

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

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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.

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**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.

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**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.

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**7. Disinheriting**

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

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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?

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**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 \_\_\_\_\_

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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? \_\_\_\_\_

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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

