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P.C.

A T T O R N E Y   A T   L A W

## **Estate Planning Questionnaire**

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*In order to best utilize time during your initial consultation, we ask that you complete this Questionnaire to the best of your ability in advance of the meeting. However, please do not let questions or incompletion of the form delay scheduling your consultation. Any questions, concerns, or missing information can be addressed during the meeting.*

*If you are married, you and your spouse may complete this form together, or a separate form may be submitted for each of you.*

## **1. Personal Information**

### **A. Your Personal Information**

Legal Name: U.S. Citizen:

Also Known As: Date of Birth:

Prefer To Be Called: SSN: XXX-XX-

Home Address:

Mailing Address (if different):

Email: Telephone:

Occupation: Date of Marriage:

If applicable- Name of prior spouse(s) and date of divorce, or death, of spouse(s):

### **B. Spouse's Personal Information**

Legal Name: U.S. Citizen:

Also Known As: Date of Birth:

Prefer To Be Called: SSN: XXX-XX-

Home Address:

Mailing Address (if different):

Email: Telephone:

Occupation:

If applicable- Name of prior spouse(s) and date of divorce, or death, of spouse(s):

**C. Children and/or Other Dependent Family Members**

*Please provide full legal names. Include all children (living or deceased), regardless of whether they will be included as beneficiaries. If additional space is needed, use the **Additional Relevant Information** section.*

Name: Date of Birth:

Gender: Parent:

Name: Date of Birth:

Gender: Parent:

Name: Date of Birth:

Gender: Parent:

Name: Date of Birth:

Gender: Parent:

Name: Date of Birth:

Gender: Parent:

**D. Advisors**

Personal Attorney: Telephone:

Accountant: Telephone:

Financial Planner: Telephone:

Life Insurance Agent: Telephone:

**E. Important Family Questions**

*Please check "Yes" or "No" for your answer. If you answer "Yes" to any of the questions below, please explain in the **Additional Relevant Information** section below.*

You		Spouse	
Y	N	Y	N

1. Do you (or your spouse) have a Will or a Trust now?
2. Are you (or your spouse) receiving Social Security, Disability, or any other government benefits?
3. Are you (or your spouse) making payments pursuant to a divorce or property settlement order?
4. Have you and your spouse signed a pre- or post-marriage contract?
5. Are you (or your spouse) expecting to receive property or money from a gift, inheritance, lawsuit, or by other means?
6. Are you (or your spouse) party to a business ownership agreement, such as a corporate shareholder agreement, LLC operating agreement, or partnership agreement?
7. Do any of your children, or dependents, (or your spouse's children or dependents) receive governmental support or benefits?
8. Do any of your (or your spouse's) family members, or any other possible beneficiary, suffer from serious health problems, mental illness, drug addition, alcoholism, debt problems/bankruptcy, marital difficulties, or otherwise have special needs (education, medical, or physical) or limitations?
9. Are you, or your spouse, pregnant or anticipate becoming pregnant in the near future?
10. Do any of your (or your spouse's) family members owe you money, or have you made gifts that you wish to treat as an advance of their inheritance?
11. Do you (or your spouse) wish to disinherit anyone?
12. Have you (or your spouse) ever filed federal or state gift tax returns?

**F. Additional Relevant Information**

## 2. Property Information

*This section is designed to help you list all the property you (and your spouse) own and what it is worth. If you do not own property under a particular section, mark that section N/A. If you need more space than is provided, please use the **Other Assets** section below.*

### A. Cash & Savings

You

Spouse

Joint

Checking:

Certificates of Deposit:

Treasury Bills:

Credit Union:

Money Market:

Savings:

**Total:**

### B. Marketable Securities

Stocks:

Bonds:

Mutual Funds:

Annuities:

Gold & Silver:

**Total:**

### C. Personal Property

*Personal property includes furniture, fixtures, antiques, paintings, clothing, furs, jewelry, automobiles, recreational vehicles, hobbies, coins, stamps, tools, etc.*

**Total:**

D. Real Estate

Address:

Type: Owner:

Value: Mortgage: Equity:

Address:

Type: Owner:

Value: Mortgage: Equity:

Address:

Type: Owner:

Value: Mortgage: Equity:

Total:

E. Retirement Plans

Owner Plan Type Value Beneficiary/POD

Total:

F. Business Interests

Company Ownership Percentage of Ownership Value of Ownership

Total:

**G. Life Insurance Policies & Annuities**

Company:	Type:	Value:
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Policy Holder:	Person Insured:
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Current Beneficiary:	Contingent Beneficiary:
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Company:	Type:	Value:
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Policy Holder:	Person Insured:
----------------	-----------------

Current Beneficiary:	Contingent Beneficiary:
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Company:	Type:	Value:
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Policy Holder:	Person Insured:
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Current Beneficiary:	Contingent Beneficiary:
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Company:	Type:	Value:
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Policy Holder:	Person Insured:
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Current Beneficiary:	Contingent Beneficiary:
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**Total:**

**H. Other Assets**

*Any other property or assets not listed above can be listed here. Please list the type of asset, the owner, and its value.*

**Total:**

**I. Combined Property Value**

*Total of sections A through H*

**J. Annual Income**

You:

Spouse:

**3. Design Information**

**A. Guardian for Minor Children**

*If you have a minor child, or children, or a handicapped child, you will want to name a Guardian. Our experience suggests that you consider one of your adult children, close family members, or close friend. The Guardian and Successor Trustee(s) need not be the same person.*

Guardian:

Relationship:

Address:

Alternate Guardian:

Relationship:

Address:

**B. Trustees**

*Usually both spouses will be the Original Trustees (Managers of the Trust).*

Trustee(s) (if not you and/or spouse):

Address:

**C. Successor Trustees**

*You will need to identify at least two individuals who you would want to step into your shoes to manage, or allocate and distribute your estate upon the disability, or death, of both spouses. If you desire to have a Co-Trustee to serve along with either the Original Trustee or the Successor Trustee(s), please identify that person and/or institution (e.g. Bank or Trust Company) and note who they are to be Co-Trustee with.*

First Successor Trustee:

Address:



Second Successor Trustee:

Address:

Third Successor Trustee:

Address:

**D. Agent under Power of Attorney for Property**

*The most important feature of the Power of Attorney for Property is that it names the individual authorized to act for you (your Agent) in financial matters if you should be unable to do so yourself. Please note, you cannot name Co-Agents.*

**1. You**

Initial Agent:

Relationship:

Address:

First Successor Agent:

Relationship:

Address:

Second Successor Agent:

Relationship:

Address:

**2. Spouse**

Initial Agent:

Relationship:

Address:

First Successor Agent:

Relationship:

Address:

Second Successor Agent:

Relationship:

Address:

**E. Agent under Power of Attorney for Healthcare**

*The most important feature of the Power of Attorney for Healthcare is that you are appointing an Agent to make decisions regarding your medical treatment and life-sustaining procedures (including food and hydration) should you not be able to do so for yourself. Please note you cannot name Co-Agents.*

**1. You**

Initial Agent:

Relationship:

Address:

Telephone:

First Successor Agent:

Relationship:

Address:

Telephone:

Second Successor Agent:

Relationship:

Address:

Telephone:

**2. Spouse**

Initial Agent:

Relationship:

Address:

Telephone:

First Successor Agent:

Relationship:

Address:

Telephone:

Second Successor Agent:

Relationship:

Address:

Telephone:

**F. Executors**

*The Executor is the Manager of your Will. You may nominate the same person you nominated as the Successor Trustee under your Trust if you choose. An Executor of your will is required whether or not you have a Trust.*

**1. You**

Executor:

Address:

First Successor Executor:

Address:

Second Successor Executor:

Address:

**2. Spouse**

Executor:

Address:

First Successor Executor:

Address:

Second Successor Executor:

Address:

**G. Comments/Concerns**

## **4. Distribution of Your Estate**

### **A. Personal Property:**

*Your Trust will allow you to make specific gifts of personal property via a written memorandum (which we will provide to you). All other personal property not otherwise disposed of will pass to your surviving spouse (if applicable), and if your spouse is to predecease you, then to your children (if applicable). If you or your spouse wishes to leave your personal property in a different manner, or to another party, please describe below.*

### **B. Specific Bequests/Gifts (Cash or Personal Property)**

*List any specific gifts of real estate or cash gifts to make to either individuals or charities. Indicate whether these gifts are to be made even if the other spouse is alive.*

#### **1. You**

Individual or Charity: Y      N

Amount or Property: Contingent on spouse predeceasing you?

Individual or Charity:

Amount or Property: Contingent on spouse predeceasing you?

#### **2. Spouse**

Individual or Charity:

Amount or Property: Contingent on spouse predeceasing you?

Individual or Charity:

Amount or Property: Contingent on spouse predeceasing you?

**C. Distribution of the Balance of Your Estate**

*This section designates to whom and when you want the balance of your estate distributed after payment of all final expenses, funeral/medical bills, taxes, and special bequests(gifts). This may be the same allocation for both spouses, or it may be different for each spouse's share of the assets. If separate distribution, please make note of such in the **Other Items to Include/Discuss** section.*

Beneficiary: % or &:

When to distribute\*:

If this Beneficiary dies before you, the deceased Beneficiary's portion shall go:

Beneficiary: % or &:

When to distribute\*:

If this Beneficiary dies before you, the deceased Beneficiary's portion shall go:

Beneficiary: % or &:

When to distribute\*:

If this Beneficiary dies before you, the deceased Beneficiary's portion shall go:

Beneficiary: % or &:

When to distribute\*:

If this Beneficiary dies before you, the deceased Beneficiary's portion shall go:

Beneficiary: % or &:

When to distribute\*:

If this Beneficiary dies before you, the deceased Beneficiary's portion shall go:

*\*For example, immediately after your passing or when the Beneficiary reaches a certain age*

**D. Remote Contingent Beneficiary**

*Who do you want to receive the balance of your estate in the unlikely event that no one listed survives you? Note, "heirs-at-law" would consist of your biological and/or adopted children, or if you do not have children, it would be your next of kin, usually your parents and/or your siblings.*

**1. You**

To heirs-at-law.

1/2 to heirs-at-law, 1/2 to spouse's heirs-at-law.

To the following named individuals or charities:

**2. Spouse**

To heirs-at-law.

1/2 to heirs-at-law, 1/2 to spouse's heirs-at-law.

To the following named individuals or charities:

**E. Specific Exclusions**

*List below the names of and your relationship to any family member(s) who are to be specifically excluded from allocation and distribution of your estate.*

**F. Special Situations**

*Example: If a distribution from estate assets is to be made to a handicapped child or disabled adult, you may wish to leave the decision to the absolute discretion of the Trustee so as not to hinder any benefits they might be eligible for. List any state or federal benefits your handicapped child or disabled adult beneficiary is currently receiving or will be eligible for in the future. You may wish to consider appointing someone to serve as this child's or disabled adult's Guardian upon your death.*

**G. Other Items to Include/Discuss**

Completed by:

Date: