

Law Office of Jeffrey R. Van Dyke, LLC

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ESTATE PLANNING WORKSHEET

The information requested in 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 complete this worksheet and submit it to us for review. **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/partner differs, make a copy of this worksheet so each spouse/partner has a separate one. If this is not a first marriage for both you and your spouse, then you each must complete separate worksheets.

Once we have received and reviewed your responses and any submitted supporting documents, we will contact you to schedule an appointment. In doing this, more information and value will be given to you during the consultation.

During the 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.

We look forward to working with you on your estate planning!

Date:				
Primary phone num	ber to be used by our	office:	(mob	oile land line)
Primary e-mail to be	e used by our office:			
Residence Address;				
	(Include street, city,	state and zip code)		
County of residence	(e.g., DuPage, Cook,	etc.):	_	
Who referred you to	our office?:			
ABOUT YOU:				
Legal First Name	Leg	al Middle Initial	Legal Last N	 ame
Other names used: Date of birth: Gender: U.S. Citizen: Y/N				
Marital Status:	Married Divorced Separated Widowed Single	(Date occurred;)	
(if yes, please provide If you are currently of Idaho, Louisiana, N	de us with a copy) married, have you live Yevada, New Mexico, Y	ed in any of the following	g states while marri Wisconsin. Y/N _	nge agreement? Y/Nied?; <i>Arizona, California</i> If yes, where and when
Do you have any ser	rious health issues? Y	/N If yes, please of	describe:	
than Jeffrey R. Van I	Dyke, LLC (e.g., a will	<u> </u>	ney for property, po	BY SOMEONE OTHER ower of attorney for health
What is your occupa	ntion?			
Who is your account	tant?			
Who is your insuran	ce agent?			
Who are your other a	attorneys?			

ABOUT YOUR SPOUSE / PARTNER:

Legal First Name	Legal	Middle Initial	Legal Last N	lame
Other names used:				
Marital Status:	Married Divorced Separated Widowed Single	(Date occurred; (Date occurred; (Date occurred; (Date occurred;)	
Does your spouse/pa	artner have any serious l	nealth issues? Y/N	If yes, please de	escribe:
SOMEONE OTHER of attorney for health	-	ke, LLC (e.g., a will, to Y/N (if yes, plants)	rust(s), power of attease provide us wi	
ABOUT YOUR FA	AMILY:		Yourself	Spouse/Partner
If you have children, have disabilities?	do any of them or other	r beneficiaries	Y/N	Y/N
If so, please describe	e briefly:			
Is there a possibility	of having more children	n?	Y/N	Y/N
Are any children from	m prior marriages or rel	ationships?	Y/N	Y/N
If yes, please identify	y these children:			
Do you have any dec	reased children?		Y/N	Y/N
If so, please identify	and provide date of dea	th and age at death:		

CHILDREN OR OTHER BENEFICIARIES

Name	Address	Age	Date of Birt	h Relationship
ABOUT YOUR CONCERN	VS:			
What is your primary motivation	on for considering estate plan	ning? (S	elect one or mo	ore)
Avoid probate court pro		deceased		
Provide for and protect				
Provide for and protect				
Make large gifts to child	_			
Provide for charities at				
Business or farm planni	_			
Federal Estate and/or II				
For most clients, the estate plar has been gathered and all deci upcoming surgery, etc.?				
Please list any other concerns th	at you want to discuss:			
ABOUT YOUR PLANNING	G:		Yourself	Spouse/Partner
		1.11	- · · · · · · · · · · · · · · · · · · ·	- F
Are you (or a spouse/partner) or other government benefits?	receiving Social Security, dis	ability,	Y/N	Y/N
Were there any previous marris	ages?		Y/N	Y/N

	Yourself	Spouse/Partner
If so, do you have any outstanding financial obligations under any divorce decree?	Y/N	Y/N
If yes, please specify and provide copies of divorce decree or proper	rty settlement ord	ders
If your parents (or a spouse's/partner's parents) have disclosed their	estate plan to yo	ou, please describe:
Are you (or a spouse/partner) aware that another person has given you a "power of appointment" (not the same thing as a power		
of attorney) in his or her estate planning documents? If so, please provide copies of documents granting such power.	Y/N	Y/N
Have you (or a spouse/partner) ever filed gift tax returns? If so, please provide copies of all gift tax returns.	Y/N	Y/N
Do you own a long-term care (nursing home) insurance policy?	Y/N	Y/N
Do you have a safe deposit box?	Y/N	Y/N
If so, where is it and whose name(s) is on the box?		
Do you own a farm or business?	Y/N	Y/N
If yes, do you have a buy/sell agreement for the business (provide us with copy)?	Y/N	Y/N
If yes, do any of your children work in the business with you?	Y/N	Y/N
If yes, does the child working in the business have an ownership interest in the business?	Y/N	Y/N
In general, where would you like your assets to go after any specific gworry about tax planning or other considerations in answering this of needed)?	-	<u>-</u>
All to spouse, then equally between children, and if a c children would take the share of the deceased child. All to spouse, then equally between surviving children. All to spouse, then		
As follows:		

ABOUT YOUR INCOME, ASSETS AND LIABILITIES:

t is the value of death	d)? \$ on life insurance?	Insuring Yourself	Insuring Spouse _	
Please list you	INCOME/ASSET/LIAI ar income/asset/liability info			
INCOME	Yourself	Joint	Spouse/Pa	rtner
Monthly earned from labor				
Monthly Social Secu	rity			
Monthly Pension				
Other monthly				
	(e.g., sole, joint w/spouse	Description (e.g, residential, con		Value
Personal Residence:				
Other:				

LIQUID ASSETS	Who Owns	Where Held and Account #	Current Value
Cash on hand			
Checking accounts			
Savings accounts			
Money market accounts			
Custodial accounts for minors			
Certificates of deposit			
Stocks, bonds, taxable brokerage accounts			
Unlisted securities			

RETIREMENT ACCOUNTS:

Type (IRA, 401(k), etc.):	Company	Owner	Beneficiary(ies)	Current Value
			1. 2.	
		Г	<u> </u>	
Annuities	Company	Owner	Beneficiary(ies)	Current Value

Annuities	Company	Owner	Beneficiary(ies)	Current Value
Tax-deferred? Y/N			1. 2.	
Tax-deferred? Y/N				

Pension or Profit sharing?	Company	Owner	Beneficiaries	Current Value

LIFE INSURANCE:

Company	Owner	Beneficiary(ies)	Cash Value	Death Benefit
		1. 2.		

OTHER ASSETS:

Business	Type (e.g.,	, sole proprietorship,	Title in which	Desc	ription	Current Valu
name		o, LLC, corporation,	held (<i>include</i> % <i>ownership</i>)			
Notes & loans receivable	Ow	ed by	Owed to		A	mount owed
Personal pro	operty (cars,	Description	Owned by		Curren	t value
boats, jewel		Description	owned by		Curren	1 14140

LIABILITIES (e.g.,	home mortgage, home equity loans, auto loans	·):
Description	Name Loan Taken In: (Yourself, Spouse, Joint, Other)	Amount Owed
		un actota plan. Wa will actogopica
The following will ask eople into appropriate and a spouse/partner)	of for the various people who will be named in youte roles during our meeting. For now, just list an	y people who might be relevant (f
The following will asl beople into appropriate and a spouse/partner)	x for the various people who will be named in you te roles during our meeting. For now, just list an	y people who might be relevant (f
The following will ask beople into appropriation of a spouse/partner) Who are the people will	x for the various people who will be named in you te roles during our meeting. For now, just list an	y people who might be relevant (f
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The following will ask people into appropriat and a spouse/partner) Who are the people when t	x for the various people who will be named in you te roles during our meeting. For now, just list an	y people who might be relevant (f
The following will ask people into appropriat and a spouse/partner) Who are the people when t	to for the various people who will be named in you te roles during our meeting. For now, just list and the would help make financial decisions if you we	y people who might be relevant (f
people into appropriate and a spouse/partner) Who are the people when the peop	to for the various people who will be named in you te roles during our meeting. For now, just list and the would help make financial decisions if you we	y people who might be relevant (for the to become incapacitated or decome inca

Any other assets not listed above? (e.g., crypto currencies, beneficial interest in trust or estate,

inheritance received, copyrights, trademarks, patents or other intangible rights)

If you have minor children - who would raise your children until they are adults?

Name		Relationship
the release of this information solely that my/our estate plan will only tal	for the purpose of preparing my se into account the information p	of the information provided and authorized/our estate plan. I (we) also acknowledge provided in this Worksheet and that it may n your name and write today's date below
Signature	Date	
Spouse's/Partner's Signature	Date	
	GENERAL QUESTIONS	S
NOTES AND QUESTIONS: Pleator note any questions you may have		be of importance in planning your estate,