

PERSONAL & CONFIDENTIAL

ESTATE PLANNING QUESTIONNAIRE

FOR

Date: _____

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FORM A: INFORMATION FOR A BASIC WILL

Please print clearly or attach additional typed pages

Date: _____

1) Your Legal Name: _____
Preferred Name: _____
Birth Date: _____ Birthplace: _____

2) Spouse Legal Name: _____
Spouse Preferred Name: _____
Birth Date: _____ Birthplace: _____

3) **Contact Information:**
Mailing Address: _____

County of Residence: _____
Home Phone Number: _____
Work Phone Number: _____
Cell Phone Number: _____
Fax Number: _____
Email Address: _____

4) **Marital Status:** Single Married Divorced Widowed

Is your current/former spouse living? Yes No

Date of Marriage: _____

Have you been married before? Yes No

Has your spouse been married before? Yes No

If previously married:

How was marriage terminated? _____

When was marriage terminated? _____

County/State of termination? _____

5) **Are there any living children by your present marriage?** **Yes** **No**

Legal Name: _____

Address: _____

Birth date: _____

Legal Name: _____

Address: _____

Birth date: _____

Legal Name: _____

Address: _____

Birth date: _____

Legal Name: _____

Address: _____

Birth date: _____

Are there any living children by a previous marriage? **Yes** **No**

Legal Name: _____

Address: _____

Birth date: _____

Legal Name: _____

Address: _____

Birth date: _____

Legal Name: _____

Address: _____

Birth date: _____

Legal Name: _____

Address: _____

Birth date: _____

6) If your spouse is living, do you want reciprocal wills? Yes No

7) If your spouse survives you, will everything go to your spouse? Yes No

8) If your spouse does not survive you, will everything be divided equally between the above named children who survive you? Yes No

If "No", please specify how property will be divided and to whom:

9) **Executor(s):**

a. If your spouse survives you, will your spouse act as Executor? Yes No

Surety (Fidelity) Bond? Yes No

b. If you are not married, or do not elect to have your spouse act as Executor, whom do you elect to act as Executor?

Name: _____

Relationship to you: _____

Address: _____

Surety (Fidelity) Bond? Yes No

c. Please nominate an alternate Executor:

Name: _____

Relationship to you: _____

Address: _____

Surety (Fidelity) Bond? Yes No

10) **Guardian for Minors (Children under the age of 18):**

Name: _____

Relationship to you: _____

Address: _____

Surety (Fidelity) Bond? Yes No

11) In the State of Illinois, each child will receive his or her share under a will at the age of eighteen (18), unless Trust provisions are made for the management of assets and distribution at an age later than age eighteen (18). See FORM B for information requirements should you wish your Will to contain such provisions.

Do you want to include such Trust provisions? Yes No

12) Do you wish to make provisions in your Will for:

a. Specific bequests of Personal Items or Other Assets, other than as set forth in #8 and #9?

Yes (See FORM C) No

b. Charitable bequests to a church, school, non-profit organization, etc.?

Yes (See FORM C) No

c. Grandchildren?

Yes (See FORM C) No

FORM B: TRUST PROVISIONS

Trustee(s): (Children's Trust)

Trustee Name: _____

Relationship to you: _____

Address: _____

Surety (Fidelity) Bond? Yes No

Alternate Trustee

Trustee Name: _____

Relationship to you: _____

Address: _____

Surety (Fidelity) Bond? Yes No

Trust Purpose:

Assets of Trust to be spent for (Circle One):

- a. Children's support, education and maintenance;
 - b. Children's education only;
 - c. Children's support and maintenance only;
 - d. To be invested and reinvested with no expenditures for children.
-
-

Trust Termination:

Age at which trust is to terminate (Circle One):

- a. Fractionally as each child celebrates his/her _____ birthday (fill in age);
- b. When all children named are over the age of _____ (fill in age).

All funds remaining in the Trust will then be distributed to the then living children equally, outright, and the Trust(s) will terminate.

