

CLIENT ESTATE PLANNING FINANCIAL INFORMATION

All information will be kept strictly confidential.

The information requested below is intended to provide a summary of your current assets, their approximate values, and how they are currently titled. Please provide the information to the best of your ability and in whatever detail you find comfortable. However, I do not want you to spend an inordinate amount of time or to feel overwhelmed with this form. It is more important to begin the estate planning process. You may provide additional information, as and when appropriate. But please keep in mind that I will not be making an independent verification of the information you provide to me. My planning recommendations to you may not be appropriate if they are based on incorrect or incomplete information. Please do not hesitate to call me at 847-410-9131, if you have any questions.

ESTATE PLANNING FINANCIAL INFORMATION FACT-FINDER OWNERSHIP AND VALUE

<u>Asset</u>	<u>Spouse I</u>	<u>Spouse II</u>	<u>Joint</u>
CASH			
_____	\$ _____	\$ _____	\$ _____
BANK ACCOUNTS			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
CERTIFICATES OF DEPOSIT	<u>Spouse I</u>	<u>Spouse II</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

MONEY MARKET FUNDS	<u>Spouse I</u>	<u>Spouse II</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

BROKERAGE HOUSE ACCOUNTS	<u>Spouse I</u>	<u>Spouse II</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

INDIVIDUAL STOCKS	<u>Spouse I</u>	<u>Spouse II</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

GOVERNMENT SAVINGS BONDS (Series E, H, EE, HH)	<u>Spouse I</u>	<u>Spouse II</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

TAX-FREE BONDS	<u>Spouse I</u>	<u>Spouse II</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

OTHER BONDS	<u>Spouse I</u>	<u>Spouse II</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

MUTUAL FUNDS	<u>Spouse I</u>	<u>Spouse II</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

INDIVIDUAL RETIREMENT ACCOUNTS (IRAs)*

	<u>Spouse I</u>	<u>Spouse II</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

KEOGH PLANS*	<u>Spouse I</u>	<u>Spouse II</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

QUALIFIED OR NON-QUALIFIED EMPLOYER PLANS*	<u>Spouse I</u>	<u>Spouse II</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

*Are you currently receiving distributions from any of these retirement plans or the plan of another naming you as beneficiary? ___ Yes ___ No

Please list the beneficiary or beneficiaries currently named for any of these retirement plans:

Plan	Beneficiary
_____	_____
_____	_____
_____	_____
_____	_____

ANNUITIES	<u>Spouse I</u>	<u>Spouse II</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

WHOLE OR TERM LIFE INSURANCE (Face Value/Death Benefit)

	<u>Spouse I</u>	<u>Spouse II</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

REAL ESTATE (Include primary residence, vacation home, rental property, vacant land)

	<u>Spouse I</u>	<u>Spouse II</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

PASSIVE REAL ESTATE INVESTMENTS (*i.e.*, limited partnerships, etc.)

	<u>Spouse I</u>	<u>Spouse II</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

AUTOMOBILES

	<u>Spouse I</u>	<u>Spouse II</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

INTERESTS IN CLOSELY- HELD BUSINESSES, LLCs, OR PARTNERSHIPS

Is the business incorporated? _____ yes _____ no _____ LLC _____ SCorp

If so, has it elected Subchapter "S" status? _____ yes _____ no

	<u>Spouse I</u>	<u>Spouse II</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

PERSONAL VALUABLE ASSETS (art work, boat, antiques, collections, etc.)

	<u>Spouse I</u>	<u>Spouse II</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

OTHER ASSETS FOR WHICH NO OTHER HEADING APPLIED

	<u>Spouse I</u>	<u>Spouse II</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
TOTAL ASSETS	\$ _____	\$ _____	\$ _____
GRAND TOTAL \$ _____			

LIABILITIES

	<u>Spouse I</u>	<u>Spouse II</u>	<u>Joint</u>
Long Term (mortgages or notes not to be repaid within one year)			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Short Term (Personal Loans, credit card debt)

	<u>Spouse I</u>	<u>Spouse II</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

TOTAL LIABILITIES

<u>Spouse I</u>	<u>Spouse II</u>	<u>Joint</u>
\$ _____	\$ _____	\$ _____

NET WORTH

\$ _____	\$ _____	\$ _____
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LONG TERM CARE INSURANCE:

Husband: _____ (yes/no)

Wife: _____ (yes/no)

SOCIAL SECURITIES BENEFITS:	Spouse I	Spouse II
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

SOCIAL SECURITY BENEFITS OF CHILDREN:

Please provide copies of all Social Security Documents

Name: _____ Monthly Amount: _____

Name: _____ Monthly Amount: _____

Name: _____ Monthly Amount: _____

Contact information for your other professional advisors:

Accountant: _____

Financial Advisor: _____

Insurance Broker: _____

Banker: _____

Referrals needed for financial or other professionals? _____

Additional information you would like me to know about:

CLIENT ACKNOWLEDGEMENT:

I [We] have prepared this form with the understanding that it will be relied upon for estate planning advice, and any material omissions, over or under stated amounts or inaccurate ownership information may cause that advice to be inappropriate. I [We] verify that the information furnished is complete and accurate, and that you will not be making an independent investigation to confirm the data.

Dated: _____, 20____

NAME: _____

SIGNATURE: _____

NAME: _____

SIGNATURE: _____

ADDRESS: _____
