

ESTATE PLANNING FACT FINDER

To begin the estate planning process, you will need to carefully complete, sign, and return the following fact finder to our firm prior to our first meeting. The information you provide in the fact-finder will help us identify any tax or property ownership issues and the persons involved. As you prepare for the first meeting, you should give some thought to the following:

Executor. Most often spouses will act as each other's executor, but you will need to name one or more successor executors. The role of the executor is to identify and gather all assets, identify all debts and potential claims against the estate, safeguard and protect assets including any real estate and investments, carry out the provisions in the Will for distribution of assets, payment of expenses, claims, taxes, if any, and debts, account for all services, and, finally, distribute the balance of the estate.

Trustee. In the event that minor children or young adults will be postponed in their possession of the funds so that they can be managed by a trustee, a person, bank, or trust company will need to be selected. Likewise, a beneficiary may suffer from a disability or for some other reason may be unable to handle the funds and, therefore, a special trust may be needed.

Personal Property. If you intend to make specific gifts of items of personal property, detailed descriptions, especially of jewelry items, need to be obtained.

Trust Distributions. If Trusts are imposed for minor children or young adults, the Trust instrument should specify the age or ages at which distributions will be made to the beneficiaries.

Special Needs. If any beneficiary has special needs or circumstances (physical, mental, financial, marital, or otherwise), they will need to be identified so that we can address those through special drafting.

Guardian. If any minor children are involved, a guardian may be nominated for appointment by the Court if the spouse does not survive.

Power of Attorney for Healthcare and HIPAA Authorization. We routinely draft a Statutory Power of Attorney for Healthcare to appoint an agent, and as many successor agents as you deem necessary, to make healthcare decisions for you in the event of a temporary or permanent disability. We also draft HIPAA Authorizations so that designated individuals have access to your medical records after your death without difficulty.

Power of Attorney for Property. We likewise suggest a Statutory Power of Attorney for Property, which would allow an agent, and as many successor agents as you deem necessary, to handle your assets and investments, receive income, pay bills, file tax returns, and otherwise handle your financial affairs.

Once we have your fact-finders, the initial meeting can be scheduled. We look forward to working with you.

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ESTATE PLANNING FACT FINDER (MARRIED)

I. Gener	al Personal Information			
	Spouse One Information	<u>Spous</u>	se Two	Information
Full Name				
Date of Birth				
SSN				
Occupation				
Email				
Cell Phone				
Office Phone				
Home Phone				
Home Addres	s			
Are you both	U.S. citizens?	Yes	<u>No</u>	Explanation
Have either of	f you been previously married?*			
Have you exe	cuted any estate planning documents?*			
Have you exe	cuted any premarital agreements?*			
As a married	couple, have you ever resided outside IL?			
Are either of	you a beneficiary of any trust or estate?*			
Are your pare	nts or grandparents living?			
Do either of y	ou have any special health/medical issues			

^{*}If any of these apply, please bring relevant documentation with you to our meeting (e.g. copies of divorce decree, prenuptial agreements, copies of estate planning documents, etc.)

II. Children and Descendants

	<u>SSN</u>	DOB	Child's Spouse	# of Child	lre
		Yes No			
Do you have any predeceas	ed children				
If yes:					
Name of deceased child(ren	ı)				
Date of death					
If you have a deceased child did they have children?	d,				
Any children or grandchild	ren adopted?				
If yes:					
Name of adopted child					
Date of adoption					
•	te, and, Country)			
Date of adoption Place of adoption (City, Sta	•			Yes	<u>N</u>
Place of adoption (City, Sta Do you have any children o	r grandchildren	have special of	education, medical		N
Place of adoption (City, Sta Do you have any children o or physical needs, or receive	r grandchildren e government be	have special e enefits (Medic	education, medical caid, SSI, etc.)?		<u>N</u>
Place of adoption (City, Sta Do you have any children o or physical needs, or receive	r grandchildren e government be d have problems	have special o enefits (Medic s with drugs/a	education, medical caid, SSI, etc.)? llcohol abuse?		<u>1</u>
Place of adoption (City, Sta Do you have any children o or physical needs, or receive Does any child or grandchil	r grandchildren e government be d have problems hild/grandchild'	have special or enefits (Medic s with drugs/a s ability to ha	education, medical caid, SSI, etc.)? llcohol abuse? indle money?	<u>Yes</u>	<u>1</u>
Place of adoption (City, Sta Do you have any children o or physical needs, or receive Does any child or grandchil Are you concerned with a c	r grandchildren e government be d have problems hild/grandchild' ur children's abi	have special of enefits (Medic s with drugs/a s ability to ha lity to get alo	education, medical caid, SSI, etc.)? llcohol abuse? indle money? ng with each other?	<u>Yes</u>	<u>1</u>
Place of adoption (City, Sta Do you have any children o or physical needs, or receive Does any child or grandchil Are you concerned with a c Are you concerned with you	r grandchildren e government be d have problems hild/grandchild' ur children's abi ur relationship v	have special of enefits (Medic s with drugs/a s ability to ha lity to get alo with your chilo	education, medical caid, SSI, etc.)? Ilcohol abuse? Indle money? ng with each other? dren?	<u>Yes</u>	<u>1</u>
Place of adoption (City, Sta Do you have any children o or physical needs, or receive Does any child or grandchil Are you concerned with a c Are you concerned with you Any concerns relative to yo Are any of your children div	r grandchildren e government be d have problems hild/grandchild' ur children's abi ur relationship v vorced or going	have special of mefits (Medic s with drugs/a s ability to ha lity to get alo with your chilo through a div	education, medical caid, SSI, etc.)? Ilcohol abuse? Indle money? ng with each other? dren? orce?	<u>Yes</u>	-
Place of adoption (City, Sta Do you have any children o or physical needs, or receive Does any child or grandchil Are you concerned with a c Are you concerned with you Any concerns relative to yo	r grandchildren e government be d have problems hild/grandchild' ur children's abi ur relationship v vorced or going ements or signif	have special of enefits (Medic s with drugs/a s ability to ha lity to get alor with your chilo through a div icant loan to a	education, medical caid, SSI, etc.)? Ilcohol abuse? Indle money? ng with each other? dren? orce?	<u>Yes</u>	

	Name	<u>Relationship</u>	Age	Potential Gift	
•		-	•		
•					
•					
•					
5.					
				Yes	<u>No</u>
o yo	ou have any interest in chari	table gifting in yo	ur estate	e plan?	
o yo	ou have any pets that you w	ish to specifically	include	in your plan?	
	Special Instructions in reg	gards to you pet: _			
V.	Asset Information Real Estate (Residence,	Veestion Home	Dontal	Investment Drener	try of a)
	<u>Address</u>	vacation nome,	<u>Title</u>	Mortgage	Market Value
	1				<u>Iviai Ket Value</u>
	2				
	3				
	4.				
	т.				
			•		
	Bank and Savings Acco		U,	•	, .
	Bank and Savings Accon Financial Institution	unts (Checking, S	avings, <u>Type</u>	Money Market, CD <u>Title</u>	Ds, etc.) <u>Market Value</u>
	Bank and Savings Accorn <u>Financial Institution</u> 1.	unts (Checking, S	<u>Type</u>	<u>Title</u>	, .
	Bank and Savings Accon Financial Institution	unts (Checking, S	<u>Type</u>	<u>Title</u>	, .
	Bank and Savings Accorn <u>Financial Institution</u> 1.	unts (Checking, S	<u>Type</u>	<u>Title</u>	, .
	Bank and Savings Accord Financial Institution 1. 2. 3.	unts (Checking, S	<u>Type</u>	<u>Title</u>	Market Value
	Bank and Savings According Financial Institution 1. 2.	unts (Checking, S	<u>Type</u>	<u>Title</u>	Market Value
	Bank and Savings Accord Financial Institution 1. 2. 3.	unts (Checking, S	<u>Type</u>	<u>Title</u>	Market Value
	Bank and Savings Accor Financial Institution 1. 2. 3. 4. Investment Accounts, Ser Financial Institution	unts (Checking, S	<u>Type</u> (Non-R <u>Type</u>	Title	Market Value
	Bank and Savings Accord Financial Institution 1. 2. 3. 4. Investment Accounts, Set	unts (Checking, S	<u>Type</u> (Non-R <u>Type</u>	Title	<u>Market Value</u>

III. Contingent and Other Potential Beneficiaries (relatives, friends, charities, etc.)

3.				
4.				
Re	tirement Accounts (IRA, 401(k), 403(b), Roth IRA, I	Pension, Profit	t Sharing, etc.)
	Financial Institution/Type	Participant/Owner	Beneficiary	Market Value
1.				
2.				
3.				
4.				
Lif	fe Insurance Policies and Annu			
	Financial Institution/Type	Participant/Owner	Beneficiary	Face Value
1.				
2.				
3.				
4.				
Au	itomobiles			
	Make/Model	Year	<u>Title</u>	Market Value
1.				
2.				
3.				
Pe	rsonal Effects (Jewelry, Art, F	amily Heirlooms etc.)		
	Description	Owner		Market Value
1.				
2.				
3.				
4.				

