



ESTATE & BUSINESS LAW GROUP^{PC}

PERSONAL INFORMATION LEGACY PLANNING GUIDE

The purpose of this Personal Information - Legacy Planning Guide is to help you begin to organize your estate, and to help you start thinking about your legacy. This information will provide us with the important details necessary to properly counsel you regarding the estate planning techniques appropriate for you and your family.

If you have any questions, please call our Client Services Director, Mary, at (847) 367-4460.

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FAMILY INFORMATION

You ("S1")

First Name: _____

Middle Name: _____

Last Name: _____

Birth Date: ____/____/____

SSN: _____--____--_____

Employer: _____

Occupation: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail: _____

Date of Marriage: ____/____/____

Any Prior Marriages? Yes No

U.S. Citizen? Yes No

Military Service? Yes No

If yes, branch and service dates:

Your Spouse ("S2")

First Name: _____

Middle Name: _____

Last Name: _____

Birth Date: ____/____/____

SSN: _____--____--_____

Employer: _____

Occupation: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail: _____

Date of Marriage: ____/____/____

Any Prior Marriages? Yes No

U.S. Citizen? Yes No

Military Service? Yes No

If yes, branch and service dates:

Home Address:

Street *City* *State* *Zip*

Alternate Address:

Street *City* *State* *Zip*

FAMILY INFORMATION (Continued)

Children/Descendants: Include any additional information in the NOTES section below.

1st Child's Name: _____
First Middle Last

U.S. Citizen? Yes No

Address: _____

Married. Spouse's Name: _____

Children. Names and Ages: _____

Check all that apply:
 Adopted Creditor Issues
 Deceased Special Needs
Child of: Joint S1 S2
Birthday: ____/____/____

2nd Child's Name: _____
First Middle Last

U.S. Citizen? Yes No

Address: _____

Married. Spouse's Name: _____

Children. Names and Ages: _____

Check all that apply:
 Adopted Creditor Issues
 Deceased Special Needs
Child of: Joint S1 S2
Birthday: ____/____/____

3rd Child's Name: _____
First Middle Last

U.S. Citizen? Yes No

Address: _____

Married. Spouse's Name: _____

Children. Names and Ages: _____

Check all that apply:
 Adopted Creditor Issues
 Deceased Special Needs
Child of: Joint S1 S2
Birthday: ____/____/____

4th Child's Name: _____
First Middle Last

U.S. Citizen? Yes No

Address: _____

Married. Spouse's Name: _____

Children. Names and Ages: _____

Check all that apply:
 Adopted Creditor Issues
 Deceased Special Needs
Child of: Joint S1 S2
Birthday: ____/____/____

Other Dependents: Please list any other persons who are dependent upon you.

1st Dependent's Name: _____
First Middle Last

U.S. Citizen? Yes No

Address: _____

Married. Spouse's Name: _____

Children. Names and Ages: _____

Creditors issues
 Special Needs
 Relationship: _____

2nd Dependent's Name: _____
First Middle Last

U.S. Citizen? Yes No

Address: _____

Married. Spouse's Name: _____

Children. Names and Ages: _____

Creditors issues
 Special Needs
 Relationship: _____

GOALS & OBJECTIVES

The purpose of estate planning is to preserve your legacy by controlling, protecting and transferring wealth the way you want.

Please rank each item on a scale of 1 to 5 (5 being the highest):

- _____ Save 100% of the cost of probate on my death.
- _____ Save 100% of the cost of guardianship proceeding for my dependent or myself.
- _____ Eliminate, or reduce, estate taxes at death for myself and my spouse.
- _____ Maintain privacy over my assets and my estate plan.
- _____ Consider special planning concerns, because I (or my spouse) is not a U.S. citizen.
- _____ Preserve my estate for my spouse's use, while saving death and estate taxes.
- _____ Protect a surviving spouse's legacy from a bad marriage.
- _____ Provide for asset management for my beneficiaries.
- _____ Protect my child's inheritance from a failed marriage or creditor.
- _____ Protect my children's inheritance if my spouse chooses to remarry after my death.
- _____ Plan for a child with disabilities or special needs.
- _____ Plan for my children from a previous marriage.
- _____ Disinherit one or more of my children or other family members.
- _____ Plan for my grandchildren directly.
- _____ Plan for a handicapped person or elderly person.
- _____ Plan for my/our long-term care.
- _____ Plan to continue my business.
- _____ Plan to save 100% of the estate tax on life insurance.
- _____ Plan to maintain adequate resources for retirement years.
- _____ Provide for charitable giving.
- _____ Include special instructions for carrying on my family and/or special situations.
- _____ Leave a legacy.

IMPORTANT QUESTIONS

	<u>YES</u>	<u>NO</u>
Do you or your spouse have an existing will or trust? (If yes, please provide copies)	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your assets legally held by, or payable to, your trust?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your children receive government benefits because of a disability?	<input type="checkbox"/>	<input type="checkbox"/>
Have you signed a pre-/post- marital agreement? (If yes, please provide copies)	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any obligations under a prior divorce agreement? (i.e. child support)	<input type="checkbox"/>	<input type="checkbox"/>
Are you/your spouse enrolled in the VA system?	<input type="checkbox"/>	<input type="checkbox"/>
Have you made any substantial gifts in the past? (Please explain)	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "YES" to any of these questions or have any special concerns, please share any details that you think would be helpful below:

Executor/Trustee/Power or Attorney for Property: Other than your spouse (if any), who are you considering leaving in charge of your estate if you are disabled or deceased?

1st Name: _____ Relationship: _____
2nd Name: _____ Relationship: _____

Health Care: Other than your spouse (if any), who are you considering appointing as the person to make healthcare decisions for you in the event you cannot?

1st Name: _____ Relationship: _____
2nd Name: _____ Relationship: _____

Guardian: If any of your children or dependents are under the age of 18, who are you considering appointing as their guardian?

1st Name: _____ Relationship: _____
2nd Name: _____ Relationship: _____

Who do you want to benefit from your estate:

My Professional Advisors:

Accountant: _____ Phone: _____

Financial Advisor: _____ Phone: _____

Stock Broker: _____ Phone: _____

Life Insurance Agent: _____ Phone: _____

Banker: _____ Phone: _____

My Assets: The following pages of this Personal Information- Legacy Planning Guide will allow you to gather and organize the assets that make up your estate. Please complete this section as thoroughly as possible, as this information will help guide us determining the most appropriate plan for your specific needs. Please complete the following sections to the extent you own such assets:

- 1) Bank/Cash Accounts
- 2) Taxable Investment Accounts (non-IRA or 401(k))
- 3) Stocks/Bonds NOT Held in an Account (You hold the certificate)
- 4) Retirement Plans/IRAs/401(k)
- 5) Life Insurance/Annuities
- 6) Real Property (Land)
- 7) Personal Effects & Other Assets
- 8) Business Interests

Bank/Cash Accounts

Name of Bank	Account Type	Ownership	Est. Balance
_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint (S1&S2) <input type="checkbox"/> Joint (Other) <input type="checkbox"/> Trust	\$ _____
Account # _____	_____	_____	_____
_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint (S1&S2) <input type="checkbox"/> Joint (Other) <input type="checkbox"/> Trust	\$ _____
Account # _____	_____	_____	_____
_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint (S1&S2) <input type="checkbox"/> Joint (Other) <input type="checkbox"/> Trust	\$ _____
Account # _____	_____	_____	_____
_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint (S1&S2) <input type="checkbox"/> Joint (Other) <input type="checkbox"/> Trust	\$ _____
Account # _____	_____	_____	_____

Taxable Investment Accounts (non-IRA or 401(k))

Name of Financial Institution	Account Type	Ownership	Est. Balance
_____	<input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Options <input type="checkbox"/> Derivatives <input type="checkbox"/> Partnerships	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint (S1&S2) <input type="checkbox"/> Joint (Other) <input type="checkbox"/> Trust	\$ _____
Account # _____	_____	_____	_____
_____	<input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Options <input type="checkbox"/> Derivatives <input type="checkbox"/> Partnerships	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint (S1&S2) <input type="checkbox"/> Joint (Other) <input type="checkbox"/> Trust	\$ _____
Account # _____	_____	_____	_____
_____	<input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Options <input type="checkbox"/> Derivatives <input type="checkbox"/> Partnerships	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint (S1&S2) <input type="checkbox"/> Joint (Other) <input type="checkbox"/> Trust	\$ _____
Account # _____	_____	_____	_____
_____	<input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Options <input type="checkbox"/> Derivatives <input type="checkbox"/> Partnerships	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint (S1&S2) <input type="checkbox"/> Joint (Other) <input type="checkbox"/> Trust	\$ _____
Account # _____	_____	_____	_____

