



— A PROFESSIONAL CORPORATION —

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.

• ATTORNEYS AT LAW •

Maggie E. Pucher • maggie@pucherranucci.com

Elizabeth M. Ranucci • elizabeth@pucherranucci.com

P: (815) 782-3799 • 14496 John Humphrey Drive, Orland Park, IL 60462 • F: (815) 327-2744

ESTATE PLANNING FACT FINDER (MARRIED)

I. General Personal Information

Spouse One Information

Spouse Two Information

Full Name	<hr/>	<hr/>
Date of Birth	<hr/>	<hr/>
SSN	<hr/>	<hr/>
Occupation	<hr/>	<hr/>
Employer	<hr/>	<hr/>
Salary	<hr/>	<hr/>
Email	<hr/>	<hr/>
Cell Phone	<hr/>	<hr/>
Office Phone	<hr/>	<hr/>

Home Phone

Home Address

What is the best phone number and email to use in order to contact you regarding your estate plan?

	<u>Yes</u>	<u>No</u>	<u>Explanation</u>
Are you both U.S. citizens?	<hr/>	<hr/>	<hr/>
Have either of you been previously married?*	<hr/>	<hr/>	<hr/>
Have you executed any estate planning documents?*	<hr/>	<hr/>	<hr/>
Have you executed any premarital agreements?*	<hr/>	<hr/>	<hr/>
As a married couple, have you ever resided outside IL?	<hr/>	<hr/>	<hr/>
Are either of you a beneficiary of any trust or estate?*	<hr/>	<hr/>	<hr/>

Are your parents or grandparents living? _____

Do either of you have any special health/medical issues _____

Are either one of your currently receiving or plan to receive medical benefits through Medicaid? _____

*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>Child's Name</u>	<u>SSN</u>	<u>DOB</u>	<u>Child's Spouse</u>	<u># of Children</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Yes No

Do you have any predeceased children _____

If yes:

Name of deceased child(ren) _____

Date of death _____

If you have a deceased child, did they have children? _____

Any children or grandchildren adopted? _____

If yes:

Name of adopted child _____

Date of adoption _____

Place of adoption (City, State, and, Country) _____

Yes No

Do you have any children or grandchildren have special education, medical or physical needs, or receive government benefits (Medicaid, SSI, etc.)? _____

Does any child or grandchild have problems with drugs/alcohol abuse? _____

Are you concerned with a child/grandchild's ability to handle money? _____

Are you concerned with your children's ability to get along with each other? _____

Any concerns relative to your relationship with your children? _____

Are any of your children divorced or going through a divorce? _____

Have you made any advancements or significant loan to a child or grandchild? _____

Do you have any cryopreserved genetic material? _____

Other special issues to address for children? _____

III. Primary Beneficiaries

	<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Potential Gift</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

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

	<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Potential Gift</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

	<u>Yes</u>	<u>No</u>
Do you have any interest in charitable gifting in your estate plan?	_____	_____
Do you have any pets that you wish to specifically include in your plan?	_____	_____

Special Instructions in regards to your pet:

V. Asset Information

Real Estate (Residence, Vacation Home, Rental, Investment Property, etc.)

	<u>Address</u>	<u>Title</u>	<u>Mortgage</u>	<u>Market Value</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Bank and Savings Accounts (Checking, Savings, Money Market, CDs, etc.)

	<u>Financial Institution</u>	<u>Type</u>	<u>Title</u>	<u>Market Value</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Investment Accounts, Stocks, and Bonds (Non-Retirement Accounts)

	<u>Financial Institution</u>	<u>Type</u>	<u>Title</u>	<u>Market Value</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Retirement Accounts (IRA, 401(k), 403(b), Roth IRA, Pension, Profit Sharing, etc.)

	<u>Financial Institution/Type</u>	<u>Participant/Owner</u>	<u>Beneficiary</u>	<u>Market Value</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

3. _____

4. _____

Life Insurance Policies and Annuities

	<u>Financial Institution/Type</u>	<u>Participant/Owner</u>	<u>Beneficiary</u>	<u>Face Value</u>
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1.	_____	_____	_____	_____
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2.	_____	_____	_____	_____
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3.	_____	_____	_____	_____
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4.	_____	_____	_____	_____
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Automobiles

	<u>Make/Model</u>	<u>Year</u>	<u>Title</u>	<u>Market Value</u>
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1.	_____	_____	_____	_____
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2.	_____	_____	_____	_____
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3.	_____	_____	_____	_____
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Personal Effects (Jewelry, Art, Family Heirlooms, Firearms, etc.)

	<u>Description</u>	<u>Owner</u>	<u>Market Value</u>
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1.	_____	_____	_____
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2.	_____	_____	_____
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3.	_____	_____	_____
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4.	_____	_____	_____
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Other Assets (Businesses, Corporations, Partnerships, Stock Options, Powers of Appointment, Potential Inheritances, etc.)

	<u>Description</u>	<u>Owner</u>	<u>Market Value</u>
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1.	_____	_____	_____
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2.	_____	_____	_____
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3.	_____	_____	_____
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4.	_____	_____	_____
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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?

	<u>Gift</u>	<u>To Whom</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

V. Liabilities (Mortgages, Liens, Debts, etc.)

	<u>Asset</u>	<u>Creditor</u>	<u>Amount of Debt</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

VI. Financial Advisors (Financial Planner, Accountant, Insurance Agents, Broker, etc.)

	<u>Name/Address</u>	<u>Role</u>	<u>Phone Number/Email</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

VII. Fiduciary Appointments

Successor Trustee for your Trust

	<u>Name</u>	<u>Relationship</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

Executor(s) for your Will(s)

	<u>Name</u>	<u>Relationship</u>
Spouse One		
1.	_____	_____
2.	_____	_____
3.	_____	_____
Spouse Two		
1.	_____	_____
2.	_____	_____
3.	_____	_____

Agent for Powers of Attorney for Property (manages property during incapacity)

	<u>Name</u>	<u>Relationship</u>	<u>Address</u>
Spouse One			
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
Spouse Two			
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Agent for Powers of Attorney for Health Care (makes medical decisions during incapacity)

	<u>Name</u>	<u>Relationship</u>	<u>Address</u>
Spouse One			
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
Spouse Two			
1.	_____	_____	_____
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

	<u>Name</u>	<u>Relationship</u>	<u>Address</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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

Final Disposition Wishes (Burial/cremation, funeral, religious ceremonies, autopsy, organ donation, etc.)

1. _____
2. _____

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

1. _____
2. _____

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: _____

Spouse Two

Dated: _____

FOR OFFICE USE ONLY

Current Estate Planning Documents: _____
