



ESTATE & BUSINESS LAW GROUP^{PC}

LEGACY PLANNING GUIDE

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

Please complete as much of this this guide as possible, and feel free to give us a call at (847) 367-4460 if you have any questions along the way.

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PERSONAL 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

Home Address:

Street *City* *State* *Zip*

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

Please provide us with any other information that would allow us to get to know you better:

FAMILY INFORMATION

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

1st Child:

First Middle Last

Married. Spouse Name: _____

Address: _____

Children. Names and Ages: _____

Adopted Deceased Special Needs

Creditor Issues Non-U.S. Citizen

Child of: Joint S1 S2

Date of Birth: _____

2nd Child:

First Middle Last

Married. Spouse Name: _____

Address: _____

Children. Names and Ages: _____

Adopted Deceased Special Needs

Creditor Issues Non-U.S. Citizen

Child of: Joint S1 S2

Date of Birth: _____

3rd Child:

First Middle Last

Married. Spouse Name: _____

Address: _____

Children. Names and Ages: _____

Adopted Deceased Special Needs

Creditor Issues Non-U.S. Citizen

Child of: Joint S1 S2

Date of Birth: _____

4th Child:

First Middle Last

Married. Spouse Name: _____

Address: _____

Children. Names and Ages: _____

Adopted Deceased Special Needs

Creditor Issues Non-U.S. Citizen

Child of: Joint S1 S2

Date of Birth: _____

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

1st Dependent:

First Middle Last

Date of Birth: _____

Creditors issues

Special Needs

Relationship: _____

2nd Dependent:

First Middle Last

Date of Birth: _____

Creditors issues

Special Needs

Relationship: _____

3rd Dependent:

First Middle Last

Date of Birth: _____

Creditors issues

Special Needs

Relationship: _____

GOALS & OBJECTIVES

Please provide us with some information on your current estate plan, if any.	Yes	No
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"/>
Do 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"/>
Have you made any substantial gifts in the past? (Please explain in Notes below)	<input type="checkbox"/>	<input type="checkbox"/>

Overall Objectives:	Yes	No
Avoid probate court and guardianship proceedings, if possible.	<input type="checkbox"/>	<input type="checkbox"/>
Reduce or eliminate estate taxes.	<input type="checkbox"/>	<input type="checkbox"/>
Maintain privacy over my assets and my estate plan.	<input type="checkbox"/>	<input type="checkbox"/>
Preserve my estate for my spouse.	<input type="checkbox"/>	<input type="checkbox"/>
Protect a surviving spouse's legacy from a failed marriage.	<input type="checkbox"/>	<input type="checkbox"/>
Protect my child's inheritance from a failed marriage or creditor.	<input type="checkbox"/>	<input type="checkbox"/>
Protect my child's inheritance if my spouse chooses to remarry after my death.	<input type="checkbox"/>	<input type="checkbox"/>
Plan for a child with disabilities or special needs.	<input type="checkbox"/>	<input type="checkbox"/>
Plan for my children from a previous marriage.	<input type="checkbox"/>	<input type="checkbox"/>
Plan for Non-U.S. citizens.	<input type="checkbox"/>	<input type="checkbox"/>
Disinherit one or more of my children or other family members.	<input type="checkbox"/>	<input type="checkbox"/>
Plan for a handicapped person or elderly person.	<input type="checkbox"/>	<input type="checkbox"/>
Plan for my/our long-term care.	<input type="checkbox"/>	<input type="checkbox"/>
Plan to continue my business.	<input type="checkbox"/>	<input type="checkbox"/>

Who do you want to benefit from your estate? Write down your thoughts regarding to whom, and in what manner, your estate should benefit (i.e. child, grandchildren, friends, charity, etc.).

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.

ROLES & RESPONSIBILITIES

In this section, write down your thoughts regarding who you may want to name to various important roles within your estate plan. Ideally, you will want at least one or two backups named. In our meeting we will discuss these roles and responsibilities in more detail, and you can always change your mind after you have had a chance to discuss these roles in detail with the attorney.

Executor/Trustee: Other than your spouse (if any), who are you considering leaving in charge of your estate after your death?

First Backup:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Second Backup:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Power of Attorney for Property: Other than your spouse (if any), who are you considering leaving in charge of your estate if you are alive but incapacitated?

First Backup:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Second Backup:

Name: _____ Relationship: _____

Address: _____ Phone: _____

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 make them for yourself?

First Backup:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Second Backup:

Name: _____ Relationship: _____

Address: _____ Phone: _____

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

First Backup:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Second Backup:

Name: _____ Relationship: _____

Address: _____ Phone: _____

FINANCIAL INFORMATION

My Professional Advisors:

Having your other professional advisors will be critical in facilitating the implementation of your estate plan. Please provide us with your advisors' names and phone numbers.

