



## **KELLEY, KELLEY & KELLEY**

Attorneys and Counsellors at Law  
1535 West Schaumburg Road  
Heritage Bank Building, Suite 204  
Schaumburg, IL 60194-4042  
847-895-9151

William F. Kelley  
*wfkelley@kelleykelleykelley.com*  
Matthew X. Kelley  
*mxkelley@kelleykelleykelley.com*  
Scott C. Zambo  
*scottzambo@kelleykelleykelley.com*  
[www.kelleykelleykelley.com](http://www.kelleykelleykelley.com)

## **Confidential Estate Planning Questionnaire**

This questionnaire is designed to help us better determine the nature and extent of your assets to provide you with a more comprehensive and tailored estate plan. This form may be completed electronically and emailed to the attorney with whom you are meeting at the email addresses above. If you are not comfortable completing this form electronically, please feel free to print and fill it out by hand and bring it with you to our initial consultation. If you plan on completing this form and submitting it through email, please leave the financial account numbers and your social security numbers blank and we will obtain that information at the initial consultation.

### **What do I need to complete the Questionnaire?**

In order to fully complete this questionnaire, please look to life insurance policies, retirement plan statements, bank statements, statements for CD's, stock certificates and bonds for investments held in your name, and statements for investments held in a brokerage account, to confirm amounts, terms and beneficiaries for each of these assets. Please provide us with copies of warranty deeds and/or title insurance policies so we can verify how title to your real estate is held. If you have questions about any of your assets, please bring in copies of any statements to assist us in answering your questions. None of the documents that we request need to be originals. Please provide us with copies only or we will make copies and return the originals to you.

We understand that we are asking you to provide us with a lot of information and gather a lot of documents, however the more information you are able to provide us, the more detailed and productive our consultation will be. As with all estate planning, our goal is to provide you with an individually tailored estate plan that meets your goals and needs. With a carefully tailored estate plan, you and your family members will be able to rest assured that you have proper planning in place in the event of life's emergencies. If there is any information that we did not ask for in this questionnaire but that you believe is relevant to your estate plan, please do not hesitate to discuss it with us.

We look forward to working with you in creating a comprehensive product that you can rely on for years to come.

**This form can be saved to your computer and completed using Adobe® Acrobat® Reader® or other pdf program and emailed to us. If you prefer, you can print the completed form and either fax it to (847) 895-7320 or bring it with you to your consultation.**



YOUR INFORMATION				SPOUSE/PARTNER INFORMATION			
First Name	Middle	Last Name		First Name	Middle	Last Name	
Address				Address			
City	State	Zip Code	County	City	State	Zip Code	County
Mobile Phone	Home Phone	Business Phone		Mobile Phone	Home Phone	Business Phone	
Email				Email			
Date of Birth		Social Security No.		Date of Birth		Social Security No.	
Occupation		U.S. Citizen? If no, what country?		Occupation		U.S. Citizen? If no, what country?	
		Yes ___ No ___				Yes ___ No ___	

MARRIAGE		
Date of Marriage:	County & State of Marriage:	Prenuptial Agreement? ___ If yes, please provide a copy.
Were you previously married? Yes ___ No ___		Was spouse previously married? Yes ___ No ___
If yes, reason for termination: Death ___ Divorce ___		If yes, reason for termination: Death ___ Divorce ___
Name of former spouse:	Date of death or divorce:	Name of former spouse: Date of death or divorce:
County and state of Divorce proceedings:		County and state of Divorce proceedings:
If you have ever resided in any of the following community property states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin, please provide states and dates you resided:		If you have ever resided in any of the following community property states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin, please provide states and dates you resided:

CHILDREN			
Full Name	Date of Birth	Child of only You(Y), Spouse/Partner(S/P)	Special Needs?
Address:			
Full Name	Date of Birth	Child of only You(Y), Spouse/Partner(S/P)	Special Needs?
Address			
Full Name	Date of Birth	Child of only You(Y), Spouse/Partner(S/P)	Special Needs?
Address			
Full Name	Date of Birth	Child of only You(Y), Spouse/Partner(S/P)	Special Needs?
Address:			

## CHILDREN (Continued)

Full Name	Date of Birth	Child of only You(Y), Spouse/Partner(S/P)	Special Needs?

Address:

Full Name	Date of Birth	Child of only You(Y), Spouse/Partner(S/P)	Special Needs?

Address:

## FINANCIAL ADVISORS

Accountant	Email	Phone
Insurance Agent	Email	Phone
Personal Banker	Email	Phone
Stock Broker	Email	Phone
Financial Planner	Email	Phone

Safe Deposit Box Location	Individuals with Access
Dates of current Will, Trust, Powers of Attorney (if any)	Spouse/Partner-Dates of current Will, Trust, Powers of Attorney (if any)
Specific funeral or burial instructions (if any)	Spouse/Partner-Specific funeral or burial instructions (if any)

## ASSETS

### REAL ESTATE

Primary residence Address:	Ownership: You (Y), Spouse (S)/ Partner (P), Joint Tenancy (JT), etc.	Mortgage Balance	Estimated Value
Vacation/Second Home Address:	Ownership: You (Y), Spouse (S)/ Partner (P), Joint Tenancy (JT), etc.	Mortgage Balance	Estimated Value
Income Producing Real Estate Address:	Ownership: You (Y), Spouse (S)/ Partner (P), Joint Tenancy (JT), etc.	Mortgage Balance	Estimated Value

Please provide copies of all deeds and/or title policies.

## NON-RETIREMENT ACCOUNTS

### Checking, Savings and Money Market Accounts

Institution and Location	Ownership: Y, S/P, JT, other	Account No.	Value

### Brokerage Accounts

Institution and Location	Ownership: Y, S/P, JT, other	Account No.	Value

### Stocks (not held in brokerage accounts)

Company	Ownership: Y, S/P, JT, other	No. of Shares	Value

Please provide copies of stock certificates if held in paper form.

### Savings Bonds

Series (e.g. E, EE, I)	Ownership: Y, S/P, JT, other	Issue Date	Face Amount

### Closely-Held Business Interests (Partnership, LLC, LP, etc.)

Company	Ownership: Y, S/P, JT, other	No. of Units	Value

### Stock Options

Company	Ownership: Y, S/P, JT, other	No. of Shares	Option Price

### Life Insurance Policies and Annuities

Company	Type: Term, Whole Life, Universal, Annuity	Beneficiary	Face Value	Annual Income	Cash Value

**RETIREMENT ACCOUNTS****IRA'S**

Institution and Location	Ownership: Y, S/P, JT, other	Account No.	Value

**OTHER RETIREMENT ACCOUNTS**

Type of Plan and Institution	Ownership: Y, S/P, JT, other	Account No.	Value

**MISCELLANEOUS****AUTOMOBILES, BOATS, RV'S, ETC.**

Make/Model/Year	Ownership: Y, S/P, JT, other	Loan Balance	Value

**PERSONAL PROPERTY**

Description	Ownership: Y, S/P, JT, other	Value

**POTENTIAL INHERITANCE**

Description	Value

**LIABILITIES****Debts**

Lender	Borrower	Outstanding Balance

**Divorce/Support Obligations**


## YOUR ESTATE PLAN

**For estate planning purposes, you should consider the following:**

**1. Your executor has the fiduciary duty to wind up your affairs at your death. You need to identify an individual or an institution (or both) to act as executor, and as successor executor under your will.**

Executor (Name and address):

Successor Executor (Name and address):

**2. If you have a revocable living trust, you can act as your own trustee during your lifetime. You need to identify successor trustees (individuals and/or institutions) who will act in the event you are unable to act during your lifetime, and to succeed you at death.**

Successor Trustee (Name and address):

Second Successor Trustee (Name and address):

**3. If neither you nor your spouse survives and if you have minor children, you need to identify guardians who will have custody of the child and of the child's assets.**

Guardian of the Person (Name and address):

Guardian of the Estate (Name and address):

**4. The Agent under your health care power of attorney will make health care decisions for you either immediately or if you become disabled (only one agent may serve at a time).**

Agent (Name and address):

Successor Agent (Name and address):

**5. The Agent under your property power of attorney will manage your finances either immediately or if you become disabled (only one agent may serve at a time).**

Agent (Name and address):

Successor Agent (Name and address):

**6. Do you wish to specifically exclude any person from sharing in your estate?**

Name(s):

**7. Do any family members have special needs?**

Name(s):

**8. Are there specific gifts (money or property) your wish to give to specific individuals? Alternatives if those individuals do not survive you?**

Name(s):

**9. Do you have specific charitable interests or goals?**

Name(s) of charities

**10. To whom do you wish to give the balance of your estate? Alternatives if those individuals do not survive you?**

Name:

Portion of Estate:

**11. Describe any other goals regarding the disposition of your property. (Consider beneficiaries, including family members, friends, charities, as well as purposes, such as support, education, housing, medical care.)**



## **PRIVACY POLICY**

Privacy of non-public personal information has become a much discussed topic in the news, especially because of new federal laws that apply to financial institutions. Attorneys have always been and continue to be bound by professional standards of confidentiality that are more restrictive as to the disclosure of confidential client information than those required by new federal privacy laws. Attorneys are bound by their professional rules of ethics to protect clients' right to privacy.

In the course of providing clients with legal services, we may receive non-public personal information from the client or from third parties with the client's authorization. We do not disclose non-public personal information about clients or former clients, except as authorized by the client or as required or permitted under applicable law and rules of professional ethics. We retain records relating to the professional services we provide to better assist a client's needs and, in some cases, to comply with professional guidelines. Access to non-public personal information regarding clients is restricted to those persons who must have access to the records to provide the services requested by the client (for example, a tax preparation service). We maintain physical, electronic and procedural safeguards to protect a client's non-public personal information in accordance with our professional standards.

Our office will never ask for your private password or login information. Our office recommends that you safely store your login and password information for all accounts in a safe and secure location so that it may be accessed by your representatives when necessary. We recommend that you leave instructions on how to access any accounts you may have and the location of your accounts, including financial accounts, crypto currency, and social media accounts, so that in the event of an emergency or following your death your representatives will not be delayed in the administration of your estate.

## **JOINT REPRESENTATION OF MARRIED CLIENTS**

It is common for married couples to ask an attorney to represent both of them in planning their estates. In such cases, the attorney represents both spouses jointly, not separately. The goal in such cases is to develop a coordinated overall estate plan for both spouses and to encourage the resolution of any differences of opinions or interests in an equitable and logical manner. In so doing, the attorney assumes that the estate planning objectives of both spouses are consistent. Information and communications received by the attorney from either spouse may be shared with the other spouse. The attorney cannot be required to keep any such information and communications confidential from the other spouse. If spouses have conflicting opinions or interests regarding their estate plan, the attorney can discuss these opinions or interests with both spouses but cannot act as an advocate for either spouse individually. If conflicts arise between spouses of such a nature that, in the attorney's best judgment, it is not possible to represent both spouses, the attorney will advise both spouses to retain separate legal counsel.

If both spouses are asking us to represent them in their estate planning, please indicate your consent to joint representation of both spouses as specified above by signing your names below.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_