Stocks/Bonds NOT Held in an Investment Account

Company Name	# of Shares	Ownership	Est. Value
_____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint (S1&S2) <input type="checkbox"/> Joint (Other) <input type="checkbox"/> Trust	\$ _____
_____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint (S1&S2) <input type="checkbox"/> Joint (Other) <input type="checkbox"/> Trust	\$ _____
_____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint (S1&S2) <input type="checkbox"/> Joint (Other) <input type="checkbox"/> Trust	\$ _____
_____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint (S1&S2) <input type="checkbox"/> Joint (Other) <input type="checkbox"/> Trust	\$ _____

Retirement Plans/IRAs/401(k)

Name of Financial Institution	Account Type	Ownership	Est. Balance
_____	<input type="checkbox"/> Pension <input type="checkbox"/> 401(k) <input type="checkbox"/> IRA/SEP <input type="checkbox"/> Profit Sh. <input type="checkbox"/> Keogh	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint (S1&S2) <input type="checkbox"/> Joint (Other) <input type="checkbox"/> Trust	\$ _____
Account # _____	<input type="checkbox"/> Pension <input type="checkbox"/> 401(k) <input type="checkbox"/> IRA/SEP <input type="checkbox"/> Profit Sh. <input type="checkbox"/> Keogh	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint (S1&S2) <input type="checkbox"/> Joint (Other) <input type="checkbox"/> Trust	\$ _____
_____	<input type="checkbox"/> Pension <input type="checkbox"/> 401(k) <input type="checkbox"/> IRA/SEP <input type="checkbox"/> Profit Sh. <input type="checkbox"/> Keogh	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint (S1&S2) <input type="checkbox"/> Joint (Other) <input type="checkbox"/> Trust	\$ _____
Account # _____	<input type="checkbox"/> Pension <input type="checkbox"/> 401(k) <input type="checkbox"/> IRA/SEP <input type="checkbox"/> Profit Sh. <input type="checkbox"/> Keogh	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint (S1&S2) <input type="checkbox"/> Joint (Other) <input type="checkbox"/> Trust	\$ _____

Life Insurance/Annuities

Name of Company	Insured	Ownership	Est. Value
_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Other: Name: _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint (S1&S2) <input type="checkbox"/> Joint (Other) <input type="checkbox"/> Trust	Face Value: _____ Cash Value: _____ \$ _____
Policy # _____ Type: <input type="checkbox"/> Permanent <input type="checkbox"/> Term	_____	_____	_____
_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Other: Name: _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint (S1&S2) <input type="checkbox"/> Joint (Other) <input type="checkbox"/> Trust	Face Value: _____ Cash Value: _____ \$ _____
Policy # _____ Type: <input type="checkbox"/> Permanent <input type="checkbox"/> Term	_____	_____	_____
_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Other: Name: _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint (S1&S2) <input type="checkbox"/> Joint (Other) <input type="checkbox"/> Trust	Face Value: _____ Cash Value: _____ \$ _____
Policy # _____ Type: <input type="checkbox"/> Permanent <input type="checkbox"/> Term	_____	_____	_____
_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Other: Name: _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint (S1&S2) <input type="checkbox"/> Joint (Other) <input type="checkbox"/> Trust	Face Value: _____ Cash Value: _____ \$ _____
Policy # _____ Type: <input type="checkbox"/> Permanent <input type="checkbox"/> Term	_____	_____	_____

Real Property (Land)

Type	Ownership	Est. Value
Address: _____		
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary (Vacation) Residence <input type="checkbox"/> Vacant Land/Investment Property <input type="checkbox"/> Rental Property <input type="checkbox"/> Time Share	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint (S1&S2) <input type="checkbox"/> Joint (Other) <input type="checkbox"/> Trust/Land Trust <input type="checkbox"/> Entity: Name: _____	Mortgage: _____ Fair Market Value: _____ \$ _____
Address: _____		
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary (Vacation) Residence <input type="checkbox"/> Vacant Land/Investment Property <input type="checkbox"/> Rental Property <input type="checkbox"/> Time Share	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint (S1&S2) <input type="checkbox"/> Joint (Other) <input type="checkbox"/> Trust/Land Trust <input type="checkbox"/> Entity: Name: _____	Mortgage: _____ Fair Market Value: _____ \$ _____
Address: _____		
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary (Vacation) Residence <input type="checkbox"/> Vacant Land/Investment Property <input type="checkbox"/> Rental Property <input type="checkbox"/> Time Share	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Joint (S1&S2) <input type="checkbox"/> Joint (Other) <input type="checkbox"/> Trust/Land Trust <input type="checkbox"/> Entity: Name: _____	Mortgage: _____ Fair Market Value: _____ \$ _____

Personal Effects & Other Assets

Personal items such as motor vehicles, boats, jewelry, collections, antiques, artwork, and all other valuable non-business personal property, if valued at over \$2,000.

