CAMERON J FOSTER LAW & KIETA LAW LLC

New Client Estate Plan Questionnaire: Married Couple with Adult Children

Family Information: Husband's Full Name: Wife's Full Name: Current Address: Child 1's Full Name: Child 1's Current Address: Child 2's Full Name: Child 2's Full Name: Child 3's Current Address: Child 3's Current Address: Real Estate:

Do you own a home? (Y/N). If yes please list the address below.

Is the home titled to both of you as a couple or either of you individually?

What year was the home purchased?

Do you own any other real estate or partial interest in real estate other than mentioned above? (Y/N). If yes please list addresses below:

Financial Assets (if you own or hold an interest in any of the following, please check the boand briefly describe in the space below):	ЭX	
Personal Bank Accounts		
Business Accounts		
Investment Accounts		
Retirement Accounts		
Annuities		
Life Insurance Policies		
Other		
Miscellaneous Questions:		
Do you believe that the total value of your estate exceeds, or will exceed within your lifetime, the state or federal estate tax threshold? (Illinois: \$8M, Federal: \$28M)		
Do you currently have a will or a trust?		
Do you have any special items that you would like to see left to specific individuals? (ex: baseball card collection, family wedding rings):		

After both of you are deceased, do you want your estate distributed evenly amongst your children?

Do you have any concerns about either of your children inheriting outright? (ex: They'll spend it all right away, they need protection from creditors, etc.)

Is there anyone who will have a potential claim on your estate property who you wish to disinherit?

Powers of Attorney: In the event that either of you are deemed incapable of making decisions regarding your healthcare or property due to mental or physical incapacity, please list the names of three individuals who you would trust to make such decisions on your behalf. **Note:** it is perfectly fine, though not required, to list each other as your primary decision makers.

Husband: Property Power of Attorney (individual named would have the power to pay bills on your behalf, close accounts, etc.):

Individual #1 Name:

Address:

Individual #2 Name:

Address:

Individual #3 Name:

Address:

Husband: Medical Power of Attorney (individual named would have the power to make medical decisions on your behalf):

Individual #1 Name:

Address:

Individual #2 Name:

Address:

Individual #3 Name:

Address:

Wife: Property Power of Attorney (individual named would have the power to pay bills on your behalf, close accounts, etc.):

	Individual #1 Name:
	Address:
	Individual #2 Name:
	Address:
	Individual #3 Name: Address:
Wife: Medical Power of Attorney (individual named would have the power to make medical decisions on your behalf):	
	Individual #1 Name:
	Address:
	Individual #2 Name:
	Address:
	Individual #3 Name:
	Address: