

Estates & Trusts

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Date of Meeting: _____

ESTATE PLANNING INFORMATION

Client #1

Full Legal Name _____
Preferred Name _____
Full Home Address _____
Residency (if different) _____
Preferred Phone & Email _____
Birthdate & Citizenship _____
Employer _____

Client #2

Full Legal Name _____
Preferred Name _____
Full Home Address _____
Residency (if different) _____
Preferred Phone & Email _____
Birthdate & Citizenship _____
Employer _____
Referred by _____

DRAFT DOCUMENTS DELIVERY OPTION: MAIL EMAIL PICK UP

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.

FINANCIAL ADVISOR

Client #1

Name _____

Address _____

Phone & Email _____

Client #2

Name _____

Address _____

Phone & Email _____

DELIVER FINAL DOCUMENTS TO FINANCIAL ADVISOR? YES NO

ACCOUNTANT

Client #1

Name _____

Address _____

Phone & Email _____

Client #2

Name _____

Address _____

Phone & Email _____

PHYSICIAN

Client #1

Name _____

Address _____

Phone & Email _____

Client #2

Name _____

Address _____

Phone & Email _____

FAMILY

CHILD(REN) OR DEPENDENT(S):

1.	_____	_____	_____
	Name	Birthdate	Parent
	_____	_____	_____
	Address	Email	Phone
2.	_____	_____	_____
	Name	Birthdate	Parent
	_____	_____	_____
	Address	Email	Phone
3.	_____	_____	_____
	Name	Birthdate	Parent
	_____	_____	_____
	Address	Email	Phone
4.	_____	_____	_____
	Name	Birthdate	Parent
	_____	_____	_____
	Address	Email	Phone
5.	_____	_____	_____
	Name	Birthdate	Parent
	_____	_____	_____
	Address	Email	Phone
6.	_____	_____	_____
	Name	Birthdate	Parent
	_____	_____	_____
	Address	Email	Phone

GRANDCHILDREN

PLEASE PROVIDE INFORMATION BELOW IF NOT PREVIOUSLY PROVIDED

1.	_____	_____	_____
	Name	Birthdate	Parent
	_____	_____	_____
	Address	Email	Phone
2.	_____	_____	_____
	Name	Birthdate	Parent
	_____	_____	_____
	Address	Email	Phone
3.	_____	_____	_____
	Name	Birthdate	Parent
	_____	_____	_____
	Address	Email	Phone

4.

Name	Birthdate	Parent
Address	Email	Phone

5.

Name	Birthdate	Parent
Address	Email	Phone

6.

Name	Birthdate	Parent
Address	Email	Phone

7.

Name	Birthdate	Parent
Address	Email	Phone

8.

Name	Birthdate	Parent
Address	Email	Phone

9.

Name	Birthdate	Parent
Address	Email	Phone

10.

Name	Birthdate	Parent
Address	Email	Phone

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

ADDITIONAL QUESTIONS	CLIENT 1		CLIENT 2	
	Y	N	Y	N
Have you ever been party to a pre or post-marital agreement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have children from a previous marriage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children who have predeceased you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you have substantial assets before you were married?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you supporting any adult children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you making payments pursuant to a divorce decree?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever signed a corporate shareholder or buy-sell agreement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever filed a gift tax return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been involved in any probate court proceeding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you hold any accounts or own property jointly with anyone other than your spouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently receiving distributions from a trust or estate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you expecting any large inheritances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GUARDIAN OF MINOR CHILDREN. Who will act as guardian for any minor children upon your death? If there are co-guardians, indicate by checking the box "YES" below. Please provide the information below if not previously provided.

1. _____
Name Relationship
- _____
- Address Email Phone #
2. _____
Name Relationship
- _____
- Address Email Phone #
3. _____
Name Relationship
- _____
- Address Email Phone #
-

Co-Guardians? YES NO

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

TRUSTEE FOR MINOR CHILDREN. Who will manage your children's inheritance?

1. _____
Name Relationship
- _____
- Address Email Phone #
2. _____
Name Relationship
- _____
- Address Email Phone #
3. _____
Name Relationship
- _____
- Address Email Phone #

POWERS OF ATTORNEY

AGENT UNDER 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 the information below, if not previously provided.

CLIENT 1

1. _____
Name Relationship

Address Email Phone #
2. _____
Name Relationship

Address Email Phone #
3. _____
Name Relationship

Address Email Phone #

CLIENT 2

1. _____
Name Relationship

Address Email Phone #
2. _____
Name Relationship

Address Email Phone #
3. _____
Name Relationship

Address Email Phone #

Additional Instructions for Agent. Please provide any additional instructions for your health care agent regarding funeral, organ donation, medical care, etc.

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

Have you signed a Practitioner Order For Life-Sustaining Treatment (POLST) Form? YES NO

AGENT UNDER DURABLE POWER OF ATTORNEY FOR PROPERTY. If you become unable to make financial decisions, who should make them on your behalf? Please provide the information below if not previously provided.

CLIENT 1

1. _____
Name Relationship

Address Email Phone #
2. _____
Name Relationship

Address Email Phone #
3. _____
Name Relationship

Address Email Phone #
4. _____
Name Relationship

Address Email Phone #

CLIENT 2

1. _____
Name Relationship

Address Email Phone #
 2. _____
Name Relationship

Address Email Phone #
 3. _____
Name Relationship

Address Email Phone #
 4. _____
Name Relationship

Address Email Phone #
-

DISPOSITION OF PROPERTY

Identify the individuals, institutions, or charities that should receive your assets upon your death. Please provide information below if not previously provided.

Personal Property (collections, jewelry, furniture, automobiles, etc.). Please provide a list of specific items to be distributed. If additional space is needed, please attach a separate list.

Item	Name	Address
Item	Name	Address
Item	Name	Address
Item	Name	Address
Item	Name	Address
Item	Name	Address

Remainder of Personal Property

Provision for Pet(s). Please provide specific amounts you would like to leave for your pet(s) and who will be taking care of your pet(s) (name and address).

Amount	Name	Address
Amount	Name	Address
Amount	Name	Address

Other Special Instructions.

Specific Gifts of Money or Assets (Bank accounts, stocks, bonds, etc...).

Amount/Asset	Name	Address
Amount/Asset	Name	Address
Amount/Asset	Name	Address
Amount/Asset	Name	Address
Amount/Asset	Name	Address

Specific Gifts of Real Estate.

Address of Real Estate	Name	Address
Address of Real Estate	Name	Address
Address of Real Estate	Name	Address
Address of Real Estate	Name	Address

Special Instructions (1st right of refusal).

Charitable Bequests.

Amount	Name	Address
Amount	Name	Address
Amount	Name	Address
Amount	Name	Address

PRIMARY BENEFICIARIES OF YOUR ESTATE.

CLIENT 1

Spouse Children

Special Instructions:

1. _____
Name Relationship Percentage

Address Email Phone #

2. _____
Name Relationship Percentage

Address Email Phone #

3. _____
Name Relationship Percentage

Address Email Phone #

4. _____
Name Relationship Percentage

Address Email Phone #

5. _____
Name Relationship Percentage

Address Email Phone #

6. _____
Name Relationship Percentage

Address Email Phone #

CLIENT 2

Spouse Children

Special Instructions:

1.

Name	Relationship	Percentage
Address	Email	Phone #

2.

Name	Relationship	Percentage
Address	Email	Phone #

3.

Name	Relationship	Percentage
Address	Email	Phone #

4.

Name	Relationship	Percentage
Address	Email	Phone #

5.

Name	Relationship	Percentage
Address	Email	Phone #

6.

Name	Relationship	Percentage
Address	Email	Phone #

CONTINGENT BENEFICIARIES OF YOUR ESTATE.

CLIENT 1

Children Grandchildren

Special Instructions:

1.

Name	Relationship	Percentage
------	--------------	------------

Address	Email	Phone #
---------	-------	---------

2.

Name	Relationship	Percentage
------	--------------	------------

Address	Email	Phone #
---------	-------	---------

3.

Name	Relationship	Percentage
------	--------------	------------

Address	Email	Phone #
---------	-------	---------

4.

Name	Relationship	Percentage
------	--------------	------------

Address	Email	Phone #
---------	-------	---------

5.

Name	Relationship	Percentage
------	--------------	------------

Address	Email	Phone #
---------	-------	---------

6.

Name	Relationship	Percentage
------	--------------	------------

Address	Email	Phone #
---------	-------	---------

CLIENT 2

Children Grandchildren

Special Instructions:

1.	Name	Relationship	Percentage
	Address	Email	Phone #
2.	Name	Relationship	Percentage
	Address	Email	Phone #
3.	Name	Relationship	Percentage
	Address	Email	Phone #
4.	Name	Relationship	Percentage
	Address	Email	Phone #
5.	Name	Relationship	Percentage
	Address	Email	Phone #
6.	Name	Relationship	Percentage
	Address	Email	Phone #

Asset Information

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

REAL ESTATE (IF NONE, CHECK THIS BOX)

	Property Address	Owner	Value
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

CHECKING & SAVINGS ACCOUNTS/CDS (IF NONE, CHECK THIS BOX)

	Bank or Other Institution	Acct. Type & Number	Owner	Value
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

SAFE DEPOSIT BOX (IF NONE, CHECK THIS BOX)

	Location & Number	Owner(s)
1.	_____	_____

BROKERAGE ACCOUNTS/MUTUAL FUNDS (NON-TAX QUALIFIED, NOT IRA OR 401K)
(IF NONE, CHECK THIS BOX)

	Institution	Acct. Type & Number	Owner	Value
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

STOCKS AND BONDS NOT INCLUDED ABOVE (Certificates, DRIPs, or Book Entry)
 (IF NONE, CHECK THIS BOX)

	Company	No. of Shares	Owner	Value
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

401(K)/PENSION/PROFIT SHARING PLANS (IF NONE, CHECK THIS BOX)

	Plan Name or Sponsor/Acct. #	Owner	Value
1.	_____	_____	_____
	Beneficiary: Primary _____	Contingent _____	
2.	_____	_____	_____
	Beneficiary: Primary _____	Contingent _____	
3.	_____	_____	_____
	Beneficiary: Primary _____	Contingent _____	
4.	_____	_____	_____
	Beneficiary: Primary _____	Contingent _____	

DEFERRED COMPENSATION PLANS AND STOCK OPTIONS
 (IF NONE, CHECK THIS BOX)

	Plan Name or Sponsor/Acct. #	Owner	Beneficiary	Value
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

IRAS (Please designate whether traditional or Roth) (IF NONE, CHECK THIS BOX)

Institution/Acct. #	Owner	Value
1. _____	_____	_____
Beneficiary: Primary _____	Contingent _____	
2. _____	_____	_____
Beneficiary: Primary _____	Contingent _____	
3. _____	_____	_____
Beneficiary: Primary _____	Contingent _____	
4. _____	_____	_____
Beneficiary: Primary _____	Contingent _____	
5. _____	_____	_____
Beneficiary: Primary _____	Contingent _____	

ANNUITIES (IF NONE, CHECK THIS BOX)

Company/Policy Insured	Owner	Value/Death Benefit
1. _____	_____	_____
Beneficiary: Primary _____	Contingent _____	
2. _____	_____	_____
Beneficiary: Primary _____	Contingent _____	
3. _____	_____	_____
Beneficiary: Primary _____	Contingent _____	
4. _____	_____	_____
Beneficiary: Primary _____	Contingent _____	
5. _____	_____	_____
Beneficiary: Primary _____	Contingent _____	

LIFE INSURANCE POLICIES (IF NONE, CHECK THIS BOX)

Company/Policy Insured	Owner	Value/Death Benefit
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1. _____

Beneficiary: Primary _____ Contingent _____

2. _____

Beneficiary: Primary _____ Contingent _____

3. _____

Beneficiary: Primary _____ Contingent _____

4. _____

Beneficiary: Primary _____ Contingent _____

DO YOU HAVE LONG-TERM CARE INSURANCE? YES NO (IF YES, PLEASE PROVIDE POLICY INFORMATION BELOW)

CRYPTOCURRENCY (IF NONE, CHECK THIS BOX)

1. _____

2. _____

3. _____

DIGITAL ASSETS, COPYRIGHTS, & TRADEMARKS (IF NONE, CHECK THIS BOX)

1. _____

2. _____

3. _____

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	_____
Crypto and Digital Assets	_____
Closely Held Business Interests	_____
TOTAL	_____

LIABILITIES

Mortgages	_____
Loans/Notes	_____
Other liabilities	_____
TOTAL	_____

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