

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

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Section

1 GENERAL INFORMATION Cell Phone _____ Date _____

Marital Status: Married Civil Union Single Separated Divorced Divorcing
 Widowed Domestic Partnership

Your Legal Name

Your Email

Partner's Legal Name

Partner's Email

Partner's Cell Phone

Your Street Address

Your City

Your State

Your Zip

Your County

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

Section

2 ABOUT YOUR CHILDREN

1. _____
Child 1 Legal Name

CHILD 1 GENDER: Male Female

Natural Legally Adopted Foster

Married Needs Special Care Dependent

Child 1 Date of Birth

Related To: You Only Partner Only

Both

Child 1 Street Address

Child 1 City

Child 1 State

Child 1 Zip

2. _____
Child 2 Legal Name

_____ Related To: You Only Partner Only
Child 2 Date of Birth Both

_____ Child 2 Street Address

_____ Child 2 City Child 2 State Child 2 Zip

CHILD 2 GENDER: Male Female

Natural Legally Adopted Foster
 Married Needs Special Care Dependent

3. _____
Child 3 Legal Name

_____ Related To: You Only Partner Only
Child 3 Date of Birth Both

_____ Child 3 Street Address

_____ Child 3 City Child 3 State Child 3 Zip

CHILD 3 GENDER: Male Female

Natural Legally Adopted Foster
 Married Needs Special Care Dependent

4. _____
Child 4 Legal Name

_____ Related To: You Only Partner Only
Child 4 Date of Birth Both

_____ Child 4 Street Address

_____ Child 4 City Child 4 State Child 4 Zip

CHILD 4 GENDER: Male Female

Natural Legally Adopted Foster
 Married Needs Special Care Dependent

List Any Additional Children on the Last Page

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

Section

3 WILL AND TRUST DECISIONS

1. **Executor(s)** - Manages your estate; (usually your partner): I would like my partner to be a primary executor _____
My partner would like me to be a primary executor _____

2. **Contingent executor(s)** or primary executor(s) if a partner is not a primary executor:
If each of the partners is the primary executor of the other, the contingent executor(s) are often the same people as their partner's choices.

For You
#1 Choice: Name _____
Relationship to you _____
Address _____

Phone _____
Would act alone _____ or
Would act as a co-executor with:

For Your Partner
1 Choice: Name _____
Relationship to partner _____
Address _____

Phone _____
Would act alone _____ or
Would act as a co-executor with:

#2 Choice: Name _____
Relationship to you _____
Address _____

Phone _____
Would act alone _____ or
Would act as a co-executor with:

2 Choice: Name _____
Relationship to partner _____
Address _____

Phone _____
Would act alone _____ or
Would act as a co-executor with:

#3 Choice: Name _____
Relationship to you _____
Address _____

Phone _____
Would act alone _____ or
Would act as a co-executor with:

3 Choice: Name _____
Relationship to partner _____
Address _____

Phone _____
Would act alone _____ or
Would act as a co-executor with:

List any additional executor(s) (that you may want to act) on the last page.

3. **Trustee(s)** - Manages your trust now; usually you (and your partner): I would like my partner to be co-trustee _____
My partner would like me to be co-trustee _____

4. **Contingent trustee(s)** - Often are the same as your partner's choice(s) and the same people you choose to be executor(s):

For You

For Your Partner

#1 Choice: Name _____ # 1 Choice: Name _____

Relationship to you _____

Relationship to partner _____

Address _____

Address _____

Phone _____

Phone _____

Would act alone _____ or
Would act as a co-trustee with:

Would act alone _____ or
Would act as a co-trustee with:

#2 Choice: Name _____ # 2 Choice: Name _____

Relationship to you _____

Relationship to partner _____

Address _____

Address _____

Phone _____

Phone _____

Would act alone _____ or
Would act as a co-trustee with:

Would act alone _____ or
Would act as a co-trustee with:

#3 Choice: Name _____ # 3 Choice: Name _____

Relationship to you _____

Relationship to partner _____

Address _____

Address _____

Phone _____

Phone _____

Would act alone _____ or
Would act as a co-trustee with:

Would act alone _____ or
Would act as a co-trustee with:

List any additional trustee(s) (that you may want to act) on the last page.

5. Guardian(s) For Minor or Disabled Children in the event of your inability to be guardian – Responsible adult who will raise your minor or disabled children if something happens to you.

The guardian is usually the surviving parent of minor or disabled children.

I would like my partner to be guardian _____
My partner would like me to be guardian _____

The contingent guardian(s) are often the same people as their partner’s choices after the surviving parent for children that they share together.

The choices for contingent guardian(s) are:

For You

For Your Partner

#1 Choice: Name _____

1 Choice: Name _____

Relationship to you _____

Relationship to partner _____

Address _____

Address _____

Phone _____

Phone _____

Would act alone ____ or
Would act as a co-guardian with:

Would act alone ____ or
Would act as a co-guardian with:

#2 Choice: Name _____

2 Choice: Name _____

Relationship to you _____

Relationship to partner _____

Address _____

Address _____

Phone _____

Phone _____

Would act alone ____ or
Would act as a co-guardian with:

Would act alone ____ or
Would act as a co-guardian with:

6. Trustees For Minor or Disabled Children – Manages inheritance. Can be same person(s) as guardian(s), trustee(s) or executor(s). If these trustee(s) are the same choices as the trustee(s) for your estate (which is usually the case) than they do not need to be listed separately.

List any trustee(s) on the last page that you want to act that are different than whom you choose for your estate. We will also need to know their address, and how they are related to you.

Section

4 BENEFICIARIES

1. Special Gifts to Organizations

Do you want to make a gift (cash or a specific item) to a charity, foundation, religious or fraternal organization?

Name of Organization	Address	Description of Gift

Do you wish the gifts outlined above to be made from you and your partner? Yes No

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

2. Special Gifts to Individuals

Do you want to give any specific items to a family member or other individual? (For example: wedding ring to your daughter, watch to a son or nephew, etc...)

Name of Person	Address	Description of Gift

Do you wish the gifts outlined above to be made from you and your partner? Yes No

If you answered No above, please specify which partner 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

Do you wish the gifts outlined above to be made from you and your partner? Yes No

If you answered No above, please specify which partner 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 partner) outlive the Beneficiaries you've named above?

Name of Person/Organization	Address	Amount/Percentage

Do you wish the gifts outlined above to be made from you and your partner? Yes No

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

7. Disinheriting

Are there any relatives that you specifically do not want to receive anything from your estate? Yes No

If you answered Yes above, please specify the name, relationship and address for whom you wish to disinherit.

Section

5 SPECIAL INSTRUCTIONS AT INCAPACITY

1. Keeping/Selling Assets:

If it becomes necessary to sell assets to pay for your or your partner'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. 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

3. 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 partner, friend or other relative, etc. List your choices below:

You

Your Partner

#1 Choice: Name _____ # 1 Choice: Name _____

Address _____ Address _____

Phone _____ Phone _____

#2 Choice: Name _____ # 2 Choice: Name _____

Address _____ Address _____

Phone _____ Phone _____

#3 Choice: Name _____ # 3 Choice: Name _____

Address _____ Address _____

Phone _____ Phone _____

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 partner, friend or other relative, etc. List your choices below:

<u>You</u>	<u>Your Partner</u>
#1 Choice: Name _____	# 1 Choice: Name _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____
#2 Choice: Name _____	# 2 Choice: Name _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____
#3 Choice: Name _____	# 3 Choice: Name _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____

Section

6 FINANCIAL INFORMATION

*****AMOUNTS CAN BE GENERAL (we need this information to value the amount of your estate, which will determine what type of trust is best for your situation)*****

1. Do you or your partner 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 or your partner 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 or your partner have any **checking accounts** ?

Name of Institution	Account Number (last four digits)	Title in whose name	Approx. Balance

Total Value = \$ _____

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

Name of Institution	Account Number (last four digits)	Title in whose name	Approx. Balance

Total Value = \$ _____

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

# of Shares	Description	Account Number (last four digits)	Title in whose name	Purchase Price	Current Value

Total Value = \$ _____

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

Description/Location	Beneficiary	Current Value

Total Value = \$ _____

7. Do you or your partner 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 partner) own (add totals of lines 1 thru 11 above) \$ _____

14. Total amount you (and your partner) 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? _____

