ROSS LAW FIRM LTD.
ESTATE PLANNING QUESTIONNAIRE

Please fill out every portion of this questionnaire that applies to you. Full address and contact information is only needed the first time a person's name is included. A complete questionnaire allows us to design an estate plan that meets your specific goals and needs. We keep all information provided here strictly confidential.

Questions? Don't know how to answer? Call us and we will happily offer assistance. If necessary, attach other pages. Please email, mail or fax the completed questionnaire to our office prior to your appointment, if possible.

Please fill using Adobe Reader. Don't lose your work - please print and bring a copy to your meeting.

Full Legal Name:	Date of Birth
Former Names, other Names used, Nicknames	Citizenship

Home Address		
City	State	Zip

Personal E-mail Address	County of Residence	
Home Telephone	Business Telephone	Cell

Employer	Position
Business Address	
City	State / Zip

Gender	Marital Status	Date of Marriage (if applicable)

Spouse / Partner (Client 2) -- Leave blank if N/A

Full Legal Name:	Date of Birth
Other Names used (and Nicknames	Citizenship

Home Address		
City	State	Zip

Personal E-mail Address	County of Residence	
Home Telephone	Business Telephone	Cell

Employer	Position
Business Address	
City	State / Zip

Gender	Marital Status	Date of Death or Divorce (if Applicable)

Ross Law Firm Ltd.
1622 W. Colonial Parkway, Suite 201, Inverness, Illinois 60067
Phone: (847) 358-5757 -- Fax: (847) 620-2777

PRIOR MARRIAGE INFORMATION (if applicable)

Prior Spouse Name _____
How marriage ended (i.e. death or divorce) _____
Date of marriage and death or divorce _____

Prior Spouse Name _____
How marriage ended (i.e. death or divorce) _____
Date of marriage and death or divorce _____

CHILDREN

Please provide the full legal names of your children. Indicate the parent of each child by marking "JT" if both spouses are the parents, "1" if Client 1 is the parent or "2 if Client 2 is the parent. Indicate if any special needs or concerns.

1. Name _____ Phone Number _____
   Address _____ Parent _____ Birth date _____
   Special Concerns _____
2. Name _____ Phone Number _____
   Address _____ Parent _____ Birth date _____
   Special Concerns _____
3. Name _____ Phone Number _____
   Address _____ Parent _____ Birth date _____
   Special Concerns _____
4. Name _____ Phone Number _____
   Address _____ Parent _____ Birth date _____
   Special Concerns _____
5. Name _____ Phone Number _____
   Address _____ Parent _____ Birth date _____
   Special Concerns _____
6. Name _____ Phone Number _____
   Address _____ Parent _____ Birth date _____
   Special Concerns _____

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you or your spouse receiving Social Security, disability, or other governmental benefits? *Describe* _____	◯	◯
Are you or your spouse making payments pursuant to a divorce or property settlement order? *If so, please furnish a copy.*	◯	◯
If married have you and your spouse signed a pre- or post-marriage contract (e.g. prenuptial agreement)? *If so, please furnish a copy.*	◯	◯
Have you or your spouse been widowed? *If a federal estate tax return or a state death tax return was filed, please furnish a copy.*	◯	◯
Have you or your spouse ever filed federal or state gift tax returns? *If so, please furnish copies of these returns.*	◯	◯
Have you or your spouse signed a will, trust, or other estate planning legal documents? *If so, please furnish copies of these documents.*	◯	◯
Do you support any charitable organizations now that you wish to provide for at the time of your death? *If so, please explain below.*	◯	◯
If married, have you lived in any of the following states while married to your spouse: *Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin? If so, please circle applicable states.*	◯	◯
Do any of your children have special educational, medical, or physical needs?	◯	◯
Do any of you, your children or intended beneficiaries receive governmental or private support or benefits?	◯	◯
Do you provide primary or other major financial support to adult children or others?	◯	◯
Have you or your spouse made gifts in excess of $10,000 per person per year in past years? *If so, please explain below.*	◯	◯

ADDITIONAL RELEVANT INFORMATION

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ADVISORS

1. Accountant's Name _____ Phone Number _____
   Address _____ Email _____

2. Financial Advisor's Name _____ Phone Number _____
   Address _____ Email _____

3. Life Insurance Agent's Name _____ Phone Number _____
   Address _____ Email _____

GUARDIAN FOR PERSON AND ESTATE OF MINOR CHILDREN

The guardian you name for your minor children will have responsibility for the care of your children upon your death. If you decide to choose a married couple as co-guardians, you may wish to include a provision for a change in guardianship if the couple divorces.

1. Initial Guardian's Name _____ Phone Number _____
   Address _____ Relation to you _____

2. First Successor Guardian's Name _____ Phone Number _____
   Address _____ Relation to you _____

3. Second Successor Guardian's Name _____ Phone Number _____
   Address _____ Relation to you _____

AGENTS-IN-FACT FOR POWER OF ATTORNEY FOR HEALTH CARE

The agent you name under your power of attorney for health care will have authority to make decisions regarding your medical treatment and care, should you become unable to make these decisions yourself.

Client 1 Agents (in order of preference)

1. Name _____ Phone Number _____
   Address _____ Relation to you _____

2. Name _____ Phone Number _____
   Address _____ Relation to you _____

3. Name _____ Phone Number _____
   Address _____ Relation to you _____

Client 2 Agents (in order of preference)

1. Name _____ Phone Number _____
   Address _____ Relation to you _____

2. Name _____ Phone Number _____
   Address _____ Relation to you _____

3. Name _____ Phone Number _____
   Address _____ Relation to you _____

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AGENTS-IN-FACT FOR POWER OF ATTORNEY FOR PROPERTY

The agent you name under your power of attorney for property will have authority to make decisions regarding your property. You may omit any addresses that you have already supplied

Client 1 Agents (in order of preference)

1. Name _____ Phone Number _____
   Address _____ Relation to you _____

2. Name _____ Phone Number _____
   Address _____ Relation to you _____

3. Name _____ Phone Number _____
   Address _____ Relation to you _____

Client 2 Agents (in order of preference)

1. Name _____ Phone Number _____
   Address _____ Relation to you _____

2. Name _____ Phone Number _____
   Address _____ Relation to you _____

3. Name _____ Phone Number _____
   Address _____ Relation to you _____

FIDUCIARIES: EXECUTOR AND/OR TRUSTEE

Your executor and/or trustee will be in charge of financial matters pursuant to your instructions upon your death, or during your lifetime under a living trust if you become disabled.

Client 1 Fiduciary (in order of preference)

1. Name _____ Phone Number _____
   Address _____ Relation to you _____

2. Name_____ Phone Number _____
   Address _____ Relation to you _____

3. Name _____ Phone Number _____
   Address _____ Relation to you _____

Client 2 Fiduciary (in order of preference)

1. Name _____ Phone Number _____
   Address _____ Relation to you _____

2. Name _____ Phone Number _____
   Address _____ Relation to you _____

3. Name _____ Phone Number _____
   Address _____ Relation to you _____

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CORPORATE FIDUCIARY

Please choose a corporate fiduciary to act as an agent under power of attorney for property, executor and trustee in the event the individuals you choose do not act. Please list the name and address of a bank, trust company or other institution:

_____
_____
_____

SPECIAL PROVISIONS

Please list any special provision: (e.g., beneficiary with disability, immediate relative who you want to disinherit):

_____
_____
_____

DISPOSITION INTENT

Please indicate how you want your estate distributed at your death, including any specific bequests:

_____
_____
_____
_____

If you have expressed an intent above to distribute any of your estate (e.g. specific bequests to individuals and/or charitable organizations) to persons or organizations who are not already described above, please list below their full name, address, telephone number and relation to you (e.g., sister, friend, cousin, etc.):

_____
_____
_____
_____

PERSONAL FINANCIAL INFORMATION

Please list the approximate value of all of your assets, including the following:

Assets	**Owned by Client 1**	**Owned by Client 2**	**Owned Jointly**
Cash (bank accounts, certificates of deposit)	$_____	$_____	$_____
Securities (stocks, bonds, mutual funds)	$_____	$_____	$_____
Notes and receivables (money owed to you)	$_____	$_____	$_____
Home (list mortgages below)	$_____	$_____	$_____

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Other real estate (list mortgages below)	$_____	$_____	$_____
Insurance on Husband's life	$_____	$_____	$_____
Insurance on Wife's life	$_____	$_____	$_____
IRAs, 401(k) Accounts	$_____	$_____	$_____
Other retirement plans (death benefit)	$ _____	$ _____	$ _____
Annuities	$_____	$_____	$_____
Furniture	$_____	$_____	$_____
Antiques and collectibles	$_____	$_____	$_____
Other personal property (cars, jewelry, boats, etc.)	$_____	$_____	$_____
Business(es) in which you have an ownership interest	$_____	$_____	$_____
Anticipated gifts and inheritances	$_____	$_____	$_____
Other assets	$_____	$_____	$_____
TOTAL ASSETS	$_____	$_____	$_____

Liabilities	**Owed by Client 1**	**Owed by Client 2**	**Owed Jointly**
Mortgage on Home	$_____	$_____	$_____
Mortgage on other real estate	$_____	$_____	$_____
Loans against life insurance	$_____	$_____	$_____
Other debts, claims, liens & judgments	$_____	$_____	$_____
TOTAL LIABILITIES	**$**_____	**$**_____	$_____
Net Worth $	$_____	$_____	**$**_____
Combined Net Worth			$_____

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ADDITIONAL ITEMS RELEVANT TO ESTATE PLANNING

Please let us review copies of signed documents which you have, including, for example (please check off all documents that apply):

- ☐ Title Insurance Policy, Recent Real Estate Tax Bill and Recorded Deed for Real Estate
- ☐ Will
- ☐ Trust
- ☐ Irrevocable Life Insurance Trust ("ILIT")
- ☐ Power of Attorney for Property
- ☐ Power of Attorney for Health Care
- ☐ HIPAA Form
- ☐ Living Will
- ☐ Gift Tax Returns
- ☐ Pre-Marital or Post-Marital Agreements
- ☐ Buy/Sell Agreements
- ☐ Partnership Agreements

How did you hear about us?

- ○ Google Search
- ○ Yelp
- ○ Avvo.com
- ○ Lawyers.com
- ○ Martindale Hubbel
- ○ Personal Referral / Friend
- ○ Professional Referral:
- ○ Other:

Don't lose your hard work. Please print a copy and bring it with you, just in case something goes wrong!

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