

**KISELSTEIN FRANCKOWIAK LAW GROUP**

Estate Planning Attorneys

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*"for your peace of mind"*

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**ESTATE PLANNING EXISTING 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 \_\_\_\_\_

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 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## CHILDREN

*Please provide the full legal names of your children. Indicate the parent of each child by marking "JT" if both spouses are the parents, or the initials of the parent. Indicate if any special needs or concerns.*

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Parent \_\_\_\_\_ Birth Date \_\_\_\_\_  
Special Concerns \_\_\_\_\_  
Ages of Grandchildren \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Parent \_\_\_\_\_ Birth Date \_\_\_\_\_  
Special Concerns \_\_\_\_\_  
Ages of Grandchildren \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Parent \_\_\_\_\_ Birth Date \_\_\_\_\_  
Special Concerns \_\_\_\_\_  
Ages of Grandchildren \_\_\_\_\_

4. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Parent \_\_\_\_\_ Birth Date \_\_\_\_\_  
Special Concerns \_\_\_\_\_  
Ages of Grandchildren \_\_\_\_\_

5. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Parent \_\_\_\_\_ Birth Date \_\_\_\_\_  
Special Concerns \_\_\_\_\_  
Ages of Grandchildren \_\_\_\_\_

6. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Parent \_\_\_\_\_ Birth Date \_\_\_\_\_  
Special Concerns \_\_\_\_\_  
Ages of Grandchildren \_\_\_\_\_

Are you or your spouse receiving Social Security, disability, or other governmental benefits?  Yes  No  
*If Yes, please describe:* \_\_\_\_\_

Are you expecting to receive any inheritances?  Yes  No Approximate Amount \$ \_\_\_\_\_  
*If Yes, from whom:* \_\_\_\_\_

Has any beneficiary married or divorced and changed his or her last name?  Yes  No  
*If Yes, please describe:* \_\_\_\_\_

Has any beneficiary moved in the last three (3) years? If so, please indicate whom and to what address below (if not indicated on page 2):  
*Name and Address:* \_\_\_\_\_  
\_\_\_\_\_

Has any beneficiary died in the last three (3) years? If so, please indicate whom below:  
*Name:* \_\_\_\_\_  
\_\_\_\_\_

Have any additional beneficiaries been born to a family member? If so, please indicate to whom and his/her name(s):  
\_\_\_\_\_  
\_\_\_\_\_

Do you wish to have any children or grandchildren specifically omitted from the distribution of your estate plan after your death?  Yes  No  
*If Yes, please name:* \_\_\_\_\_

Do any of your children or grandchildren have a disability which has made them recipients of government benefits program?  Yes  No  
*If Yes, please describe:* \_\_\_\_\_

Do any children or grandchildren have special educational, medical or physical needs?  Yes  No  
*If Yes, please describe:* \_\_\_\_\_

Do you provide primary or financial support to adult children or others?  Yes  No

Do you wish to make any changes to your Successor Trustees, Executors, or agents named in your Powers of Attorney? If so, what changes do you wish to make? \_\_\_\_\_  
\_\_\_\_\_

Do you wish to make any changes to your list of beneficiaries or the amount or size of your estate, that a beneficiary will receive? If so, what changes do you wish to make? (Attach additional page if needed)  
\_\_\_\_\_  
\_\_\_\_\_

Are you interested in including any charitable gifts in your estate plan?  Yes  No  
*If Yes, do you have any specific charities in mind?* \_\_\_\_\_  
\_\_\_\_\_

Have you refinanced your home since your last meeting with us?  Yes  No

Is your home currently titled in the name of your Trust?  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 which 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.

<b>ASSETS</b>	<b>OWNED BY YOUR TRUST</b>	<b>OWNED BY SPOUSE'S TRUST</b>	<b>OWNED BY YOU OR SPOUSE (Individually) (Indicate owner)</b>
<b>Real Estate</b>			
1. Residence	\$	\$	\$
2. Other	\$	\$	\$
3. Other	\$	\$	\$
<b>Securities (not held in IRA or Retirement Plan)</b>			
Publicly Traded Stocks	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Non-Public Stock	\$	\$	\$
Bonds	\$	\$	\$
Mutual Funds	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
<b>Cash, Bank Accounts &amp; Certificates of Deposit</b>			
Money Market Funds	\$	\$	\$
	\$	\$	\$

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

<b>LIABILITIES</b>	<b>OWED BY YOURSELF</b>	<b>OWED BY SPOUSE</b>	<b>OWED JOINTLY</b>
<b>Mortgages Payable</b>			
Address:	\$	\$	\$
Address:	\$	\$	\$
Address:	\$	\$	\$
<b>Outstanding Loans</b>			
Describe:	\$	\$	\$
Describe:	\$	\$	\$
<b>Other</b>			
Describe:	\$	\$	\$
Describe:	\$	\$	\$
<b>TOTAL LIABILITIES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**NET VALUE OF ESTATE**

	<b>YOUR TRUST</b>	<b>SPOUSE'S TRUST</b>	<b>INDIVIDUAL NAMES</b>
<b>TOTAL ASSETS</b> <i>(from bottom of page 5)</i>	\$	\$	\$
<b>TOTAL LIABILITIES</b> <i>(from above)</i>	\$	\$	\$
<b>NET ESTATE</b>	\$	\$	\$

**SOURCES OF INCOME**

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

**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 \_\_\_\_\_

**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)