

DATE COMPLETED \_\_\_\_\_

**ESTATE PLANNING QUESTIONNAIRE**

*We use this questionnaire to get a general understanding of your situation so that we can better advise you on your estate planning needs. Please be as complete as possible when answering this questionnaire. If any of the requested information does not apply or is not readily available, leave those sections blank. Feel free to attach any additional information you would like to provide us.*

(Client 1) Full Legal Name \_\_\_\_\_

Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_

Home telephone \_\_\_\_\_ Business telephone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Employer Name \_\_\_\_\_

Business address \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No If not, country of citizenship \_\_\_\_\_

If Married: Date of Marriage \_\_\_\_\_  Divorced  Widowed  Single

If Veteran: Dates of Service \_\_\_\_\_  Active Duty  Reserve Duty

(Client 2, if applicable) Spouse/Partner's Full Legal Name \_\_\_\_\_

Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_

Home telephone \_\_\_\_\_ Business telephone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Employer Name \_\_\_\_\_

Business address \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No If not, country of citizenship \_\_\_\_\_

If Married: Date of Marriage \_\_\_\_\_  Divorced  Widowed  Single

If Veteran: Dates of Service \_\_\_\_\_  Active Duty  Reserve Duty

**DOCUMENTS CURRENTLY EXECUTED OR FILED**

(Please provide us with a copy)

Existing wills	(C1)	(C2)
	<input type="checkbox"/>	<input type="checkbox"/>
Revocable trusts / Living trusts	<input type="checkbox"/>	<input type="checkbox"/>
Health care power of attorney	<input type="checkbox"/>	<input type="checkbox"/>
Living wills and other medical directives	<input type="checkbox"/>	<input type="checkbox"/>
Property power of attorney	<input type="checkbox"/>	<input type="checkbox"/>
Gift tax returns filed by either client	<input type="checkbox"/>	<input type="checkbox"/>
Buy / sell or stock redemption agreements	<input type="checkbox"/>	<input type="checkbox"/>
Other trust instruments	<input type="checkbox"/>	<input type="checkbox"/>
Name of each trust: _____		
_____		
_____		
_____		

	(C1)	(C2)
Pre- or postnuptial agreements, separation agreements and divorce decrees	<input type="checkbox"/>	<input type="checkbox"/>
(If 'yes', please provide copies if there is any continuing obligations to your ex-spouse.)		

**CHILDREN OR OTHER DEPENDENTS**

*(Use full legal name. Use "JT" if both are the parents. If only one is the parent, indicate who by name. Use "A" if the child has been legally adopted - indicating adopted by whom).*

Name	Parent(s)	Birth date	Address	Relationship (if other dependent)

**GRANDCHILDREN**

*(Use full legal name and indicate which child of yours is the parent)*

Name	Parent(s)	Birth date

**ADVISORS**

**Name**

**Telephone**

Attorney \_\_\_\_\_

Accountant \_\_\_\_\_

Financial Advisor \_\_\_\_\_

Primary personal banker \_\_\_\_\_

Life Insurance Agent \_\_\_\_\_

Stock Broker \_\_\_\_\_

Do you authorize SLG to speak with your Financial Advisors/Accountants?       Yes     No

## CASH ACCOUNTS

Types of Accounts: Checking Account (“CA”), Savings Account (“SA”), Certificate of Deposit (“CD”), Money Market (“MM”) (*indicate type below*).

When indicating ownership, JTT = Joint With Third Party (Named), TC = Tenants In Common, TCT = Tenants In Common With Third Party (Named), CP = Community Property

Name of Institution	Account Number	Type of Account	Form of Ownership and With Whom	Value

**Total** \_\_\_\_\_

Note: If Account is in your name for the benefit of a minor, please specify and give minor’s name.

## INVESTMENT ACCOUNTS

TYPE: Investment “I”, cash management “CM”, or other account that is in a street name (*indicate type below*). Include securities held by stock brokerage or other institutions. Include securities held by stock brokerage or other institutions.

Name of Brokerage Firm	Account Number	Type	Owner	Amount

**Total** \_\_\_\_\_

**STOCKS/BONDS - DIRECTLY OWNED**

TYPE OF STOCK: Publicly owned corporations which is stock traded on an exchange or over the counter. (Stock owned in family or non-publicly traded companies should be listed under “Corporate Business and Professional Interest.” Stocks held in a street name or investment account should be listed under “Investment Accounts”).

TYPE OF BOND: U.S. Savings Bonds, corporate, municipal, etc., (*indicate type below*)

Company	Owner	Number of Shares	Tax (Cost) Basis	Fair Market Value

**Total** \_\_\_\_\_

**MORTGAGES, NOTES AND OTHER RECEIVABLES**

TYPE: Mortgages or promissory notes *payable to you*; other moneys *owed to you*.

