

DATE COMPLETED _____

ESTATE PLANNING QUESTIONNAIRE

We use this questionnaire to get a general understanding of your situation so that we can better advise you on your estate planning needs. Please be as complete as possible when answering this questionnaire. If any of the requested information does not apply or is not readily available, leave those sections blank. Feel free to attach any additional information you would like to provide us.

Full Legal Name _____
Birth date _____ Social Security Number _____
Home address _____
Home telephone _____ Business telephone _____
Employer Name _____
Business address _____
Are you a U.S. Citizen? Yes No If not, country of citizenship _____

Partner's Full Legal Name _____
Birth date _____ Social Security Number _____
Home address _____
Home telephone _____ Business telephone _____
Employer Name _____
Business address _____
Are you a U.S. Citizen? Yes No If not, country of citizenship _____

DOCUMENTS CURRENTLY EXECUTED OR FILED

(Please provide us with a copy)

Existing wills.	<input type="checkbox"/> P1	<input type="checkbox"/> P2
Revocable trusts / Living trusts.	<input type="checkbox"/> P1	<input type="checkbox"/> P2
Health care power of attorney.	<input type="checkbox"/> P1	<input type="checkbox"/> P2
Living wills and other medical directives.	<input type="checkbox"/> P1	<input type="checkbox"/> P2
Property power of attorney.	<input type="checkbox"/> P1	<input type="checkbox"/> P2
Gift tax returns filed by either partner.	<input type="checkbox"/> P1	<input type="checkbox"/> P2
Buy / sell or stock redemption agreements.	<input type="checkbox"/> P1	<input type="checkbox"/> P2
Other trust instruments.	<input type="checkbox"/> P1	<input type="checkbox"/> P2

Name of each trust: _____

Pre- or postnuptial agreements, separation agreements and divorce decrees. P1 P2

CHILDREN OR OTHER DEPENDENTS

Name	Parent(s)	Birth date/ Address	Relationship (if other dependent)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GRANDCHILDREN

Name	Parent(s)	Birth date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADVISORS

Name	Telephone
Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Primary personal bank _____	_____
Life Insurance Agent _____	_____
Stock Broker _____	_____

EXECUTORS AND TRUSTEES

(Please name Executors for your will, and Trustees for your trust, as well as contingent choices)

	Your Executor	Your Trustee
Primary Choice	_____	_____
Contingent Choice	_____	_____
	Your Partner's Executor	Your Partner's Trustee
Primary Choice	_____	_____
Contingent Choice	_____	_____

CASH ACCOUNTS

Types of Accounts: Checking Account ("CA"), Savings Account ("SA"), Certificate of Deposit ("CD"), Money Market ("MM") (*indicate type below*).

Name of Institution and Account Number	Type of Account	Form of Ownership and With Whom	Value

		<i>Total</i>	_____

Note: If Account is in your name for the benefit of a minor, please specify and give minor's name.

MORTGAGES, NOTES AND OTHER RECEIVABLES

TYPE: Mortgages or promissory notes *payable to you*; other moneys *owed to you*.

Name of Debtor	Date of Note	Date Note Due	Current Balance

		<i>Total</i>	_____

BUSINESS AND PROFESSIONAL INTERESTS
(Corporate, Partnership, Limited Liability Company or Sole Proprietorship)

TYPE: Privately owned (non-publicly traded) stock or membership in partnerships, limited liability companies or sole proprietorships. *(Please put \checkmark if a Buy/Sell Agreement exists and, if stock is owned either JT or TC with someone other than your partner, please furnish name and relationship).*

Company or Entity	Type of Entity	Buy/Sell Agreement	Percentage Ownership	Owner	Value

				<i>Total</i>	_____

PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats, jewelry, club memberships, collections, antiques, furs, household furnishings, and all other valuable non-business personal property *(indicate type below and give a lump sum value for miscellaneous, less valuable items).*

Type	Owner	Value	

		<i>Total</i>	_____

LIFE INSURANCE, LONG TERM CARE INSURANCE AND ANNUITIES

	Policy #1	Policy #2	Policy #3	Policy #4
Company	_____	_____	_____	_____
Policy Number	_____	_____	_____	_____
Type (term, whole life, endowment or universal life)	_____	_____	_____	_____
Date policy entered into	_____	_____	_____	_____
Insured	_____	_____	_____	_____
Owner	_____	_____	_____	_____
Beneficiary	_____	_____	_____	_____
Contingent beneficiary	_____	_____	_____	_____
Face value	_____	_____	_____	_____
Current cash surrender value	_____	_____	_____	_____
Amount of loan	_____	_____	_____	_____
Annual premium	_____	_____	_____	_____

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any category, including trusts, investment partnership and limited liability company interests, anticipated inheritances, gifts or lawsuits.

Description	Owner	Value

	<i>Total</i>	_____

SUMMARY OF VALUES

<u>ASSETS</u>	<u>AMOUNT*</u>		
	<u>You</u>	<u>Partner</u>	<u>Jointly Held</u>
Cash Accounts	_____	_____	_____
Investment Accounts	_____	_____	_____
Stocks/Bonds	_____	_____	_____
Mortgages, Notes, and other Receivables	_____	_____	_____
Business and Professional Interests	_____	_____	_____
Personal Effects	_____	_____	_____
Retirement Plans	_____	_____	_____
Real Property	_____	_____	_____
Life Insurance	_____	_____	_____
Other Assets	_____	_____	_____
Total Assets:	_____	_____	_____
 LIABILITIES			
Loans/Accounts payable	_____	_____	_____
Contingent liabilities	_____	_____	_____
Unpaid taxes	_____	_____	_____
Other obligations:	_____	_____	_____
Total Liabilities:	_____	_____	_____
NET ESTATE	\$ _____	\$ _____	\$ _____

Additional Information

1. Do you or your partner have a will? If so, please attach a copy of each will.
2. Have either you or your partner been married previously? Please provide a copy of any divorce decree or prenuptial agreement.

3. Have you made gifts of \$10,000 or more to any person (other than your partner) in any one year? If you have filed a gift tax return, please provide a copy of the most recent return.
4. If you own joint tenancy property with someone other than your partner, whose funds were used to purchase the property?

5. Estimated inheritance, if any. You: \$_____ Partner: \$_____
6. Are you or any member of your immediate family a beneficiary or trustee of any trust?

7. Do you anticipate any business or professional changes in the next 12 months? _____

8. Special family needs (support of a parent or child, special education, physical or mental handicap): _____

9. Do you own any property for your children, such as under a Uniform Transfer to Minor's Act? _____

10. Briefly describe your estate planning goals: _____

11. Potential Lawsuits (As Plaintiff or Defendant)_____
12. Health Status of Client, Partner, Parents (good/fair/poor)_____
13. Mental Health Status (capacity issues)_____
14. Do you wish to provide for any charities at your death? _____

CERTIFICATION

The undersigned hereby represents to the Strohschein Law Group, LLC, and each of its attorneys, that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client or Client Representative: _____

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