



Black Black & Brown
Attorneys at Law

ESTATE ANALYSIS QUESTIONNAIRE
FOR

AS OF _____, ***20***_____

BLACK, BLACK & BROWN
ATTORNEYS AT LAW
115 WASHINGTON SQUARE
WASHINGTON, IL 61571
PH: 309-444-3108

PERSONAL INFORMATION

Your Name: _____
 First MI Last

Spouse's Name: _____
 First MI Last

Your Date of Birth: _____

Spouse's Date of Birth: _____

Your Soc.Sec No.: _____

Spouse's Soc.Sec.No.: _____

Occupation: _____

Occupation: _____

Employer's Name: _____

Employer's Name: _____

Employer's Address: _____

Employer's Address: _____

E-mail: _____

E-mail: _____

Cell phone: _____

Cell phone: _____

Work phone: _____

Work phone: _____

Home Address: _____

Telephone: Home: _____
Fax: _____ (Home or work? _____)

YOUR CHILDREN

Name*: _____ **Date of Birth:** _____ **Soc.Sec.No.** _____

Address: _____ **Telephone:** _____

Name*: _____ **Date of Birth:** _____ **Soc.Sec.No.** _____

Address: _____ **Telephone:** _____

Name*: _____ **Date of Birth:** _____ **Soc.Sec.No.** _____

Address: _____ **Telephone:** _____

Name*: _____ **Date of Birth:** _____ **Soc.Sec.No.** _____

Address: _____ **Telephone:** _____

Name*: _____ **Date of Birth:** _____ **Soc.Sec.No.** _____

Address: _____ **Telephone:** _____

* Please provide first, middle initial and last name of each child.

MATTERS TO BE ADDRESSED

Please describe, in general, the matter that you need addressed: _____

Name of Other Party: _____ **Telephone:** _____

Address of Other Party: _____

E-Mail address: _____

How did you hear about this office?

- Referral from _____
- Word of Mouth
- Another Attorney _____
- Yellow Pages
- Website
- Other _____

Other services you may be interested in discussing or in need of:

- Estate Planning, including preparing Wills, Trusts, and Powers of Attorney** _____
- Trust or Estate Administration** _____
- Asset Protection Planning** _____
- Planning for Payment of Nursing Home Costs** _____
- Income Tax Preparation** _____
- Real Estate Transactions (Buying, Selling, Transferring)** _____
- Business Succession Planning** _____
- Other** _____

ADVISORS

Accountant: _____
Address: _____

Telephone: _____
Fax No.: _____

Banker: _____
Address: _____

Telephone: _____
Fax No.: _____

Stock Broker: _____
Address: _____

Telephone: _____
Fax No.: _____

Insurance Agent: _____
Address: _____

Telephone: _____
Fax No.: _____

BANK ACCOUNTS

<i>Financial Institution</i>	<i>Type of Account</i>	<i>Owner</i>	<i>Approximate Balance</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STOCKS, BONDS & MUTUAL FUNDS

<i>Security Name</i>	<i>Type of Security</i>	<i>Owner</i>	<i>Approximate Balance</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REAL ESTATE

<i>Location or Address</i>	<i>Owner</i>	<i>Original Cost</i>	<i>Mortgage Balance</i>	<i>Approximate Value</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* *Please provide copies of deeds and real estate tax statements.*

LIFE INSURANCE

<i>Company Name</i>	<i>Insured</i>	<i>Beneficiary</i>	<i>Type of Policy</i>	<i>Cash Value</i>	<i>Face Value</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ANNUITIES

<i>Company Name</i>	<i>Owner/ Annuitant</i>	<i>Beneficiary</i>	<i>Original Payment</i>	<i>Purchase Date</i>	<i>Approximate Value</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

INDIVIDUAL RETIREMENT ACCOUNTS

<i>Company</i>	<i>Owner</i>	<i>Beneficiary</i>	<i>Type of IRA</i>	<i>Approximate Value</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BUSINESS INTERESTS

<i>Business Name</i>	<i>Type of Entity</i>	<i>Owner</i>	<i>No. of Shares</i>	<i>Approximate Value</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PENSION PLANS [401(k) & 403(b)]

