

**PERSONAL AND FINANCIAL ORGANIZER
FOR YOUR ESTATE PLANNING DOCUMENTS**

**Lucas Law
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Section

1

GENERAL INFORMATION Home Phone _____ Date _____

Marital Status: Married Single Divorced Widowed

Your Legal Name _____

Spouse's Legal Name _____

Street Address _____

City _____ County _____ State _____ Zip _____

Mailing Address (if different) _____

Your Employer _____

Address _____

Your Occupation _____ Work Phone _____

Spouse's Employer _____

Address _____

Spouse's Occupation _____ Work Phone _____

	You	Your Spouse
Last 4 of SSN		
Date of Birth		
U.S. Citizen?	Yes No	Yes No
Currently have Will or Trust? If so, give year and state in which prepared	Yes No Yr. _____ State _____	Yes No Yr. _____ State _____
Expect to receive money or other assets from (circle all that apply):	Gift Inheritance Lawsuit Other	Gift Inheritance Lawsuit Other
If so, how much?	\$ _____	\$ _____

Section

2 ABOUT YOUR CHILDREN

1.

Legal Name _____ Date of Birth _____

Goes By _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

- Natural Legally Adopted Foster
- Married Needs Special Care Dependent
- Related To:
- You Only Spouse Only Both

2. _____
 Legal Name _____ Date of Birth _____ Natural Legally Adopted Foster

 Goes By _____ Married Needs Special Care Dependent

 Street Address _____ Related To:

 City _____ State _____ Zip _____ Phone _____ You Only Spouse Only Both

3. _____
 Legal Name _____ Date of Birth _____ Natural Legally Adopted Foster

 Goes By _____ Married Needs Special Care Dependent

 Street Address _____ Related To:

 City _____ State _____ Zip _____ Phone _____ You Only Spouse Only Both

4. _____
 Legal Name _____ Date of Birth _____ Natural Legally Adopted Foster

 Goes By _____ Married Needs Special Care Dependent

 Street Address _____ Related To:

 City _____ State _____ Zip _____ Phone _____ You Only Spouse Only Both

Use Reverse Side to List Any Additional Children

How Many Grandchildren do you have? _____ Your Only _____ Your Spouse's Only _____ Both

Section

3 WILL AND TRUST DECISIONS

1. Executor(s) - Manages your estate; (usually your spouse)

Choice: Name _____ P hone _____
 Address _____

2. Successor Executor(s) - Steps in at your originally named executor's incapacity, inability to act, refusal to act, or death. Please describe how your choice is related to you. Can be adult children, relative, trusted friend, bank, trust co.. Please indicate if you wish any choices to act in a joint capacity.

#1 Choice: Name _____ P hone _____
 Address _____

#2 Choice: Name _____ P hone _____
Address _____

#3 Choice: Name _____ P hone _____
Address _____

3. Trustee(s) - Manages your trust now; usually you (and your spouse)

Choice: Name _____ P hone _____
Address _____

4. Successor Trustee(s) - Steps in at your incapacity or death. Please describe how your choice is related to you. Can be adult children, relative, trusted friend, bank, trust co.. Please indicate if you wish any choices to act in a joint capacity.

#1 Choice: Name _____ P hone _____
Address _____

#2 Choice: Name _____ P hone _____
Address _____

#3 Choice: Name _____ P hone _____
Address _____

5. Guardian For Minor or Disabled Children – Responsible adult who will raise your minor children if something happens to you. Please describe how your choice is related to you.

#1 Choice: Name _____ P hone _____
Address _____

#2 Choice: Name _____ P hone _____
Address _____

6. Trustees For Minor or Disabled Children – Manages inheritance. Can be same person as Guardian, another adult, bank, trust co. Please describe how your choice is related to you.

#1 Choice: Name _____ P hone _____
Address _____

If you answered No above, please specify which spouse will make which gifts.

3. Beneficiaries

Who do you want to receive the rest of your estate after special gifts have been distributed? You can designate a dollar amount or a percentage.

Name of Person/Organization	Address	Amount/Percentage

If you are married, do you wish the gifts outlined above to be made from you and your spouse? Yes
No

If you answered No above, please specify which spouse will make which gifts.

5. Do you provide for someone who requires special care?

Do any of your dependents (aging parents, disabled child) require special care? Are you currently receiving government benefits? Is there someone else you want to provide for who is not related to you (significant other, special friend, pet)?

Name	Age	Address	Relationship and Explanation

6. Alternate Beneficiaries

Who do you want to receive your estate if you (and your spouse) outlive the Beneficiaries you've named above?

Name of Person/Organization	Address	Amount/Percentage

If you are married, do you wish the gifts outlined above to be made from you and your spouse? Yes
No

If you answered No above, please specify which spouse will make which gifts.

7. Disinheriting

Are there any relatives that you specifically do not want to receive anything from your estate?

Section

5 SPECIAL INSTRUCTIONS AT INCAPACITY

1. Keeping/Selling Assets:

If it becomes necessary to sell assets to pay for your or your spouse's care, are there certain ones you prefer to be sold first? Are there potential buyers you want contacted? Are there certain assets you prefer not be sold unless absolutely necessary?

2. Medical Care:

Do you prefer (or want to avoid) a certain hospital/nursing home? Do you have strong feelings about blood transfusions, life support, etc.?

You _____

Your Spouse _____

3. Do you want a **Living Will**? This lets others know how you feel about your life support treatment if you become terminally ill.- there is no additional charge for this..... Yes No

4. Do you want a **Durable Power of Attorney for Health Care**? Yes No
- there is no additional charge for this

This document lets you choose the person you want to make any health care decisions (including life support) for you if you are unable to make them for yourself, keeping these personal decisions out of the court. You can choose anyone you trust: your spouse, friend or other relative, etc. List your choices below:

You	Your Spouse
#1 Choice: Name _____ Address _____ Phone _____	# 1 Choice: Name _____ A ddress _____ P hone _____
#2 Choice: Name _____ Address _____ Phone _____	# 2 Choice: Name _____ A ddress _____ P hone _____
#3 Choice: Name _____ Address _____ Phone _____	# 3 Choice: Name _____ A ddress _____ P hone _____

5. Do you want a **Durable Power of Attorney for Property**? Yes No
- there is no additional charge for this

This document lets you choose the person you want to make any property decisions (during your life) for you if you are unable to make them for yourself, keeping these personal decisions out of the court. You can choose anyone you trust: your spouse, friend or other relative, etc. List your choices below:

You	Your Spouse
#1 Choice: Name _____ Address _____ Phone _____	# 1 Choice: Name _____ A ddress _____ P hone _____
#2 Choice: Name _____ Address _____ Phone _____	# 2 Choice: Name _____ A ddress _____ P hone _____
#3 Choice: Name _____ Address _____ Phone _____	# 3 Choice: Name _____ A ddress _____ P hone _____

Section

6 FINANCIAL INFORMATION

1. Do you own a **home** or any **other real estate**?

Description and Location	Title in whose name	Purchase Price	Current Value	(-) Mortgages or Equity Loans	(=) Equity

Total Net Value = \$ _____

2. Do you own any **other titled property** such as a car, boat, etc.?

Description and Location	Title in whose name	Current Value	(-) Loan	(=) Equity

Total Net Value = \$ _____

3. Do you have any **checking accounts** ?

Name of Institution	Account Number	Title in whose name	Approx. Balance

Total Value = \$ _____

4. Do you have any **Interest bearing accounts** (savings, money market) and/or **CDs** ?

Name of Institution	Account Number	Title in whose name	Approx. Balance

Total Value = \$ _____

5. Do you own any **stocks, bonds or mutual funds** (including company stock)?

P urchase

Current # of Shares	Description	Account Number	Title in whose name	Price	Value

Total Value = \$ _____

6. Do you have any **profit sharing, IRAs or pension plans**?

Description/Location	B eneficiary	Current Value

Total Value = \$ _____

7. Do you or your spouse own a **business** or have any **partnership or other business interests**?

Description	Type of Ownership	Purchase Price	Current Value

Total Value = \$ _____

8. Do you have any **life insurance policies** and/or **annuities**?

Name of Company	Policy Owner	1st Beneficiary	2nd Beneficiary	Death Benefit

Total Value = \$ _____

9. Does anyone owe you money?

Description	Approx. Value

Total Value = \$ _____

10. Do you have any **special items of value** such as coin collections, antiques, jewelry, etc.?

Description	Approx. Value

Total Value = \$ _____

11. What is the approximate total value of all your **remaining personal property** - whatever you own that has not been included above? (Clothes, furniture, etc...) Just estimate \$ _____

12. Do you have any **debts** other than mortgage(s) and loans listed above (credit cards, personal loans, etc.)?

Description	Amount Owed

Total Debt = \$ _____

13. Total value of everything you (and your spouse) own (add totals of lines 1 thru 11 above) \$ _____

14. Total amount you (and your spouse) owe (total of line 12 above) \$ _____

15. Subtract line 14 from line 13.

NET ESTATE = \$ _____

16. Do you have a **safe deposit box**? Yes No

In whose name(s)? _____

Where is the safe deposit box located? _____

Section

7 DOCUMENTS TO BRING FOR YOUR INTERVIEW

Please bring any of the following documents in your possession to your interview with us:

Prior Will(s)

Prior Trust(s)

Deeds to All Property Currently Owned

Life Insurance Certificates

Any Prenuptial or Postnuptial Agreements

Any Documentation regarding Business Ownership

Any Other Relevant Documentation

