

LAW OFFICES OF ROBERT F. BLYTH

**CONFIDENTIAL ESTATE
PLANNING
QUESTIONNAIRE**

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I. PERSONAL DATA

Client's Name: _____ Birth date: _____ Soc. Sec. #: _____

Home Address: _____

_____ Real Estate PIN: _____

_____ () _____ () _____

E-Mail Address _____ Home Phone _____ Cell Phone _____

Employer: _____ Annual Income \$: _____

Business Address: _____ () _____

Business Phone _____

Spouse's Name: _____ Birth date: _____ Soc. Sec. #: _____

Employer: _____ Annual Income \$: _____

Business Address: _____

_____ () _____

E-Mail Address _____ Business Phone _____

Children(s)

<u>Name</u>	<u>M/F</u>	<u>Birth date</u>	<u>Spouse</u>	<u>Children?</u>	<u>Address</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Other Dependents (for example, your parents):

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____

- A. Are you and your spouse both U.S. citizens? Yes____ No____
- B. Do you or your spouse have a safe deposit box? Location: _____ Yes____ No____
- C. Have you or your spouse ever filed a gift tax return? Yes____ No____
- D. Are you or your spouse the beneficiary of a trust? Yes____ No____
- E. Are there premarital or other agreements between you and your spouse? Yes____ No____
- F. Have you or your spouse been previously married? Yes____ No____
- G. Are you or your spouse subject to a property settlement from that marriage? Yes____ No____
- H. Do you have Long Term Care insurance? Yes____ No____
- I. Do you have a previous estate plan? Date signed _____ Yes____ No____

Additional Notes: _____

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II. FIDUCIARIES (LIST IN ORDER OF PREFERENCE, WITH ADDRESSES)

Guardian(s) for minor children, and successors: _____

Executor(s) of my Will, and successors: _____

Trustee(s) of any trusts established, and successor(s): _____

III. ASSETS AND LIABILITIES

Assets may be owned in several ways, by the client, jointly, or by the spouse. It is very important to carefully itemize all of your assets using approximate values in the categories and columns below.

	Assets in Client's <u>Name Alone</u>	Assets in Joint <u>Ownership</u>	Assets in Spouse's <u>Name Alone</u>
A. Cash and Money Market Acct's	\$ _____	\$ _____	\$ _____
B. Personal Property	\$ _____	\$ _____	\$ _____
C. Primary Residence	\$ _____	\$ _____	\$ _____
(less mortgages)	(_____)	(_____)	(_____)
D. Other Real Estate	\$ _____	\$ _____	\$ _____
(less mortgages)	(_____)	(_____)	(_____)
E. Stocks & Bonds	\$ _____	\$ _____	\$ _____
F. Business Interests	\$ _____	\$ _____	\$ _____
G. Life Insurance (cash values)	\$ _____	\$ _____	\$ _____
H. Pension Plans, IRAs, etc	\$ _____	\$ _____	\$ _____
I. Other Assets, Loans, etc.	\$ _____	\$ _____	\$ _____
J. Expected Inheritance	\$ _____	\$ _____	\$ _____
K. Other Liabilities	(_____)	(_____)	(_____)
TOTAL	\$ _____	\$ _____	\$ _____

Additional Notes: _____

Referred by: _____

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List any group or individual life insurance policies on you or your spouse: _____

Who are the designated beneficiaries under your pension plan(s)? _____

IV. DISPOSITION OF YOUR ESTATE

Most people wish to provide for their spouses and then for their children. Please answer the following questions and provide any additional information in the area below or on an attached sheet.

- | | |
|---|----------------|
| A. Is this the basic pattern that you and your spouse wish to follow? | Yes____ No____ |
| B. Are there children of another marriage to be considered? | Yes____ No____ |
| C. Does any child need special consideration due to a disability or other reason? | Yes____ No____ |
| D. Do you wish to provide for your parents or your spouse's parents? | Yes____ No____ |
| E. Do you wish to provide for any other relatives, friends and charities? | Yes____ No____ |
| F. Do you wish to forgive any loans to your relatives or friends? | Yes____ No____ |
| G. Are there certain items of property to be given to specific persons? | Yes____ No____ |
| H. If none of you, your spouse or descendants is living, where would the family assets go? | Yes____ No____ |
| I. Have you or your spouse designated an agent for your Powers of Attorney for Health Care? | Yes____ No____ |
| J. Have you or your spouse designated an agent for your Powers of Attorney for your Property? | Yes____ No____ |
| K. Do you or your spouse have any other special requests? | Yes____ No____ |

V. ADDITIONAL INFORMATION

Power of Attorney for Property:_____

Name: _____

Address: _____

Power of Attorney for Health Care:_____

Name: _____

Address: _____

Please provide us with copies of any existing Wills and Trusts, premarital or postnuptial agreements, divorce decrees, property settlements, insurance policies and other documents which may be relevant to your estate plan.

Date: _____

Signature of Client

Signature of Spouse

Reviewed by:_____

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Any other additional information that you believe we should have: