

McCormick Braun Friman, LLC

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ESTATE PLANNING PERSONAL INFORMATION FACT-FINDER

Please complete the following in its entirety. If additional space is needed, feel free to include extra pages. The material provided herein will be used by our attorneys for informational purposes only and is in no way intended to be a final or complete outline of your estate plan. Estate planning is a complicated area of law and, as such, a fact-finder such as this one may not fully provide the information necessary to prepare an estate plan. After reviewing this fact-finder, the attorney working with you may have certain follow-up questions based on the answers that you have provided.

Residence

Street Address _____

City, State, Zip Code _____

Home Phone _____

You

Your Spouse

Business Phone _____

Cell Phone _____

Email Address _____

Background Information

You

Your Spouse

First Name _____

Middle Name _____

Last Name _____

Preferred Name _____

Social Security Number _____

Date of Birth _____

Are you a U.S. Citizen? _____ Yes _____ No _____ Yes _____ No



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Prior Marriages

Former Spouse's Name _____

Terminated by _____ Death _____ Divorce _____ Death _____ Divorce

Divorce obligations to or from former spouse:

Child support _____

Alimony _____

Life Insurance _____

Other _____

*A copy of the premarital or postmarital agreement and/or the divorce decree, including any amendments, should accompany this fact-finder.

<i>Children</i>	Name	Date of Birth
Child 1	_____	_____
Child 2	_____	_____
Child 3	_____	_____
Child 4	_____	_____
Child 5	_____	_____
Child 6	_____	_____
Child 7	_____	_____
Child 8 (& others)	_____	_____

If married, are both spouses the parent of each child? _____ Yes _____ No; If No, please indicate the parents of each child.

Is any child adopted? _____ Yes _____ No; If yes, please indicate which children, date(s) of adoption, and place(s) of adoption (*City, State and if not the U.S., Country*).



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Does any child (including adult children) have special education, medical (including physical, mental or emotional), or financial needs or limitations? If so, is any such child presently receiving or benefiting from any state, federal, or private benefit or payment programs such as Medicaid?

Do you have any deceased children? Yes No

Name(s) of deceased child(ren) _____

Date(s) of death _____

Inheritances & Gifts

Are there any inheritances likely to be received by you or your spouse in the future? Yes No

If yes, provide details:

Have you or your spouse ever filed a United States Gift Tax Return (Form 709)?

Yes No; If yes, please furnish a copy of all such Returns.

Marital Issues (if married)

Have you at any time during your marriage resided in a community-property state (Arizona, California, Idaho, Nevada, New Mexico, Louisiana, Texas, or Washington, and Alaska and Wisconsin also recognize some form of community property)?

Yes No; If yes, when and where? _____

Have you and your spouse entered into any agreement prior to or during your marriage regarding the rights of each of you in the property of the other?

Yes No; If yes, please furnish a copy of said agreement.



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Additional Information

Is there any other information we should know about you or your family (e.g. second marriage, disabled child, etc.)

Professional Relationships

Accountant:

Name/Firm _____

Address _____

City, State, Zip Code _____

Phone _____

Life Insurance Representative:

Name/Firm _____

Address _____

City, State, Zip Code _____

Phone _____

Stockbroker/Financial Planner:

Name/Firm _____

Address _____

City, State, Zip Code _____

Phone _____



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Specific Gifts

Are there any gifts or specific property (e.g. family heirlooms, jewelry, etc.) or cash that you would like to go to any specific individuals or organization, including charitable bequests?

Gift	To Whom
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Your Beneficiaries

After specific gifts have been made, the remainder of your estate will be distributed to your remainder beneficiaries. Please select from the following common situations:

1. I want my assets to be split evenly between my children.
2. I have no children, or I do not want my estate distributed evenly between my children.

If you have selected option 2, please indicate below how you would like the balance of your estate to be distributed:

Name or Person / Organization	Amount / Percentage
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



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Is there anyone specifically that you want excluded from receiving anything from your estate? If yes, please provide details:

Representatives Under your Will

Executor: In the event that probate is required, your Executor is responsible for guiding your estate through that court process. You may name as many backup Executors as you wish. If married, typically your spouse will be your primary Executor. Please list your Executors in the order that you wish them to serve:

You	Your Spouse
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

Trustee: Your successor trustee will manage trust assets on your behalf when you are unable due to either death or incapacity. Your successor trustee is the person who makes your trust work by distributing its assets to your children or beneficiaries. You may name as many successor trustees as you wish. If married, typically your spouse will be your primary successor trustee. Please list your trustees in the order that you wish them to serve:

You	Your Spouse
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____



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Guardian of any Minor Children: The guardian of your children should be a responsible adult that you trust will raise your children in accordance with your wishes in the event that something happens to you and your spouse. You may name as many backup guardians as you wish. Please list your guardians in the order that you wish them to serve:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Terms of Trusts:

1. Principal of Trust:

Until the trust is distributed to a child or beneficiary, 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 some reasonable comfort, education (including postgraduate), and best interests.

If for some reason you do not desire this language, please indicate below and explain your desires:

2. Principal Distribution of Trusts:

Ultimately, the principal of the trust must be distributed to the child or beneficiary. Although the balance may be distributed in one lump sum upon that person's attaining a specified age, typically the distribution is done in two or three installments (e.g., one third at age 21, one third at age 25, and one third at age 30) to protect the beneficiary 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 ____.



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Your Powers of Attorney & Living Will

Agents for Power of Attorney for Healthcare: Your agent will make healthcare decisions for you in the event that you can no longer make them for yourself. You may name as many backup agents as you wish. If married, typically your spouse will be your primary agent. Please list your agents in the order that you wish them to serve:

You	Your Spouse
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

Agents for Power of Attorney for Finances: Your agent will have the ability to manage your finances for you either as soon as you sign the Power of Attorney, or in the event that you can no longer handle such matters for yourself. You may name as many backup agents as you wish. If married, typically your spouse will be your primary agent. Please list your agents in the order that you wish them to serve:

You	Your Spouse
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

Living Will: In the event that your death is imminent, a living will requests that death delaying procedures be withheld. Please indicate whether a living will is desired:

You	Your Spouse
_____ Yes _____ No	_____ Yes _____ No