Name of Debtor	Date of Note	Date Note Due	Current Balance

**Total** \_\_\_\_\_

**BUSINESS AND PROFESSIONAL INTERESTS**

**(Corporate, Partnership, Limited Liability Company or Sole Proprietorship)**

TYPE: Privately owned (non-publicly traded) stock or membership in partnerships, limited liability companies or sole proprietorships. *(Please put  $\surd$  if a Buy/Sell Agreement exists and, if stock is owned either JT or TC with someone other than spouse/partner, please furnish name and relationship).*

<b>Company or Entity</b>	<b>Type of Entity</b>	<b>Buy/Sell Agreement</b>	<b>Percentage Ownership</b>	<b>Owner</b>	<b>Value</b>
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

**Total** \_\_\_\_\_

**PERSONAL EFFECTS**

TYPE: Major personal effects such as motor vehicles, boats, jewelry, club memberships, collections, antiques, furs, household furnishings, and all other valuable nonbusiness personal property *(indicate type below and give a lump sum value for miscellaneous, less valuable items).*

<b>Type</b>	<b>Owner</b>	<b>Value</b>

**Total** \_\_\_\_\_

**RETIREMENT PLANS**

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(k) (*indicate type below*).

<b>Type of Plan</b>	<b>Company</b>	<b>Beneficiary upon Your Death</b>	<b>Percent Vested</b>	<b>Value</b>

**Total** \_\_\_\_\_

**REAL PROPERTY**

Residence in AZ, CA, ID, LA, NM, NV, TX, WA, WI

TYPE: Land, buildings, homes, timeshares. If you own land or buildings in partnership with someone else you should indicate this and provide a copy of the partnership agreement. If two or more names are on a deed or a contract that does not state the type of ownership, please use “?”.

<b>General Description and/or Address</b>	<b>Owner</b>	<b>Fair Market Value</b>	<b>Mortgage</b>

**Total** \_\_\_\_\_

**LIFE INSURANCE, LONG TERM CARE INSURANCE AND ANNUITIES**

Policy #1

Policy #2

Policy #3

Policy #4

	Policy #1	Policy #2	Policy #3	Policy #4
Company				
Policy Number				
Type (term, whole life, endowment or universal life)				
Date policy entered into				
Insured				
Owner				
Beneficiary				
Contingent beneficiary				
Face value				
Current cash surrender value				
Amount of loan				
Annual premium				



**OTHER ASSETS**

TYPE: Other property is any property that you have that does not fit into any category, including trusts, prepaid burial, anticipated inheritances, cryptocurrency, season tickets for sporting or other events, gifts or lawsuits.

Description	Owner	Value

**Total** \_\_\_\_\_

## SUMMARY OF VALUES

<u>ASSETS</u>	<u>AMOUNT*</u>		
	<u>Client 1</u>	<u>Client 2</u>	<u>Jointly Held</u>
Cash Accounts	_____	_____	_____
Investment Accounts	_____	_____	_____
Stocks/Bonds	_____	_____	_____
Mortgages, Notes, and other Receivables	_____	_____	_____
Business and Professional Interests	_____	_____	_____
Personal Effects	_____	_____	_____
Retirement Plans	_____	_____	_____
Real Property	_____	_____	_____
Life Insurance	_____	_____	_____
Other Assets	_____	_____	_____
<b>Total Assets:</b>	_____	_____	_____
 <b>LIABILITIES</b>			
Loans/Accounts payable	_____	_____	_____
Contingent liabilities	_____	_____	_____
Unpaid taxes	_____	_____	_____
Other obligations:	_____	_____	_____
<b>Total Liabilities:</b>	_____	_____	_____
<b>NET ESTATE</b>	<b>\$</b> _____	<b>\$</b> _____	<b>\$</b> _____

**Additional Information**

1. Have you ever lived in a community property state? (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin).  
 Yes  No If so, please name. \_\_\_\_\_
  
2. Have you made gifts of \$10,000 or more to any person (other than your spouse/partner) in any one year?  Yes  No  
If you have filed a gift tax return, please provide a copy of the most recent return.
  
3. If you own joint tenancy property with someone, whose funds were used to purchase the property?  
\_\_\_\_\_
  
4. Estimated inheritance, if any. \$ \_\_\_\_\_
  
5. Do you own any firearms?  Yes  No
  
6. Are you or any member of your immediate family a beneficiary or trustee of any trust? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
7. Do you anticipate any business or professional changes in the next 12 months?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Special family needs (support of a parent or child, special education, physical or mental handicap): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
9. Do you own any property for your children, such as under a Uniform Transfer to Minor's Act? \_\_\_\_\_  
\_\_\_\_\_

10. What are your estate planning goals (please choose your top 2 to 4 reasons):

- Avoid probate
- Avoid the public administration of the Will
- Fiscal management and making sure financial affairs are in order
- Determine who makes your financial and healthcare decisions while you are still alive
- Determine who gets your assets after death
- Protect assets from the cost of long term care
- Protect a beneficiary's inheritance from divorce or other creditors
- Accommodate for unequal distributions to descendants
- General peace of mind
- Promote family harmony and make difficult times easier for your heirs
- Provide for education of descendants
- Define charitable intent
- Other \_\_\_\_\_

11. Potential Lawsuits (As Plaintiff or Defendant)

\_\_\_\_\_  
\_\_\_\_\_

12. Health Status of Clients, Spouse/Partner, Parents  
(good/fair/poor)\_\_\_\_\_

13. Mental Health Status (capacity issues)

\_\_\_\_\_  
\_\_\_\_\_

14. Do you wish to provide for any charities upon your death?\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

The undersigned hereby represents to the Strohschein Law Group, LLC, and each of its attorneys, that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

**Signature of Client or Client Representative:** \_\_\_\_\_

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