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## **ESTATE PLANNING WORKSHEET**

The information requested on this worksheet may seem like *none of our business*, but it is very important that an estate planner understands your present situation and your wishes for the future. Information provided is held in complete confidence, and is used for the sole purpose of analyzing estate planning needs and designing estate planning documents. **Please prepare this worksheet and return it to us prior to the initial appointment. By doing this, we will be able to review the completed worksheet before your appointment with us and more information and value will be received during the initial consultation.** During the initial appointment, we will determine your specific estate planning needs and goals. The potential cost of probate and tax which would occur with your current plan will be analyzed, and methods of reducing costs and accomplishing goals will be discussed. An exact quote on fees for most estate planning will be provided before you decide to authorize completion of your estate plan.

***VERY IMPORTANT: If you are married and all information on this worksheet is identical for you and your spouse, complete only one worksheet. If information for each spouse differs, make a copy of this worksheet so each spouse has a separate one. If this is not a first marriage for both of you and your spouse, then you each must complete separate worksheets.***

Date \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Home Address; Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**YOURSELF (H/W):**

First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_

Other names used: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

E-Mail \_\_\_\_\_ May we communicate with you via email? \_\_\_\_\_ (y/n)

**SPOUSE (H/W):**

First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_

Other names used: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

E-Mail \_\_\_\_\_ May we communicate with you via email? \_\_\_\_\_ (y/n)

County of Residence \_\_\_\_\_

Marital Status: \_\_\_\_\_ Married (Date occurred; \_\_\_\_\_)  
\_\_\_\_\_ Divorced (Date occurred; \_\_\_\_\_)  
\_\_\_\_\_ Separated (Date occurred; \_\_\_\_\_)  
\_\_\_\_\_ Widowed (Date occurred; \_\_\_\_\_)  
\_\_\_\_\_ Single

Have you ever lived in any of the following states, namely, CA, TX, NM, AZ, WA, LA, NV, WI or ID? If so, where and when did you live there? \_\_\_\_\_

How long have you lived in Illinois? \_\_\_\_\_

Who referred you to our office? \_\_\_\_\_

Who is your accountant? \_\_\_\_\_

Who is your financial planner? \_\_\_\_\_

Who is your stock broker? \_\_\_\_\_

Who is your insurance agent? \_\_\_\_\_

Who are your other attorneys? \_\_\_\_\_

What is your primary motivation for considering estate planning? (Select one or more)

- Probate Avoidance
- Guardianship for Minor Children
- Business or Farm Planning
- Federal Estate Tax Planning
- Other: \_\_\_\_\_

How soon would you like to complete planning? Is there a specific deadline, such as an upcoming trip, surgery, etc.? \_\_\_\_\_

	<b><u>Yourself (H/W)</u></b>	<b><u>Spouse (H/W)</u></b>
Are you a U.S. citizen?	___ Yes ___ No	___ Yes ___ No
Do you presently have a will (provide us with copy)?	___ Yes ___ No	___ Yes ___ No
Do you presently have a trust (provide us with copy)?	___ Yes ___ No	___ Yes ___ No
Do you presently have power of attorney for health care, property and/or a living will (provide us with copies)?	___ Yes ___ No	___ Yes ___ No
Have you entered into any agreements with your spouse, such as a prenuptial or community property agreement (provide us with copy)?	___ Yes ___ No	___ Yes ___ No
Were there any previous marriages?	___ Yes ___ No	___ Yes ___ No
If so, do you have any outstanding financial obligations under any divorce decree?	___ Yes ___ No	___ Yes ___ No
If so, please specify: _____		
Are any of your children from prior marriages or relationships?	___ Yes ___ No	___ Yes ___ No
If so, please identify these children:	_____	_____
Is there a possibility of having more children?	___ Yes ___ No	___ Yes ___ No
Are you interested in avoiding probate of your estate?	___ Yes ___ No	___ Yes ___ No

Yourself (H/W)

Spouse (H/W)

Do you have any deceased children?

\_\_\_ Yes \_\_\_ No

\_\_\_ Yes \_\_\_ No

If so, please identify and provide date of death and age at death: \_\_\_\_\_  
\_\_\_\_\_

Do any of your children or other beneficiaries have disabilities?

\_\_\_ Yes \_\_\_ No

\_\_\_ Yes \_\_\_ No

If so, please describe briefly: \_\_\_\_\_

Do you have any serious health problems?

\_\_\_ Yes \_\_\_ No

\_\_\_ Yes \_\_\_ No

If yes, please describe briefly: \_\_\_\_\_

Do you own a farm or business?

\_\_\_ Yes \_\_\_ No

\_\_\_ Yes \_\_\_ No

If yes, do you have a buy/sell agreement for the business (provide us with copy)?

