



— 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.** You will need to name an executor as well as 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 other parent 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](mailto:maggie@pucherranucci.com)

Elizabeth M. Ranucci • [elizabeth@pucherranucci.com](mailto:elizabeth@pucherranucci.com)

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

## **ESTATE PLANNING FACT FINDER**

### **I. General Personal Information**

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

SSN \_\_\_\_\_

Occupation & Place of Employment \_\_\_\_\_

Current Salary \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Best phone number and email to contact you about your Estate Plan \_\_\_\_\_

Yes   No   Explanation

Are you a U.S. citizen? \_\_\_\_\_

Have you been previously married?\* \_\_\_\_\_

Have you executed any estate planning documents?\* \_\_\_\_\_

Have you executed any premarital agreements?\* \_\_\_\_\_

Have you ever resided outside IL? \_\_\_\_\_

Are you a beneficiary of any trust or estate?\* \_\_\_\_\_

Are your parents or grandparents living? \_\_\_\_\_

Do 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.	_____	_____	_____	_____

Yes   No

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>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

**Automobiles**

<u>Make/Model</u>	<u>Year</u>	<u>Title</u>	<u>Market Value</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**Personal Effects (Jewelry, Art, Family Heirlooms, Firearms, etc.)**

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

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

<u>Description</u>	<u>Owner</u>	<u>Market Value</u>
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?

<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**

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

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

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
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>
-------------	---------------------	----------------

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 \_\_\_\_\_

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**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? \_\_\_\_\_

**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 below 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 \_\_\_\_.

I 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. I 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.

---

Signature

---

Date