<i>Plan Name</i>	<i>Owner</i>	<i>Beneficiary</i>	<i>Type of Plan</i>	<i>Approximate Value</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

AUTOMOBILES

<i>Year</i>	<i>Make & Model</i>	<i>Original Cost</i>	<i>Owner</i>	<i>Approximate Value</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PERSONAL PROPERTY

<i>Description</i>	<i>Owner</i>	<i>Located at</i>	<i>Approximate Value</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER ASSETS

<i>Description</i>	<i>Owner</i>	<i>Located at</i>	<i>Approximate Value</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MORTGAGES & HOME EQUITY LOANS

<i>Name of Creditor</i>	<i>Address of Property</i>	<i>Owner</i>	<i>Balance Due</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER DEBTS

<i>Name of Creditor</i>	<i>Address of Property</i>	<i>Owner</i>	<i>Balance Due</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

It is often helpful for you to bring copies of the following documents to our office to assist with your estate planning:

- **Deed to your home or any other real estate you own**
- **Copy of a recent real estate tax bill for all real estate you own**
- **Any business agreements or buy/sell agreements with respect to your business**
- **Change of beneficiary forms for all life insurance policies, annuities, IRAs, and pension plans**

Are you and your spouse both U.S. citizens? _____ Yes _____ No

If you answered "No," please explain: _____

Have you or your spouse signed a pre-nuptial or pre-marital agreement? _____ Yes _____ No

If you answered "Yes," please bring a copy of the agreement(s) to our office.

Have you or your spouse been divorced? _____ Yes _____ No

If you answered "Yes," please bring a copy of the divorce order or judgment and any modification to our office.

Have you or your spouse been married before this marriage: _____ Yes _____ No

If you answered "Yes," please provide the following information:

Date of Marriage: _____

Method of Termination: _____

Number of children born to the marriage: _____

Have you or your spouse adopted any children: _____ Yes _____ No

If you answered "Yes," please provide the following information:

<i>Name of Child</i>	<i>Date of Adoption</i>	<i>Where did the Adoption Occur</i>	<i>Name of the Court</i>
_____	_____	_____	_____
_____	_____	_____	_____

Are any family members you intend to provide for in your estate plan disabled or receiving any type of government assistance or public aid? _____ Yes _____ No

If you answered "Yes," please provide the following information:

<i>Name of Individual</i>	<i>Type of Disability</i>	<i>Type of Benefits</i>	<i>Other Pertinent Information</i>
_____	_____	_____	_____
_____	_____	_____	_____

Do you or your spouse have any medical conditions that might affect your estate plan: ___ Yes ___ No

If you answered “yes,” please describe the condition and how it may affect your planning:

Other than birthday and holiday gifts, have you made any gifts of more than \$5,000 at any one time?

___ Yes ___ No

If you answered “Yes,” please check the following that apply:

	Yes	No
Have you made a gift of greater than \$14,000?	_____	_____
Did you make a gift of cash?	_____	_____
Did you make a gift of property?	_____	_____
Have you filed a U.S. Gift Tax Return (Form 709)?	_____	_____
Have you made any transfers of property within the last five years for less than fair market value?	_____	_____
Do you or your spouse have long-term care (nursing home) insurance?	_____	_____
Have you or your spouse pre-paid your funeral?	_____	_____
Have you or your spouse signed a trust (whether a living trust, life insurance trust, etc.)?	_____	_____
Do you have any of the following at this time?		
Will	_____	_____
Living Trust	_____	_____
Irrevocable Trust	_____	_____
Living Will	_____	_____
Power of Attorney for Property	_____	_____
Power of Attorney for Health Care	_____	_____
Do Not Resuscitate Order	_____	_____

If you have any of the documents listed above, please bring a copy to our office.

Do you have a “power of appointment” under the Will or Trust of another person (e.g., parent or grandparent, etc.)? Yes ___ No ___

Have you co-signed or guaranteed a loan for your children or Any other person or legal entity?
Yes ___ No ___