

LAW OFFICES
OF
ROBERT F. BLYTH

CONFIDENTIAL
ESTATE PLANNING
QUESTIONNAIRE

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I. PERSONAL DATA

CLIENT:	
NAME:	_____
HOME ADDRESS:	_____
CITY:	_____ ST: _____ ZIP: _____
BIRTH DATE:	_____ *SOC. SEC. #: _____
REAL ESTATE PIN:	_____
E-MAIL:	_____
HOME PHONE:	_____ CELL PHONE: _____
EMPLOYER:	_____ ANNUAL INCOME: \$ _____
BUSINESS ADDRESS:	_____ BUS. PHONE: _____

SPOUSE/PARTNER (IF APPLICABLE):	
NAME:	_____
BIRTH DATE:	_____ SOC. SEC. #: _____
HOME ADDRESS:	_____
CITY:	_____ ST: _____ ZIP: _____
E-MAIL:	_____ DATE OF MARRIAGE: _____
HOME PHONE:	_____ CELL PHONE: _____
EMPLOYER:	_____ ANNUAL INCOME: \$ _____
BUS. ADDRESS:	_____ BUS. PHONE: _____

CHILDREN:	
CHILD 1:	
<input type="checkbox"/> MALE	NAME: _____
<input type="checkbox"/> FEMALE	BIRTH DATE: _____
	ADDRESS: _____
	CITY/ST/ZIP: _____
	SPOUSE'S NAME: _____
	NO. OF CHILDREN: _____

*IF YOU ARE RETURNING THIS FORM VIA EMAIL, PLEASE **DO NOT** INCLUDE SOCIAL SECURITY NUMBER(S) FOR SECURITY PURPOSES ON THIS FORM. INSTEAD, PLEASE PROVIDE SOCIAL SECURITY NUMBER(S) BY PHONE, FACSIMILE OR AT INITIAL MEETING.

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CHILDREN: (CONT'D):

CHILD 2:	
<input type="checkbox"/> MALE	NAME: _____
<input type="checkbox"/> FEMALE	BIRTH DATE: _____
	ADDRESS: _____
No. OF CHILDREN:	CITY/ST/ZIP: _____
	SPOUSE'S NAME: _____

CHILD 3:	
<input type="checkbox"/> MALE	NAME: _____
<input type="checkbox"/> FEMALE	BIRTH DATE: _____
	ADDRESS: _____
No. OF CHILDREN:	CITY/ST/ZIP: _____
	SPOUSE'S NAME: _____

CHILD 4:	
<input type="checkbox"/> MALE	NAME: _____
<input type="checkbox"/> FEMALE	BIRTH DATE: _____
	ADDRESS: _____
No. OF CHILDREN:	CITY/ST/ZIP: _____
	SPOUSE'S NAME: _____

OTHER DEPENDENT(S):

<input type="checkbox"/> MALE	NAME: _____
<input type="checkbox"/> FEMALE	ADDRESS: _____
AGE:	CITY/ST/ZIP: _____
	RELATIONSHIP: _____

OTHER DEPENDENT(S):

<input type="checkbox"/> MALE	NAME: _____
<input type="checkbox"/> FEMALE	ADDRESS: _____
AGE:	CITY/ST/ZIP: _____
	RELATIONSHIP: _____

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MISCELLANEOUS:			
		CLIENT	SPOUSE/PARTNER
A.	ARE YOU A US CITIZEN?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
B.	DO YOU HAVE A SAFE DEPOSIT BOX?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	IF YES, WHERE?		
C.	HAVE YOU EVER FILED A GIFT TAX RETURN?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
D.	ARE YOU THE BENEFICIARY OF A TRUST?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
E.	DO YOU HAVE ANY OTHER MARITAL AGREEMENTS?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
F.	DO YOU HAVE LONG TERM CARE INSURANCE?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
G.	DO YOU HAVE A PREVIOUS ESTATE PLAN (I.E. WILL OR TRUST)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	IF YES, DATE SIGNED:		
H.	NAME OF ACCOUNTANT:		
I.	FINANCIAL ADVISOR:		
J.	REFERRED BY:		

PREVIOUS MARRIAGE (IF APPLICABLE):			
		CLIENT	SPOUSE/PARTNER
A.	HAVE YOU BEEN PREVIOUSLY MARRIED?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
B.	NAME OF PREVIOUS SPOUSE:		
C.	DATE OF PREVIOUS MARRIAGE:		
D.	IF WIDOWED, DATE OF DEATH:		
E.	DATE OF DIVORCE DECREE:		
F.	NUMBER OF CHILDREN FROM THIS MARRIAGE:		

<p>ADDITIONAL NOTES:</p>

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II. ASSETS AND LIABILITIES

ASSETS MAY BE OWNED IN SEVERAL WAYS, BY THE CLIENT, JOINTLY, OR BY THE SPOUSE/PARTNER. IT IS VERY IMPORTANT TO CAREFULLY ITEMIZE ALL OF YOUR ASSETS USING APPROXIMATE VALUES IN THE CATEGORIES AND COLUMNS BELOW.

	ASSETS IN CLIENT'S NAME ALONE	ASSETS IN JOINT OWNERSHIP	ASSETS IN SPOUSE'S NAME ALONE
A. CASH AND MONEY MKT ACCTS	\$	\$	\$
B. PERSONAL PROPERTY	\$	\$	\$
C. PRIMARY RESIDENCE	\$	\$	\$
(LESS MORTGAGES)	(\$)	(\$)	(\$)
D. OTHER REAL ESTATE	\$	\$	\$
(LESS MORTGAGES)	(\$)	(\$)	(\$)
E. STOCKS & BONDS	\$	\$	\$
F. BUSINESS INTERESTS	\$	\$	\$
G. LIFE INSURANCE (CASH VALUES)	\$	\$	\$
H. PENSION PLANS, IRAS, ETC.	\$	\$	\$
I. OTHER ASSETS, LOANS, ETC.	\$	\$	\$
J. EXPECTED INHERITANCE	\$	\$	\$
K. OTHER LIABILITIES	\$	\$	\$
TOTAL	\$	\$	\$

ADDITIONAL NOTES:

LIST ANY GROUP OR INDIVIDUAL LIFE INSURANCE POLICIES ON YOU OR YOUR SPOUSE/PARTNER:

WHO ARE THE DESIGNATED BENEFICIARIES UNDER YOUR RETIREMENT PLAN(S)?

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III. FIDUCIARIES (LIST IN ORDER OF PREFERENCE, WITH ADDRESSES)

GUARDIAN FOR MINOR CHILDREN, AND SUCCESSORS:		
	GUARDIAN 1:	GUARDIAN 2:
NAME:		
ADDRESS:		
CITY/ST/ZIP:		
PHONE:		
RELATIONSHIP:		

EXECUTOR(S) OF MY WILL, AND SUCCESSORS:		
	EXECUTOR 1:	EXECUTOR 2:
NAME:		
ADDRESS:		
CITY/ST/ZIP:		
PHONE:		
RELATIONSHIP:		

TRUSTEE(S) OF ANY TRUSTS ESTABLISHED, AND SUCCESSOR(S):		
	TRUSTEE 1:	TRUSTEE 2:
NAME:		
ADDRESS:		
CITY/ST/ZIP:		
PHONE:		
RELATIONSHIP:		

ADDITIONAL NOTES:

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IV. DISPOSITION OF YOUR ESTATE

MOST PEOPLE WISH TO PROVIDE FOR THEIR SPOUSES AND THEN FOR THEIR CHILDREN. PLEASE ANSWER THE FOLLOWING QUESTIONS AND PROVIDE ANY ADDITIONAL INFORMATION IN THE AREA BELOW OR ON AN ATTACHED SHEET.

MISCELLANEOUS:			
		CLIENT	SPOUSE/PARTNER
A.	IS THIS THE BASIC PATTERN THAT YOU WISH TO FOLLOW?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
B.	DOES ANY CHILD NEED SPECIAL CONSIDERATION DUE TO A DISABILITY OR OTHER REASON?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
C.	DO YOU WISH TO PROVIDE FOR YOUR PARENTS?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
D.	DO YOU WISH TO PROVIDE FOR ANY OTHER RELATIVES, FRIENDS AND/OR CHARITIES?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
E.	DO YOU WISH TO FORGIVE ANY LOANS TO YOUR RELATIVES OR FRIENDS?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
F.	ARE THERE CERTAIN ITEMS OF PROPERTY TO BE GIVEN TO SPECIFIC PERSONS?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
G.	HAVE YOU DESIGNATED AN AGENT FOR YOUR POWERS OF ATTORNEY FOR HEALTH CARE?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

V. POWERS OF ATTORNEY

POWER OF ATTORNEY FOR HEALTH:		
	AGENT 1:	AGENT 2:
NAME:		
ADDRESS:		
CITY/ST/ZIP:		
PHONE:		
RELATIONSHIP:		

POWER OF ATTORNEY FOR PROPERTY:		
	AGENT 1:	AGENT 2:
NAME:		
ADDRESS:		
CITY/ST/ZIP:		
PHONE:		
RELATIONSHIP:		

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VI. FINAL ARRANGEMENTS

FINAL ARRANGEMENTS:	
HAVE YOU MADE FINAL ARRANGEMENTS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHAT ARE YOUR WISHES?	<input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> HAVEN'T DECIDED
FUNERAL PAID:	<input type="checkbox"/> YES <input type="checkbox"/> NO
FUNERAL HOME NAME:	_____
CEMETERY NAME:	_____
PLOT NUMBER:	_____

VII. SIGNATURE(S)

PLEASE PROVIDE US WITH THE FOLLOWING:

- COPIES OF ANY EXISTING WILLS AND TRUSTS
- REAL ESTATE DEED(S)
- FINANCIAL DOCUMENTS (BANK STMTS, MUTUAL FUNDS, BROKERAGE, ETC.)
- PENSION, IRA, SOCIAL SECURITY & RETIREMENT STATEMENTS
- INSURANCE POLICIES & ANNUITIES
- DIVORCE DECREES, PREMARITAL AGREEMENT(S)
- OTHER DOCUMENTS WHICH MAY BE RELEVANT TO YOUR ESTATE PLAN

I CERTIFY ALL THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. BY SIGNING BELOW, I AM RETAINING THE LAW OFFICE OF ROBERT F. BLYTH TO PREPARE MY ESTATE PLAN.

DATE: _____

CLIENT SIGNATURE: _____

SPOUSE/PARTNER SIGNATURE: _____

ANTICIPATED ATTORNEY FEE: _____

FOR OFFICE USE ONLY:

INTERVIEWING ATTN: _____ ENTERED INTO STATUS/TM/WORD _____