Accountant: _____ Phone: _____

Financial Advisor: _____ Phone: _____

Life Insurance Advisor: _____ Phone: _____

Banker: _____ Phone: _____

My Assets:

This section 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 us determine the most appropriate plan for your specific needs. In this section, you will complete information regarding your Bank/Cash Accounts, Taxable Investment Accounts, Stocks/Bonds Not Held in an Investment Account, Retirement Accounts, Real Property, Personal Property and Business Interests. Please complete the following sections to the extent you own such assets.

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	\$ _____
<i>Last 4 digits of Account #</i> _____			
_____	<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	\$ _____
<i>Last 4 digits of Account #</i> _____			
_____	<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	\$ _____
<i>Last 4 digits of Account #</i> _____			
_____	<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	\$ _____
<i>Last 4 digits of Account #</i> _____			

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	\$ _____
<i>Last 4 digits of Account #</i> _____			
_____	<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	\$ _____
<i>Last 4 digits of Account #</i> _____			
_____	<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	\$ _____
<i>Last 4 digits of Account #</i> _____			
_____	<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	\$ _____
<i>Last 4 digits of Account #</i> _____			
_____	<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	\$ _____
<i>Last 4 digits of Account #</i> _____			

Stocks/Bonds NOT Held in an Investment Account

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

Retirement Plans/IRAs/401(k)

Name of Financial Institution	Account Type	Ownership	Est. Balance
_____	<input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> 401(k)	<input type="checkbox"/> S1 <input type="checkbox"/> S2	
Last 4 digits of Account # _____	<input type="checkbox"/> Other: _____		\$ _____
_____	<input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> 401(k)	<input type="checkbox"/> S1 <input type="checkbox"/> S2	
Last 4 digits of Account # _____	<input type="checkbox"/> Other: _____		\$ _____
_____	<input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> 401(k)	<input type="checkbox"/> S1 <input type="checkbox"/> S2	
Last 4 digits of Account # _____	<input type="checkbox"/> Other: _____		\$ _____
_____	<input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> 401(k)	<input type="checkbox"/> S1 <input type="checkbox"/> S2	
Last 4 digits of Account # _____	<input type="checkbox"/> Other: _____		\$ _____
_____	<input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> 401(k)	<input type="checkbox"/> S1 <input type="checkbox"/> S2	
Last 4 digits of Account # _____	<input type="checkbox"/> Other: _____		\$ _____
_____	<input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> 401(k)	<input type="checkbox"/> S1 <input type="checkbox"/> S2	
Last 4 digits of Account # _____	<input type="checkbox"/> Other: _____		\$ _____

Life Insurance/Annuities

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

Real Estate

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

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	Est. Value
_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	\$ _____
_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	\$ _____
_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	\$ _____
_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	\$ _____
_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	\$ _____
_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	\$ _____
_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	\$ _____
_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	\$ _____
_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	\$ _____

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:

Being sued Losing business Going out of business
 Growing too fast Not growing enough Cash flow Contingency Planning
 Quality workforce Political uncertainty Regulations 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:

WRAPPING UP

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

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

Confidentiality & Attorney-Client Relationship: Except as provided below regarding unsecure methods of communication, all information submitted to the ESTATE & BUSINESS LAW GROUP^{PC} (the “firm”) will be kept confidential, regardless of whether you engage the firm to prepare your estate plan or not. The completion of this Legacy Planning Guide and its submission to the firm, however, does not create an attorney-client relationship. An attorney-client relationship will only be established upon the execution of a representation agreement by you and the firm for the provision of estate and/or planning services.

Unsecure Communications. Communications by e-mail, audio-video communication, fax machine, cell phone, or other similar devices or platforms are inherently unsecure and such communications may be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties. As a result, if you choose to communicate with the firm or authorize the firm to communicate with you using e-mail, audio-video communication, fax machine, cell phone, or other similar device or platform, the firm cannot guarantee that confidential information will not inadvertently be disclosed using such unsecure communications. You acknowledge, however, that by furnishing the firm with an e-mail address, fax number, cell phone, username or handle, or appear on audio-video communication, you authorize the firm to communicate with you using this mode of communication notwithstanding the inherent confidentiality and security risks.

Acknowledgement. By submitting this Legacy Planning Guide to the firm, you acknowledge having read and understand the important disclosures above regarding Confidentiality & Attorney-Client Relationship and Unsecure Communications. Additionally, by submitting this Legacy Planning Guide to the firm, you acknowledge that you have completed this form to the best of your ability, understanding that the firm will rely on this information in any discussions with you regarding your estate planning. A failure to adequately disclose all of your assets, as well as providing the firm with an adequate value of such assets, may result in improper or inadequate planning.

YOU'RE DONE!

Please submit this Legacy Planning Guide to us to schedule your initial consultation