Concerns _____
Age of Beneficiary/Child _____

2. Name _____ Phone _____
Address _____ Parent _____ Birth Date _____
City _____ State _____ Zip _____ Email _____
Special Concerns _____
Age of Beneficiary/Child _____

3. Name _____ Phone _____
Address _____ Parent _____ Birth Date _____
City _____ State _____ Zip _____ Email _____
Special Concerns _____
Age of Beneficiary/Child _____

4. Name _____ Phone _____
Address _____ Parent _____ Birth Date _____
City _____ State _____ Zip _____ Email _____
Special Concerns _____
Age of Beneficiary/Child _____

5. Name _____ Phone _____
Address _____ Parent _____ Birth Date _____
City _____ State _____ Zip _____ Email _____
Special Concerns _____
Age of Beneficiary/Child _____

6. Name _____ Phone _____
Address _____ Parent _____ Birth Date _____
City _____ State _____ Zip _____ Email _____
Special Concerns _____
Age of Beneficiary/Child _____

Has either spouse been previously married?

| | YOURSELF | SPOUSE |
|-----|-----------------|---------------|
| YES | | |
| NO | | |

If previous marriage terminated by divorce, are there continuing support, retirement plan or insurance obligations that you are receiving or paying?

| | YOURSELF | SPOUSE |
|---------|-----------------|---------------|
| Death | | |
| Divorce | | |

Do you have a Pre-Nuptial Agreement?

| | YOURSELF | SPOUSE |
|-----|-----------------|---------------|
| YES | | |
| NO | | |

Are you or your spouse receiving Social Security, disability, or other governmental benefits?

| | YOURSELF | SPOUSE |
|-----|-----------------|---------------|
| YES | | |
| NO | | |

If Yes, please describe:

Do you have any children or grandchildren (illegitimate or not), who are not indicated on page 1?

| | YOURSELF | SPOUSE |
|-----|-----------------|---------------|
| YES | | |
| NO | | |

If Yes, please name:

Do you wish to have any children or grandchildren specifically omitted from the distribution of your estate plan after your death?

| | YOURSELF | SPOUSE |
|-----|-----------------|---------------|
| YES | | |
| NO | | |

If Yes, please name:

Do you have any deceased children?

| | YOURSELF | SPOUSE |
|-----|-----------------|---------------|
| YES | | |
| NO | | |

If Yes, please name:

Did they have any children:

Do any of your children or grandchildren have a disability that has made them recipients of a government benefits program?

| | YOURSELF | SPOUSE |
|-----|-----------------|---------------|
| YES | | |
| NO | | |

If Yes, please name:

Do any of your children or grandchildren have special educational, medical or physical needs?

| | YOURSELF | SPOUSE |
|-----|-----------------|---------------|
| YES | | |
| NO | | |

If Yes, please describe:

Do you provide primary or financial support to adult children or others?

| | YOURSELF | SPOUSE |
|-----|-----------------|---------------|
| YES | | |
| NO | | |

Are you interested in including any charitable gifts in your estate plan?

| | YOURSELF | SPOUSE |
|-----|-----------------|---------------|
| YES | | |
| NO | | |

If Yes, do you have any specific charities in mind?

Have you or your spouse signed a Will, Trust, or other estate planning legal documents?

| | YOURSELF | SPOUSE |
|-----|-----------------|---------------|
| YES | | |
| NO | | |

DETERMINING YOUR ESTATE

Your estate is equal to the value of all of your personal assets less the value of all of your personal liabilities. In order for us to prepare your estate planning documents properly, we must have an accurate idea as to the size of your estate and the types of assets that comprise your estate. Below, please list each of your assets and liabilities. Please indicate whether the asset or liability is personal to either of you or owned jointly.

| ASSETS | OWNED BY YOURSELF | OWNED BY SPOUSE | OWNED JOINTLY |
|--|--------------------------|------------------------|----------------------|
| Real Estate | | | |
| 1. Residence | \$ | \$ | \$ |
| 2. Other | \$ | \$ | \$ |
| 3. Other | \$ | \$ | \$ |
| Securities (not held in IRA or Retirement Plan) | | | |
| Publicly Traded Stocks | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| Non-Public Stock | \$ | \$ | \$ |
| Bonds | \$ | \$ | \$ |
| Mutual Funds | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| Other | \$ | \$ | \$ |
| Other | \$ | \$ | \$ |
| Cash, Bank Accounts & Certificates of Deposit | | | |
| Money Market Funds | \$ | \$ | \$ |