FORM C:
SPECIFIC BEQUESTS, CHARITABLE BEQUESTS, GRANDCHILDREN

Specific Bequests (if any):

Please list Name, Address, Relationship, and the bequest of specific Assets or Dollar Amount you wish to leave to the persons specified below: (attach additional pages if needed)

Name: _____
Relationship to you: _____
Address: _____
Bequest: _____

Name: _____
Relationship to you: _____
Address: _____
Bequest: _____

Name: _____
Relationship to you: _____
Address: _____
Bequest: _____

Charitable Bequests (if any):

Please list below the Name and Address of each charity, school, or church which you wish to be remembered in your will, and the Dollar Amount or Specific Assets you wish to leave for this purpose: (attach additional pages if needed)

Name: _____
Address: _____
Bequest: _____

Name: _____
Address: _____
Bequest: _____

Name: _____

Address: _____

Bequest: _____

Name: _____

Address: _____

Bequest: _____

Grandchildren (if any):

Please list below the name and address of each grandchild you wish to be remembered in your Will, together with the specific Personal Item or Asset you wish to pass to such beneficiary: (attach additional pages if needed)

Name: _____

Address: _____

Bequest: _____

Name: _____

Address: _____

Bequest: _____

Name: _____

Address: _____

Bequest: _____

Name: _____

Address: _____

Bequest: _____

Name: _____

Address: _____

Bequest: _____

**FORM D:
ADDITIONAL TRUST INFORMATION SHEET**

REAL ESTATE:

Please provide the addresses and approximate value of any real estate which you and your spouse own:

Property Location	Value
_____	_____
_____	_____
_____	_____
_____	_____

SUCCESSOR TRUSTEE(S):

Please provide your first choice for Successor Trustee and provide the full names of up to three (3) alternate Trustees. (Please note that the Trustee will be responsible to administer your property for the benefit while you are alive—in the event you are unable to do so—and will administer your property for the benefit of your children until they are entitled to receive it) You may elect a corporate trustee, bank or financial institution.

Successor Trustee: _____

- Alternate Trustees: 1) _____
2) _____
3) _____

DISTRIBUTION TO BENEFICIARIES:

Please indicate the age of distribution for your trust. This is the age that the beneficiary(ies) will be entitled to receive his/her/their interest(s) under any trust you create. The age of distribution may be staggered (for example: 1/3 at ages 25, 30, and 35). Please note that if any child is named as Successor Trustee, make sure the child is old enough to receive his/her property before becoming Trustee (ie. It would make little sense to appoint a child as Trustee giving him/her power to manage your entire estate, when in fact he/she is not old enough to receive a share).

Age(s) of Distribution: _____

GENERAL ASSET INFORMATION:

Please provide general information regarding your property and assets, including:

- a. Names, policy numbers, and face value of all life insurance policies insuring you and/or your spouse. Please indicate whether the policies are term or those having cash value.

- b. Full names and account numbers of all retirement plans. This includes qualified plans through employment, pensions—particularly with cash death benefits, individual IRAs, SEP IRAs, stock plans, etc.

- c. Please provide the name, account number and approximate value of all stock, bond, and/or mutual fund accounts. If investments are held in street names under the account of a brokerage firm or money manger, you may merely indicate the name, aggregate value, and number of the account.

- d. Please provide the name, account number and approximate value of any banking accounts (excluding household checking accounts). This would include money market funds, certificates of deposit, credit union accounts, etc.

- e. Please list in detail any other property of significant value. (You may attach additional pages if necessary)

ADDITIONAL DOCUMENTS

LIVING WILL

A "Living Will", also called a "Declaration", is a legal document which authorizes the cessation of death-delaying procedures in the event of an incurable and irreversible injury, disease, or illness of a terminal nature. You authorize your attending physician to terminate death-delaying procedures except for medication, sustenance or other means to provide you comfort care in such event.

Would you like to have a Living Will/Declaration prepared at this time on your behalf?
 Yes No

Do you wish you spouse to be your agent? Yes No

If no, please specify an alternate agent name:

Name: _____

Relationship to you: _____

Address: _____

DECLARATION OF GUARDIAN

In the event that you are incapacitated to the extent that a Guardian is necessary to manage your personal and/or financial affairs, a "Designation of Guardian" is a legal document which will act as your authority to a designated individual to act on your behalf, subject to court approval. The "Designation of Guardian" should nominate someone that you trust implicitly to manage your personal and/or financial matters for you during the time of your incapacity. A "Designation of Guardian" may be revoked by you at any time by simply destroying the document or by changing the designation.

Would you like to have a Designation of Guardian prepared at this time on your behalf?
 Yes No

If so, please provide the following information:

Name of Designee: _____

Relationship to you: _____

Address: _____

DURABLE POWER OF ATTORNEY FOR PROPERTY

The Durable Power of Attorney for Property can be used to transfer assets into a trust which were not transferred prior to your disability, and can be an effective tool to avoid probate. Regarding the preparation, please provide the name of your agent and up to three (3) successors. Frequently, the Power of Attorney selections are the same as your elected Trustee(s)/Executor(s).

Durable Power: _____
Alternate Power: 1) _____
 2) _____
 3) _____
