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ESTATE PLANNING QUESTIONNAIRE

Please fill out every portion of this confidential questionnaire unless it is not applicable to you. This information will assist us in designing an estate plan that meets your goals. All information provided is strictly confidential. If you have any questions regarding this questionnaire, please call us and we will be happy to help. Please attach other pages as necessary. If possible, please return the completed questionnaire to our office prior to your appointment via email, mail or fax. Thank you for your cooperation.

PERSONAL INFORMATION

Full Legal Name _____ Date of Birth _____
Other Names used (and Nicknames) _____ Citizenship _____
Home Address _____ City _____ State _____
Zip _____ County _____ Personal E-mail Address _____
Home Phone _____ Business Phone _____ Cell Phone _____
Employer _____ Position _____
Business Address _____ City _____ State _____
Zip _____ Marital Status _____

SPOUSE

Full Legal Name _____ Date of Birth _____
Other Names used (and Nicknames) _____ Citizenship _____
Home Address _____ City _____ State _____
Zip _____ County _____ Personal E-mail Address _____
Home Phone _____ Business Phone _____ Cell Phone _____
Employer _____ Position _____
Business Address _____ City _____ State _____
Zip _____ Marital Status _____ Date of Marriage _____
Date of death (if spouse is deceased) _____

PRIOR MARRIAGE INFORMATION

Prior Spouse Name _____ Prior Spouse of: Husband / Wife (*please circle one*)
Date of marriage _____ How marriage ended (i.e. death or divorce) _____
Date of death or divorce _____

Prior Spouse Name _____ Prior Spouse of: Husband / Wife (*please circle one*)
Date of marriage _____ How marriage ended (i.e. death or divorce) _____
Date of death or divorce _____

CHILDREN

Please provide the full legal names of your children. Indicate the parent of each child by marking “JT” if both spouses are the parents, “H” if husband is the parent or “W” if wife is the parent. Please indicate if there are any special needs or concerns (such as disabilities, money management, etc.). Attach additional pages if necessary.

1. Name _____ Phone Number _____
Address _____ Parent _____ Birth date _____
Special Concerns _____

2. Name _____ Phone Number _____
Address _____ Parent _____ Birth date _____
Special Concerns _____

3. Name _____ Phone Number _____
Address _____ Parent _____ Birth date _____
Special Concerns _____

4. Name _____ Phone Number _____
Address _____ Parent _____ Birth date _____
Special Concerns _____

5. Name _____ Phone Number _____
Address _____ Parent _____ Birth date _____
Special Concerns _____

6. Name _____ Phone Number _____
Address _____ Parent _____ Birth date _____
Special Concerns _____

IMPORTANT FAMILY QUESTIONS

Please check "Yes" or "No" for your answer	Yes	No
Are you or your spouse receiving Social Security, disability or other government benefits? Please describe _____		
Are you or your spouse making payments pursuant to a divorce or property settlement order? If so, please furnish a copy.		
If married, have you and your spouse signed a pre- or post-marriage contract (e.g. Prenuptial/Postnuptial Agreement)? If so, please furnish a copy.		
Have you or your spouse been widowed? If a federal estate tax return or a state death tax return was filed, please furnish a copy.		
Have you or your spouse ever filed federal or state gift tax returns? If so, please furnish copies of these returns.		
Have you or your spouse signed a will, trust or other estate planning documents? If so, please furnish copies of these documents.		
Do you support any charitable organizations now that you wish to provide for at the time of your death? If so, please explain below.		
If married, have you lived in any of the following states while married to your spouse: <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin</i> ? If so, please circle the applicable states.		
Do any of your children have special educational, medical or physical needs?		
Do any of you, your children or your intended beneficiaries receive governmental or private support or benefits? If so, please explain below.		
Do you provide primary or other major financial support to adult children or others?		
Have you or your spouse made gifts in excess of \$10,000 per person per year in past years? If so, please explain below.		

ADDITIONAL RELEVANT INFORMATION

ADVISORS

Accountant's Name _____ Phone Number _____
Address _____ Email _____
Financial Advisor's Name _____ Phone Number _____
Address _____ Email _____
Life Insurance Agent's Name _____ Phone Number _____
Address _____ Email _____
Other Advisor's Name _____ Phone Number _____
Address _____ Email _____

GUARDIAN FOR PERSON AND ESTATE OF MINOR CHILDREN

The guardian you name for your minor children will have responsibility for the care of your children upon your death. If you choose a married couple as guardians, please include their order of priority (e.g., first the wife then the husband) and let us know if you want to include a provision for a change in guardianship if the couple divorces.

1. Initial Guardian's Legal Name _____ Phone _____
Address _____ Relation to you _____
2. First Successor Guardian's Legal Name _____ Phone _____
Address _____ Relation to you _____
3. Second Successor Guardian's Legal Name _____ Phone _____
Address _____ Relation to you _____

AGENTS-IN-FACT FOR POWER OF ATTORNEY FOR HEALTH CARE

The Agent you name under your Power of Attorney for Health Care will have authority to make decisions regarding your medical treatment and care, should you become unable to make these decisions yourself.

Husband's Agents (in order of preference)

1. Name _____ Phone Number _____
Address _____ Relation to you _____
2. Name _____ Phone Number _____
Address _____ Relation to you _____
3. Name _____ Phone Number _____
Address _____ Relation to you _____
4. Name _____ Phone Number _____
Address _____ Relation to you _____

Wife's Agents (in order of preference)

1. Name _____ Phone Number _____
Address _____ Relation to you _____

2. Name _____ Phone Number _____
Address _____ Relation to you _____

3. Name _____ Phone Number _____
Address _____ Relation to you _____

4. Name _____ Phone Number _____
Address _____ Relation to you _____

AGENTS-IN-FACT FOR POWER OF ATTORNEY FOR PROPERTY

The Agent you name under your Power of Attorney for Property will have authority to handle the care and management of your estate and make decisions regarding your property.

Husband's Agents (in order of preference)

1. Name _____ Phone Number _____
Address _____ Relation to you _____

2. Name _____ Phone Number _____
Address _____ Relation to you _____

3. Name _____ Phone Number _____
Address _____ Relation to you _____

4. Name _____ Phone Number _____
Address _____ Relation to you _____

Wife's Agents (in order of preference)

1. Name _____ Phone Number _____
Address _____ Relation to you _____

2. Name _____ Phone Number _____
Address _____ Relation to you _____

3. Name _____ Phone Number _____
Address _____ Relation to you _____

4. Name _____ Phone Number _____
Address _____ Relation to you _____

FIDUCIARIES: EXECUTOR AND/OR TRUSTEE

Your Executor and/or Trustee will be in charge of financial matters pursuant to your instructions upon your death, or, if you become disabled during your lifetime, under a living trust. You can name different people to serve as Executor and Trustee.

Husband’s Fiduciaries (in order of preference)

1. Name _____ Phone Number _____
 Address _____ Relation to you _____

2. Name _____ Phone Number _____
 Address _____ Relation to you _____

3. Name _____ Phone Number _____
 Address _____ Relation to you _____

4. Name _____ Phone Number _____
 Address _____ Relation to you _____

Wife’s Fiduciaries (in order of preference)

1. Name _____ Phone Number _____
 Address _____ Relation to you _____

2. Name _____ Phone Number _____
 Address _____ Relation to you _____

3. Name _____ Phone Number _____
 Address _____ Relation to you _____

4. Name _____ Phone Number _____
 Address _____ Relation to you _____

CORPORATE FIDUCIARY

Consider choosing a corporate fiduciary to act as an Agent, Executor and/or Trustee in the event the individuals you choose do not or cannot act. If you would like to name a corporate fiduciary, please provide the name and address of the bank, trust company or other institution:

SPECIAL PROVISIONS

Please list any special provision: (e.g., beneficiary with disability, immediate relative who you want to disinherit, no contest provisions):

DISPOSITION INTENT

Please indicate how you want your estate distributed at your death, including any specific bequests:

If you have expressed a desire above to distribute any of your estate (e.g. specific bequests to individuals and/or charitable organizations) to persons or organizations that are not already described elsewhere in this questionnaire, please provide their full name, address, telephone number and relationship to you (e.g., sister, friend, cousin, etc.):

PERSONAL FINANCIAL INFORMATION

Please list the approximate value of all of your assets, including the following:

Type of Asset	Husband's Assets	Wife's Assets	Owned Jointly
Cash (including all bank accounts, certificates of deposit)	\$ _____	\$ _____	\$ _____
Securities (including stocks, bonds, mutual funds)	\$ _____	\$ _____	\$ _____
Notes and receivables (money owed to you)	\$ _____	\$ _____	\$ _____
Home (list mortgages below)	\$ _____	\$ _____	\$ _____
Other real estate (list mortgages below)	\$ _____	\$ _____	\$ _____
Insurance on Husband's life	\$ _____	\$ _____	\$ _____
Insurance on Wife's life	\$ _____	\$ _____	\$ _____
IRAs, 401(k) Accounts	\$ _____	\$ _____	\$ _____
Other retirement plans (death benefit)	\$ _____	\$ _____	\$ _____
Annuities	\$ _____	\$ _____	\$ _____

Furniture	\$ _____	\$ _____	\$ _____
Antiques and collectibles	\$ _____	\$ _____	\$ _____
Other personal property (cars, jewelry, boats, etc.)	\$ _____	\$ _____	\$ _____
Business ownership interests	\$ _____	\$ _____	\$ _____
Anticipated gifts and inheritances	\$ _____	\$ _____	\$ _____
Other assets	\$ _____	\$ _____	\$ _____
Total Assets	\$ _____	\$ _____	\$ _____

Liabilities	Husband's Liabilities	Wife's Liabilities	Joint Liabilities
Mortgage on Home	\$ _____	\$ _____	\$ _____
Mortgage on other real estate	\$ _____	\$ _____	\$ _____
Loans against life insurance	\$ _____	\$ _____	\$ _____
Other debts, claims, liens & judgments	\$ _____	\$ _____	\$ _____
Total Liabilities	\$ _____	\$ _____	\$ _____
Net Worth	\$ _____	\$ _____	\$ _____
Combined Net Worth			\$ _____

ADDITIONAL ITEMS RELEVANT TO ESTATE PLANNING

Please provide copies of any documents relevant to your estate planning matters, including, for example:

- | | |
|---|--|
| _____ Title Insurance Policy, Real Estate Tax
Bill and Recorded Deed | _____ Living Will |
| _____ Will | _____ Gift Tax Returns |
| _____ Trust(s) | _____ Pre-Marital or Post-Marital Agreements |
| _____ Irrevocable Life Insurance Trust | _____ Buy/Sell Agreements |
| _____ Power of Attorney for Property | _____ Partnership Agreements |
| _____ Power of Attorney for Health Care | |
| _____ HIPAA Form | |