| ASSETS | OWNED BY YOURSELF | OWNED BY SPOUSE | OWNED JOINTLY |
|--|--------------------------------|--------------------------------|--------------------------------|
| Bank Accounts | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| Certificates Of Deposit | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| Retirement Benefits | | | |
| IRA's (Traditional) | \$ | \$ | \$ |
| IRA's (Roth) | | | |
| Qualified Annuities (IRA) | \$ | \$ | \$ |
| Non-Qualified Annuities (non-IRA) | \$ | \$ | \$ |
| Retirement Plan <i>(Circle One)</i> (Profit Sharing, Keogh, ESOP SEP, 457(b), 401(k), 403(b)) | \$ | \$ | \$ |
| Partnerships/LLC | \$ | \$ | \$ |
| Promissory Notes Payable to You | \$ | \$ | \$ |
| Insurance (Group and Individual) | | | |
| Company: | death benefit/cash value \$ | death benefit/cash value \$ | death benefit/cash value \$ |
| Company: | death benefit/cash value \$ | death benefit/cash value \$ | death benefit/cash value \$ |
| Anticipated Gifts and Inheritances | \$ | \$ | \$ |
| Personal Property | | | |
| Automobiles | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| Jewelry, Art, Furs, Guns, Antiques, (in excess of \$10,000 market value) | \$ | \$ | \$ |
| TOTAL ASSETS | \$ | \$ | \$ |

| LIABILITIES | OWED BY YOURSELF | OWED BY SPOUSE | OWED JOINTLY |
|--------------------------|-------------------------|-----------------------|---------------------|
| Mortgages Payable | | | |
| Address: | \$ | \$ | \$ |
| Address: | \$ | \$ | \$ |
| Address: | \$ | \$ | \$ |
| Outstanding Loans | | | |
| Describe: | \$ | \$ | \$ |
| Describe: | \$ | \$ | \$ |
| Other | | | |
| Describe: | \$ | \$ | \$ |
| Describe: | \$ | \$ | \$ |
| TOTAL LIABILITIES | \$ | \$ | \$ |

NET VALUE OF ESTATE

| | YOURSELF | SPOUSE | JOINT |
|--|-----------------|---------------|--------------|
| TOTAL ASSETS <i>(from bottom of page 5)</i> | \$ | \$ | \$ |
| TOTAL LIABILITIES <i>(from above)</i> | \$ | \$ | \$ |
| NET ESTATE | \$ | \$ | \$ |
| | | | |

SOURCES OF INCOME

| SOURCE OF INCOME | YOURSELF | SPOUSE | JOINT |
|------------------------------------|-----------|-----------|-----------|
| Salary | \$ | \$ | \$ |
| Pension | \$ | \$ | \$ |
| Bonus/Commissions | \$ | \$ | \$ |
| Dividends/Interest | \$ | \$ | \$ |
| Other (SS, IRA distributions, etc) | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| Net Rental Income | \$ | \$ | \$ |
| TOTAL INCOME | \$ | \$ | \$ |

ADVISORS

1. Accountant's Name _____ Phone Number _____
 Address _____ Email _____
2. Financial Advisor's Name _____ Phone Number _____
 Address _____ Email _____
3. Life Insurance Agent's Name _____ Phone Number _____
 Address _____ Email _____
4. Other (Describe) _____ Phone Number _____
 Address _____ Email _____

How did you find us or hear about us:

| | |
|--|--|
| | Personal Referral/Friend: _____ |
| | Professional Referral: _____ |
| | Other: _____ |
| | Internet Search: _____ |
| | Avvo.com: _____ |

- I am ready to proceed with the creation of my Living Trust.
- I need questions answered before I am ready to proceed with the creation of my Living Trust. (see below)
- I am not interested in creating a Living Trust at this time. I need general information only.

Questions:

SUCCESSOR TRUSTEE:

The successor trustee is the individual or trust company who would have title to all of your property and will administer your property during your disability or after your death according to the terms of your living trust. The trustee is responsible for the management and investment of all of your trust property. *Please consider the names of the people whom you would choose to act as your first choice for Successor Trustee and as an alternate choice for Successor Trustee.*

Name of Successor Trustee _____

Address _____

Relationship to you: _____

The information provided above is a complete and total list of all of my/our assets and income, that I/we am/are presently aware of at this time.

Please sign (Yourself)

Please sign (Spouse)