



# **ESTATE & BUSINESS LAW GROUP<sup>PC</sup>**

## **ESTATE ADMINISTRATION PLANNING GUIDE**

The purpose of this Estate Administration Planning Guide is to help you begin to organize your loved one's estate. This information will provide us with the important details necessary to properly counsel you regarding the estate administration process.

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

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# FAMILY INFORMATION

## Decedent ("D")

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: \_\_\_\_\_

## Surviving Spouse ("SS") NONE

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.

**1<sup>st</sup> 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 ☐ D

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

**2<sup>nd</sup> 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 ☐ D

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

**3<sup>rd</sup> 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 ☐ D

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

**4<sup>th</sup> 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 ☐ D

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**1<sup>st</sup> Dependent's Name:**

\_\_\_\_\_  
First Middle Last

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Creditors issues

☐ Special Needs

Relationship: \_\_\_\_\_

**2<sup>nd</sup> Dependent's Name:**

\_\_\_\_\_  
First Middle Last

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Creditors issues

☐ Special Needs

Relationship: \_\_\_\_\_

## IMPORTANT QUESTIONS

	<u>YES</u>	<u>NO</u>
Did the decedent have an existing will or trust? (If yes, please provide copies)	<input type="checkbox"/>	<input type="checkbox"/>
Are any of the decedent's assets legally held by, or payable to, your trust?	<input type="checkbox"/>	<input type="checkbox"/>
Do any heirs receive government benefits because of a disability?	<input type="checkbox"/>	<input type="checkbox"/>
Any pre-/post- marital agreement? (If yes, please provide copies)	<input type="checkbox"/>	<input type="checkbox"/>
Any obligations under a prior divorce agreement? (i.e. child support)	<input type="checkbox"/>	<input type="checkbox"/>
Was decedent enrolled in the VA system?	<input type="checkbox"/>	<input type="checkbox"/>
Did decedent make 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:

### Decedent's Professional Advisors:

Accountant: \_\_\_\_\_ Phone: \_\_\_\_\_

Financial Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Stock Broker: \_\_\_\_\_ Phone: \_\_\_\_\_

Life Insurance Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Banker: \_\_\_\_\_ Phone: \_\_\_\_\_

**Assets:** The following pages of this Estate Administration Planning Guide will allow you to gather and organize the assets that make up the decedent's estate. Please complete this section as thoroughly as possible, as this information will help guide us determining the most appropriate plan for the estate.

- 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"/> D <input type="checkbox"/> SS <input type="checkbox"/> Joint (D&SS) <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"/> D <input type="checkbox"/> SS <input type="checkbox"/> Joint (D&SS) <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"/> D <input type="checkbox"/> SS <input type="checkbox"/> Joint (D&SS) <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"/> D <input type="checkbox"/> SS <input type="checkbox"/> Joint (D&SS) <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"/> D <input type="checkbox"/> SS <input type="checkbox"/> Joint (D&SS) <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"/> D <input type="checkbox"/> SS <input type="checkbox"/> Joint (D&SS) <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"/> D <input type="checkbox"/> SS <input type="checkbox"/> Joint (D&SS) <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"/> D <input type="checkbox"/> SS <input type="checkbox"/> Joint (D&SS) <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"/> D <input type="checkbox"/> SS <input type="checkbox"/> Joint (D&SS) <input type="checkbox"/> Joint (Other) <input type="checkbox"/> Trust	\$ _____
_____	_____	<input type="checkbox"/> D <input type="checkbox"/> SS <input type="checkbox"/> Joint (D&SS) <input type="checkbox"/> Joint (Other) <input type="checkbox"/> Trust	\$ _____
_____	_____	<input type="checkbox"/> D <input type="checkbox"/> SS <input type="checkbox"/> Joint (D&SS) <input type="checkbox"/> Joint (Other) <input type="checkbox"/> Trust	\$ _____
_____	_____	<input type="checkbox"/> D <input type="checkbox"/> SS <input type="checkbox"/> Joint (D&SS) <input type="checkbox"/> Joint (Other) <input type="checkbox"/> Trust	\$ _____

## Retirement Plans/IRAs/401(k)

Name of Financial Institution	Account Type	Ownership	Est. Balance
_____ 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"/> D <input type="checkbox"/> SS <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"/> D <input type="checkbox"/> SS <input type="checkbox"/> Joint (D&SS) <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"/> D <input type="checkbox"/> SS <input type="checkbox"/> Joint (D&SS) <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"/> D <input type="checkbox"/> SS <input type="checkbox"/> Joint (D&SS) <input type="checkbox"/> Joint (Other) <input type="checkbox"/> Trust	\$ _____

## Life Insurance/Annuities

Name of Company	Insured	Ownership	Est. Value
_____	<input type="checkbox"/> D <input type="checkbox"/> SS <input type="checkbox"/> Other: Name: _____	<input type="checkbox"/> D <input type="checkbox"/> SS <input type="checkbox"/> Joint (D&SS) <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"/> D <input type="checkbox"/> SS <input type="checkbox"/> Other: Name: _____	<input type="checkbox"/> D <input type="checkbox"/> SS <input type="checkbox"/> Joint (D&SS) <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"/> D <input type="checkbox"/> SS <input type="checkbox"/> Other: Name: _____	<input type="checkbox"/> D <input type="checkbox"/> SS <input type="checkbox"/> Joint (D&SS) <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"/> D <input type="checkbox"/> SS <input type="checkbox"/> Other: Name: _____	<input type="checkbox"/> D <input type="checkbox"/> SS <input type="checkbox"/> Joint (D&SS) <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"/> D <input type="checkbox"/> SS <input type="checkbox"/> Joint (D&SS) <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"/> D <input type="checkbox"/> SS <input type="checkbox"/> Joint (D&SS) <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"/> D <input type="checkbox"/> SS <input type="checkbox"/> Joint (D&SS) <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.*

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

- Copy of death certificate
- ☐ 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 latest financial account statements
- ☐ Copies of corporate records

**\* If decedent owned 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 Estate Administration 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 administration services.

# Business Interests

**Business Name:** \_\_\_\_\_

Type:

- ☐ Corporation
- ☐ Limited Liability Company
- ☐ Partnership
- ☐ Sole Proprietorship
- ☐ Other: \_\_\_\_\_

Ownership:

- ☐ D ☐ SS
- ☐ Joint (D&SS)
- ☐ Joint (Other)
- ☐ Trust
- ☐ Business

Percentage Owned: \_\_\_\_\_

# of Owners: \_\_\_\_\_

Est. Value: \_\_\_\_\_

**Business is:**

- ☐ manufacturing ☐ distributor ☐ wholesaler ☐ service ☐ holding co.

Industry: \_\_\_\_\_

Special licenses: \_\_\_\_\_

Describe business: