

**Estates & Trusts**

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**Paralegals**

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**Date of Meeting:** \_\_\_\_\_

**ESTATE PLANNING INFORMATION**

**Client #1**

Full Legal Name

Home Address

City, State Zip, County

Preferred Phone

Preferred e-mail

Date & Place of Birth

Social Sec. #

Employer & address

**Client #2**

Full Legal Name

Home Address

City, State Zip, County

Preferred Phone

Preferred e-mail

Date & Place of Birth

Social Sec. #

Employer & address

Referred by

Goals for meeting/  
Completion Date

**ITEMS REQUIRED FOR INITIAL MEETING**

Copies of current Estate Planning documents, recorded deeds and title policies for real estate, statements for financial accounts, and current beneficiary designations on all accounts, 401(k)'s IRA's and life insurance policies.

Accountant \_\_\_\_\_

Financial Advisor \_\_\_\_\_

Can we share your estate planning documents with your financial advisor? \_\_\_\_\_

Physician \_\_\_\_\_

## FAMILY

**CHILD(REN) OR DEPENDENT(S) FULL NAME ADDRESS PHONE # BIRTHDATE PARENT**

1.

\_\_\_\_\_

2.

\_\_\_\_\_

3.

\_\_\_\_\_

4.

\_\_\_\_\_

5.

\_\_\_\_\_

\_\_\_\_\_

**GRANDCHILD'S FULL NAME ADDRESS (IF DIFFERENT FROM PARENT) BIRTHDATE PARENT**

1.

\_\_\_\_\_

2.

\_\_\_\_\_

3.

\_\_\_\_\_

4.

\_\_\_\_\_

5.

\_\_\_\_\_

6.

\_\_\_\_\_

7.

\_\_\_\_\_

8.

\_\_\_\_\_

9.

\_\_\_\_\_

10.

\_\_\_\_\_

Do any of your family members have special needs, a legal disability, or other special circumstances that we should be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Trustee/Executor** Who do you want to act as trustee or executor to manage and distribute your estate? Please provide name, address, phone number and relationship.

**CLIENT 1**

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

**CLIENT 2**

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

**Durable Power of Attorney for Property** If you become unable to make financial decisions, who should make them on your behalf? Please provide name, address, phone number and relationship.

**CLIENT 1**

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

**CLIENT 2**

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

**Durable Power of Attorney for Health Care** If you become unable to make health care decisions, who should make them on your behalf? Please provide name, address, phone number and relationship.

Have you ever signed a Practitioner Order For Life-Sustaining Treatment (POLST) Form? \_\_\_\_\_

**CLIENT 1**

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

**CLIENT 2**

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

**Guardian for Minor Children.** Please provide name(s) and address(es).

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

At what age(s) should the children receive their share of the estate? \_\_\_\_\_  
\_\_\_\_\_

Who should manage your children's inheritance until they reach the specified age(s)? Please provide name, address and phone number. \_\_\_\_\_  
\_\_\_\_\_

**Cremation and Burial Instructions.** Please provide cremation or burial instructions.

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

## **DISPOSITION OF PROPERTY**

Identify the individuals, institutions, or charities that should receive your assets upon your death.

A. Personal Effects (collections, jewelry, automobiles, etc.) Please provide a list of specific items to be distributed.

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

B. Provision for Pet(s). Please provide amount you would like to leave for your pet(s), who will be taking care of your pet(s) (name, address and phone number).

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

C. Specific Gifts of Money.

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

D. Balance of the Estate – who will receive your estate after all expenses and taxes are paid?

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

E. If all members of your immediate family are deceased, who should receive your assets?

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

## Asset Information

(You may supply personal financial statements or summary)

Please provide copies of current statements for each account, the recorded deed for any real estate interests, and all beneficiary designations.

### REAL ESTATE

	<u>Property Address</u>	<u>Owner</u>	<u>Mortgage</u>	<u>Value</u>
1.	_____			
2.	_____			
3.	_____			

### CHECKING & SAVINGS ACCOUNTS/CDS

	<u>Bank or other institution</u>	<u>Acct. Type &amp; Number</u>	<u>Owner</u>	<u>Value</u>
1.	_____			
2.	_____			
3.	_____			
4.	_____			
5.	_____			

### SAFE DEPOSIT BOX

	<u>Location &amp; Number</u>	<u>Owner(s)</u>
1.	_____	

### BROKERAGE ACCOUNTS/MUTUAL FUNDS (NON-TAX QUALIFIED, NOT IRA OR 401K)

	<u>Institution</u>	<u>Acct. Number</u>	<u>Owner</u>	<u>Value</u>
1.	_____			
2.	_____			
3.	_____			
4.	_____			

### STOCKS AND BONDS NOT INCLUDED ABOVE (Certificates, DRIPs, or Book Entry)

	<u>Company</u>	<u>No. of Shares</u>	<u>Owner</u>	<u>Value</u>
1.	_____			
2.	_____			
3.	_____			
4.	_____			

**ANNUITIES/LIFE INSURANCE POLICIES**

**Company/Policy                      Insured                      Owner                      Beneficiary                      Value/Death Benefit**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**IRAS (Please designate whether traditional or Roth)**

**Institution/Acct. #                      Owner                      Beneficiary                      Value**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**401(K)/PENSION/PROFIT SHARING PLANS**

**Plan Name or Sponsor/Acct. #                      Owner                      Beneficiary                      Value**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**DEFERRED COMPENSATION PLANS, STOCK OPTIONS OR NON-QUALIFIED PLANS**

**Plan Name or Sponsor/Acct. #                      Owner                      Beneficiary                      Value**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**CLOSELY HELD BUSINESS INTERESTS**

Name of Company \_\_\_\_\_ State of Incorporation \_\_\_\_\_

C Corp                       S Corp                      **Please provide most recent financial statements.**

Owner and number of shares owned \_\_\_\_\_

Partnership or LLC interests \_\_\_\_\_

**Please provide copies of all Partnership Agreements, Shareholder Agreements, and LLC Operating Agreements.**

# FINANCIAL SUMMARY

## ASSET VALUES

Real Estate	_____
Bank Accounts	_____
Brokerage Accounts/Mutual Funds	_____
Stocks & Bonds in Your Possession	_____
Annuities/Life Insurance Policies	_____
Qualified Retirement Plans (IRAs/401(k)/Pensions/Profit Sharing Plans)	_____
Deferred Compensation Plans, Stock Options or Non-Qualified Plans	_____
Closely Held Business Interests	_____
<b>TOTAL</b>	_____

## LIABILITIES

Mortgages	_____
Loans/Notes	_____
Other liabilities	_____
<b>TOTAL</b>	_____

**NET WORTH** (Assets minus Liabilities) \_\_\_\_\_

To the best of my/our knowledge the foregoing accurately reflects our personal and financial information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date