Description Owner Market Value _____ 1. _____ _____ 2. _____ 3. _____ _____ 4._____ _____ **Specific Gifts** – Are there any gifts of specific property or cash that you would like to go to any specific individual or organizations, including charitable bequests? Gift To Whom 1. _____ 2. _____ _____ _____ 3. _____ Liabilities (Mortgages, Liens, Debts, etc.) Creditor Amount of Debt Asset 1._____ _____ 2._____ _____ 3._____ 4._____ VI. Financial Advisors (Financial Planner, Accountant, Insurance Agents, Broker, etc.) Name/Address Phone Number/Email Role 1. _____ ____ ____ 2. _____ _ ____ 3. ______ 4. ______ _____

V.

Other Assets (Businesses, Corporations, Partnerships, Stock Options, Powers of Appointment, Potential Inheritances, etc.)

	ciary Appointments		
Succe	essor Trustee for your		
1.	Name	<u>R</u>	<u>elationship</u>
2.			
2. 3.			
5.			
Exect	utor(s) for your Will(s		
	<u>Name</u>	<u>R</u>	<u>elationship</u>
Husba	and		
1.			
2.			
3.			
Wife			
1.			
2.			
4.			
3.			erty during incanac
3.	t for Powers of Attorn	ney for Property (manages prop	
3. Agen	t for Powers of Attorn <u>Name</u>		perty during incapac <u>Address</u>
3. Agen Husba	t for Powers of Attorn <u>Name</u> and	ney for Property (manages prop <u>Relationship</u>	
3. Agen Husba 1.	t for Powers of Attorn <u>Name</u> and	ney for Property (manages prop	
 Agen Husba 1. 2. 	t for Powers of Attorn <u>Name</u> and	ney for Property (manages prop <u>Relationship</u>	
 Agen Husba 1. 2. 3. 	t for Powers of Attorn <u>Name</u> and	ney for Property (manages prop <u>Relationship</u>	
 Agen Husba 1. 2. 3. Wife 	t for Powers of Attorn <u>Name</u> and	ney for Property (manages prop <u>Relationship</u>	
 Agen Husba 1. 2. 3. Wife 1. 	t for Powers of Attorn <u>Name</u> and	ney for Property (manages prop Relationship	
 Agen Husba 1. 2. 3. Wife 1. 2. 	t for Powers of Attorn <u>Name</u> and	ney for Property (manages prop Relationship	
 Agen Husba 1. 2. 3. Wife 1. 2. 3. 	t for Powers of Attorn <u>Name</u> and	ney for Property (manages prop Relationship	<u>Address</u>
 Agen Husba 1. 2. 3. Wife 1. 2. 3. Agen 	t for Powers of Attorn <u>Name</u> and	ney for Property (manages prop Relationship	<u>Address</u>

Wife		
1.	 	<u> </u>
2.	 	
3.	 	

Living Will:

This document allows you to have the control in making decisions relating to the rendering of your end of life care, including the decision to have death delaying procedures withheld or withdrawn in certain instances. This document allows you to express your wishes and relieves the burden on family members.

Is a Living Will desired? Yes ____ No ____

Guardians for Minor Children

	Name	Relationship	Address
1.			
2.			
3.			

Is there anyone whom you would specifically *NOT* want to be named as guardian of your minor children?

Children's Trust:

A Children's trust is a trust set up as part of your trust to provide funds for minor children.

Trustee of Children's Trust

Principal of Children's Trust: Until the trust is distributed to the child or children, the Trustee is typically instructed to pay only so much of the principal of the trust as is necessary for each child's health, maintenance in reasonable comfort, education (including post graduate) and best interests.

If for some reason you do not desire this language, please indicate and explain your desires:

Income from the Children's Trust

Until the trust is distributed, the principal of the trust will generally earn income. The trust can be drafted so that the income is either rolled over into principal or so that the income, or at least a portion of it, is paid to the child or children on a consistent (e.g. quarterly) basis. Indicate your wishes below:

Roll income over into principal.

Pay ____% of the income to each child beginning at age _____.

Principal Distribution of the Children's Trust

The principal of the trust must ultimately be distributed to the child or children. Although the balance may be distributed in one lump sum upon a child's attaining a specified age, typically the distribution is done in two or three installments to protect the child from losing or spending all of his or her inheritance at an early age. Indicate your wishes with respect to the principal distribution of the trust below:

1/____ at age ____; 1/____ at age ____; 1/____ at age ____.

We have prepared this form with the understanding that it will be relied upon for estate planning advice, and any material omissions, overstated or understated amounts, or inaccurate ownership information may cause that advice to be inappropriate and/or inaccurate. We verify that the information furnished to Pucher & Ranucci, P.C. is complete and accurate and understand that Pucher & Ranucci, P.C. will not be making an independent investigation to confirm the data contained herein.

Spouse One

Dated: _____

Dated: _____

Spouse Two