\_\_\_ Yes \_\_\_ No

\_\_\_ Yes \_\_\_ No

If yes, do any of your children work in the business with you? \_\_\_ Yes \_\_\_ No

\_\_\_ Yes \_\_\_ No

If yes, does the child working in the business have an ownership interest in the business?

\_\_\_ Yes \_\_\_ No

\_\_\_ Yes \_\_\_ No

Do you own a long-term care (nursing home) insurance policy?

\_\_\_ Yes \_\_\_ No

\_\_\_ Yes \_\_\_ No

Do you have a safe deposit box?

\_\_\_ Yes \_\_\_ No

\_\_\_ Yes \_\_\_ No

If so, where is it and whose name(s) is on the box? \_\_\_\_\_  
\_\_\_\_\_

If married, do you hold everything jointly with your spouse, or is some property separate?

\_\_\_ All joint (except IRA's, pensions, etc.) \_\_\_ Some separate

**NET WORTH:** If you added the value of all property owned by yourself (and your spouse if married) including real estate, personal property, bank accounts, stock, bonds, IRAs, and anything else you own *except* death benefits on life insurance, what is the approximate total value of your estate (and your spouse if married)?  
\$ \_\_\_\_\_

What is the value of death on life insurance?      Insuring      Insuring  
   Yourself \_\_\_\_\_      Spouse \_\_\_\_\_

What is the total amount of your outstanding liabilities? \$ \_\_\_\_\_

**INCOME/ASSET/LIABILITY INFORMATION**

Please list your income/asset/liability information in the appropriate category below.

Attach a separate page if necessary.

	<u>Yourself (H/W)</u>	<u>Community/Joint</u>	<u>Spouse (H/W)</u>
<b>OCCUPATION:</b>	_____		_____
<b>INCOME:</b>			
Earned Monthly Income from Labor	_____	_____	_____
Monthly Social Security Income	_____	_____	_____
Monthly Pension Income	_____	_____	_____
Other Monthly Income	_____	_____	_____

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<b>Type of Asset</b>	<b>Title in Which Held</b> (e.g., Husband sole; Wife sole; Joint with spouse; Joint with third party; Tenants in common, etc.)	<b>Description and Type of Property</b> (e.g., Residential, Commercial, Manufacturing, Agricultural)	<b>C u r r e n t Value</b>
<hr/>			
<b>REAL ESTATE</b>			
Personal Residence	_____	_____	_____
Vacant Land	_____	_____	_____
Other Real Estate:	_____	_____	_____
	_____	_____	_____

LIQUID ASSETS	Title in Which Held	Account number & where held	Current Value
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Cash on Hand	_____	_____	_____
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Checking Accounts	_____	_____	_____
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Savings Accounts	_____	_____	_____
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Money Market Accounts	_____	_____	_____
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Custodial accounts for minors	_____	_____	_____
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Certificates of Deposit	_____	_____	_____
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Government and Publicly Traded Securities (Stocks/Bonds)	_____	_____	_____
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Unlisted Securities (Not Publicly Traded)	_____	_____	_____
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**OTHER ASSETS;**

IRA's, 401(k)s, etc.;

<u>Company</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Current Value</u>
_____	_____	1. _____ 2. _____	_____
_____	_____	1. _____ 2. _____	_____
_____	_____	1. _____ 2. _____	_____
_____	_____	1. _____ 2. _____	_____

Annuities;

<u>Company</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Current Value</u>
_____	_____	1. _____ 2. _____	_____
_____	_____	1. _____ 2. _____	_____

Pension/Profit Sharing;

<u>Company</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Current Value</u>
_____	_____	1. _____ 2. _____	_____
_____	_____	1. _____ 2. _____	_____

Life Insurance;

<u>Company</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Cash Value</u>	<u>Death Benefit</u>
_____	_____	1. _____ 2. _____	_____	_____
_____	_____	1. _____ 2. _____	_____	_____
_____	_____	1. _____ 2. _____	_____	_____
_____	_____	1. _____ 2. _____	_____	_____

**OTHER ASSETS**

(Continued)

	<b>Title in Which Held</b>	<b>Description</b>	<b>Current Value</b>
Equity in Business			
___ Sole Proprietorship			
___ Partnership			
___ Corporation (___ "S" Corp.)			
___ LLC			
Notes and Loans Receivable			
Automobiles			
Other Personal Property			

Any other assets not listed above? (E.g., beneficial interest in trust or estate, inheritance received, copyrights, trademarks, patents or other intangible rights)

**LIABILITIES** (E.g., home mortgage, home equity loans, auto loans)

<b>Description</b>	<b>Name Loan Taken In: (Yourself, Spouse, Wife, Joint, Other)</b>	<b>Amount Owed</b>



**CHILDREN OR OTHER BENEFICIARIES**

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<b>Name</b>	<b>Address</b>	<b>Age</b>	<b>Date of Birth</b>	<b>Relationship</b>

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**GIFT TAX RETURNS**

- \* Have gift tax returns ever been filed to report gifts made?\_\_\_\_\_\*\*\*If YES, please bring copies of the returns to your appointment.
- \* Have your parents discussed their estate plan (if any) with you? If so, please describe;
- \* Are you aware of whether or not you have been given a power of appointment by another person in his or her estate planning documents?\_\_\_\_\_ If so, please provide us with copies of these documents.

**APPOINTMENTS**

- 1. PERSONAL REPRESENTATIVE.** The will should name a personal representative to probate the estate. (Personal representative is also sometimes referred to as executor or administrator.) (E.g., spouse as primary personal representative, with a child, relative, friend, or corporate trustee as alternate. In second marriage situations, spouse as primary personal representative may not be appropriate.)

PERSONAL REPRESENTATIVE: \_\_\_\_\_  
ALTERNATE: \_\_\_\_\_  
SECOND ALTERNATE: \_\_\_\_\_

- 2. SUCCESSOR TRUSTEE.** If you choose to avoid probate of your estate by executing a living trust during lifetime, a successor trustee should be named. The successor trustee would be responsible for managing assets if you were unable to manage assets due to incompetency. The successor trustee would distribute assets to beneficiaries after death.

SUCCESSOR TRUSTEE: \_\_\_\_\_  
ALTERNATE: \_\_\_\_\_  
SECOND ALTERNATE: \_\_\_\_\_

3. **HEALTH CARE AGENT.** Who should be named to make medical decisions on your behalf including decisions regarding medical consents, life support issues, and nursing home admission if you were unable to make these decisions yourself? (Frequently, the primary agent is the spouse.) It is not necessary to appoint the same person who is your successor trustee or personal representative as your health care agent.

HEALTH CARE AGENT: \_\_\_\_\_

ALTERNATE: \_\_\_\_\_

SECOND ALTERNATE: \_\_\_\_\_

### PLAN OF DISTRIBUTION

1. **SPECIFIC GIFTS (OPTIONAL).** Do you want to make charitable gifts, such as to a church or other institution? Do you wish to make a special gift to a particular person, such as a piece of jewelry to a particular child?

\_\_\_\_\_

\_\_\_\_\_

2. Briefly describe where you would want assets remaining after any specific gifts are distributed. (Don't worry about tax planning or other considerations in answering this question. We'll consider those details later if needed.)

\_\_\_\_\_ All to spouse, then equally between children, and if a child didn't survive, the deceased child's children would take the share of the deceased child.

\_\_\_\_\_ All to spouse, then equally between surviving children.

\_\_\_\_\_ All to spouse, then \_\_\_\_\_

\_\_\_\_\_ As follows: \_\_\_\_\_

\_\_\_\_\_

3. **ULTIMATE DISTRIBUTION (OPTIONAL).** You might want to provide for the distribution of your property if neither you, your spouse nor your children/other beneficiaries named above survive.

\_\_\_\_\_

\_\_\_\_\_

### PLEASE COMPLETE THIS SECTION ONLY IF YOU HAVE MINOR BENEFICIARIES OR BENEFICIARIES WITH DISABILITIES

1. **GUARDIAN.** If you have minor children or a beneficiary with special needs, you may need to appoint a guardian. The guardian is responsible for the day-to-day care of the child. It is a good idea to name an alternate guardian to act if your first choice cannot serve.

GUARDIAN: \_\_\_\_\_

ALTERNATE: \_\_\_\_\_

**2. TESTAMENTARY TRUSTEE.** You may need a trustee to manage assets for beneficiaries until they reach an age when you believe they should be capable of managing assets on their own. A trustee can keep the beneficiary's money invested wisely and use it for their education, support, etc., until they reach the age specified for outright distribution of assets to them. The trustee can be a relative, friend, trust company, or other person or institution you trust to manage and distribute assets according to your wishes. The testamentary trustee can be the same person named as the guardian, or could be a different person or institution.

TESTAMENTARY TRUSTEE: \_\_\_\_\_

ALTERNATE: \_\_\_\_\_

**3. AGE OF DISTRIBUTION.** If you do establish a trust to allow a third party to manage assets for beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary his or her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as 1/2 at age 25 and the balance at age 30, or 1/3 at 21, 1/3 at 25, and 1/3 at 35. You may use any age or combination of ages that you choose.

\_\_\_\_\_  
\_\_\_\_\_

I (we) verify the accuracy of the information herein contained and authorize the release of this information solely for the purpose of preparation of my/our estate plan. I (we) also acknowledge that my/our estate plan will only take into account the information specified herein and that it may not be effective as to information not included herein by me (us).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