Description	Ownership	Loan Amount	Est. Value
_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2		
_____	<input type="checkbox"/> Joint (S1&S2)		
_____	<input type="checkbox"/> Joint (Other)		
_____	<input type="checkbox"/> Trust	\$ _____	\$ _____
_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2		
_____	<input type="checkbox"/> Joint (S1&S2)		
_____	<input type="checkbox"/> Joint (Other)		
_____	<input type="checkbox"/> Trust	\$ _____	\$ _____
_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2		
_____	<input type="checkbox"/> Joint (S1&S2)		
_____	<input type="checkbox"/> Joint (Other)		
_____	<input type="checkbox"/> Trust	\$ _____	\$ _____
_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2		
_____	<input type="checkbox"/> Joint (S1&S2)		
_____	<input type="checkbox"/> Joint (Other)		
_____	<input type="checkbox"/> Trust	\$ _____	\$ _____

NOTES: Please use the space below to add any additional information you feel is relevant, or if there was not sufficient space in any fields above:

Attachment Checklist: Please make sure you have provided us the following documents:

- Copies of current wills and trusts
- Copies of powers of attorney (property & healthcare)
- Copies of all premarital agreements and/or divorce Decrees
- Copies of deeds to real estate
- Copies of your latest financial account statements
- Copies of corporate records

*** If you own a business, please complete the following Business Interest section. Please report any assets owned by the business below.**

Confidentiality & Attorney-Client Relationship: All information submitted to the Estate & Business Law Group, PC will be kept confidential, regardless of whether you engage us to prepare your estate plan or not. The completion of this Personal Information–Legacy Planning Guide and its submission to the Estate & Business Law Group, PC, however, does not create an attorney-client relationship. An attorney-client relationship will only be established upon the execution of a fee agreement by you and the Estate & Business Law Group, PC for the provision of estate and/or planning services.

Business Interests

Business Name: _____

Type:	Ownership:	Percentage Owned: _____
<input type="checkbox"/> Corporation	<input type="checkbox"/> S1 <input type="checkbox"/> S2	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Joint (S1&S2)	# of Owners: _____
<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint (Other)	
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Trust	Est. Value: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Business	

My business is:

manufacturing distributor wholesaler service holding co.

Industry: _____

Special licenses: _____

Describe business: _____

My business' market:

Biggest Competitor: _____ Greatest Strength: _____

Greatest Weakness: _____ Biggest Opportunities: _____

Biggest Threat: _____

My business finances:

Avg. Revenue \$ _____ Avg. Expenses \$ _____ Assets \$ _____ Debt: \$ _____

Debt: Line of Credit SBA loan Alternative Financing/Private Equity

My business taxes are:

Too high. Way too high. Do you engage in planning to lower taxes? Yes No

I am concerned about:

- | | | |
|--|--|---|
| <input type="checkbox"/> Being sued | <input type="checkbox"/> Losing business | <input type="checkbox"/> Going out of business |
| <input type="checkbox"/> Growing too fast | <input type="checkbox"/> Not growing enough | <input type="checkbox"/> Cash flow <input type="checkbox"/> Contingency Planning |
| <input type="checkbox"/> Quality workforce | <input type="checkbox"/> Political uncertainty | <input type="checkbox"/> Regulations <input type="checkbox"/> Succession Planning |

If I left for 2 weeks, my business would:

maintain itself suffer thrive Why?: _____

If I left for 2 months, my business would:

maintain itself suffer thrive Why?: _____

My business has (check all that apply):

- A Buy/Sell Agreement A Shareholders Agreement An Operating Agreement
- A Partnership Agreement Disagreements between owners
- Key Employees Employment Agreements Employee Handbook
- Non-Compete Agreements Employment discrimination concerns
- Employee Health Insurance Employee 401(k)/profit sharing
- Supply agreements w/ customers Long term supply agreements w/ customers
- Purchase agreements with suppliers Long term supply agreements
- Logos Inventions Copyright/Trademark Materials

Substantial assets owned by my business: