

ESTATE PLANNING ANALYSIS

Please provide the requested information on the following pages. This form is designed for both single and married individuals. If something is not applicable, simply draw a line through that section and continue on. Once we receive and review your form, one of our attorneys will contact you to begin the estate planning process.

SUBMIT FORM TO:

LAW OFFICES OF GARRIDO & STOPPA, P.C.
5310 N HARLEM AVE., SUITE 210
CHICAGO, ILLINOIS 60656
(773) 594-2870

EMAIL: NWLEGAL@SBCGLOBAL.NET

ESTATE PLANNING ANALYSIS

This form is designed to obtain the information necessary for our attorneys to complete your specific Estate Plan documents, which will include:

LIVING TRUST

A Living Trust is a legal document that provides a variety of benefits that can't be obtained from a will. Trusts are private documents and are not public record or reviewed by any court. No one will know who your beneficiaries are, what your assets are, or what the terms of your trust are. Additionally, it allows your beneficiaries to avoid the time and expense of having to go to probate court.

POUR-OVER WILL

The purpose of a pour-over will is to transfer any assets not already in your Living Trust at the time of death into the trust. This ensures that all your assets are distributed to the beneficiaries in accordance with the terms of the trust.

POWER OF ATTORNEY FOR PROPERTY

This form allows a person of your choosing to act on your behalf and make decisions in regard to your financial and property matters.

POWER OF ATTORNEY FOR HEALTH CARE

This form allows a person of your choosing to make health care and end-of-life decisions on your behalf, should you be mentally or physically unable to do so yourself.

FINAL DISPOSITION AUTHORIZATION AND INSTRUCTIONS

This document authorizes a person of your choosing to make decisions regarding the final disposition of your physical remains. The information you provide will be included to provide them guidance.

CERTIFICATION OF TRUST

A notarized Certification of Trust provides your banking institution, brokerage firm, transfer agent or other third party with necessary information regarding the Living Trust to facilitate the transfer of assets into the trust. This document also confirms the trustee's authority to act on behalf of the trust.

CLIENT INFORMATION

Your Full Legal Name _____ *Date of Birth* _____ *US Citizen (Yes / No)* _____

Spouse's Full Legal Name _____ *Date of Birth* _____ *US Citizen (Yes / No)* _____
(if applicable)

Address _____ *City* _____ *State* _____ *Zip* _____

Your Phone: (home) _____ (work) _____ (cell) _____

Spouse's Phone: (home) _____ (work) _____ (cell) _____

Email Address: _____

Were You Previously Married?

___ Yes ___ No. If yes, name of prior spouse: _____

How Was Marriage Terminated?

___ Death ___ Divorce Date of Termination: _____

Was Your Spouse Previously Married?

___ Yes ___ No. If yes, name of prior spouse: _____

How Was Marriage Terminated?

___ Death ___ Divorce Date of Termination: _____

CHILDREN OF THIS MARRIAGE: ___ None

AGE or DOB

_____	_____
_____	_____
_____	_____
_____	_____

CHILDREN FROM <u>PRIOR</u> MARRIAGE:	YOU	SPOUSE	AGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Treat all children as if they were the children of this marriage? No Yes

	<u>YES</u>	<u>NO</u>
<i>Any deceased children?</i>	_____	_____
If yes, name: _____		
If yes, were they survived by children of their own?	_____	_____
<i>Any adopted children?</i>	_____	_____
If yes, name: _____		
<i>Do you wish to disinherit any of your children, grand-children, or any other close relative?</i>	_____	_____
If yes, name & relationship: _____		
<i>Do you or your spouse have an existing Will?</i>	_____	_____
If yes, please provide us a copy with this form.		
<i>Do you or your spouse have an existing Living Trust?</i>	_____	_____
If yes, please provide us a copy with this form.		
<i>Do you have any beneficiaries who are physically or mentally disabled?</i>	_____	_____
If yes, name and relationship: _____		

FIDUCIARIES

SUCCESSOR TRUSTEE(S)

This is the person who will manage the trust assets after your death and distribute them according to the terms of your Living Trust. If married, they will take over after the death of the last surviving spouse. Please list your Successor Trustees in order of preference, and provide us with their full legal name, address, and specific relationship to you or your spouse, if applicable. While there is room below for three Successor Trustees, list only as many as you feel comfortable with, but we'll need a minimum of one.

First Successor Trustee:

Full Legal Name

Address

City

State

Zip

Relationship (e.g., Mother, Brother, Friend, Cousin, Etc...)

Second Successor Trustee:

Full Legal Name

Address

City

State

Zip

Relationship (e.g., Mother, Brother, Friend, Cousin, Etc...)

Third Successor Trustee:

Full Legal Name

Address

City

State

Zip

Relationship (e.g., Mother, Brother, Friend, Cousin, Etc...)

EXECUTOR

This is the person who will ensure the instructions in your Will are followed. (Typically, this is the same person as your Successor Trustee). **For married couples, each spouse typically serves as the other's Executor. If this is acceptable to you, simply write "Spouse" on the *Full Legal Name* line for Executor.** Lastly, please list your Executors in order of preference, and provide us with their full legal name, address, and specific relationship to you. While there is room below for three Executors, list only as many as you feel comfortable with, but we'll need a minimum of one.

Executor:

Full Legal Name

Address *City* *State* *Zip*

Relationship (e.g., Mother, Brother, Friend, Cousin, Etc...)

First Alternate Executor:

Full Legal Name

Address *City* *State* *Zip*

Relationship (e.g., Mother, Brother, Friend, Cousin, Etc...)

Second Alternate Executor:

Full Legal Name

Address *City* *State* *Zip*

Relationship (e.g., Mother, Brother, Friend, Cousin, Etc...)

SPOUSE’S EXECUTOR

This is the person who will ensure the instructions in your Will are followed. (Typically, this is the same person as your Successor Trustee). **For married couples, each spouse typically serves as the other’s Executor. If this is acceptable to you, simply write “Spouse” on the Full Legal Name line for Executor.** Lastly, please list your Executor’s in order of preference, and provide us with their full legal name, address, and specific relationship to you. While there is room below for three Executors, list only as many as you feel comfortable with, but we’ll need a minimum of one.

Executor:

Full Legal Name

Address *City* *State* *Zip*

Relationship (e.g., Mother, Brother, Friend, Cousin, Etc...)

First Alternate Executor:

Full Legal Name

Address *City* *State* *Zip*

Relationship (e.g., Mother, Brother, Friend, Cousin, Etc...)

Second Alternate Executor:

Full Legal Name

Address *City* *State* *Zip*

Relationship (e.g., Mother, Brother, Friend, Cousin, Etc...)

GUARDIAN OF MINOR CHILDREN

This is the person you choose to act as the Guardian of the person and/or estate of any minor child under the age of 18. The Guardian will have legal physical custody of your minor children and control of their financial estate. Please list your chosen Guardian and Alternate Guardians in order of preference, and provide us with their full legal name, address, and specific relationship to you. Lastly, if you wish, you can nominate two individuals to act as co-Guardians. If you desire co-Guardians, just write both their names on the *Full Legal Name* line.

Guardian:

Full Legal Name

Address City State Zip

Relationship (e.g., Mother, Brother, Friend, Cousin, Etc...)

First Alternate Guardian:

Full Legal Name

Address City State Zip

Relationship (e.g., Mother, Brother, Friend, Cousin, Etc...)

Second Alternate Guardian:

Full Legal Name

Address City State Zip

Relationship (e.g., Mother, Brother, Friend, Cousin, Etc...)

Third Alternate Guardian:

Full Legal Name

Address City State Zip

Relationship (e.g., Mother, Brother, Friend, Cousin, Etc...)

AGENT FOR POWER OF ATTORNEY FOR PROPERTY

This is the person you choose to act on your behalf and make decisions in regard to financial and property matters. **For married couples, each spouse typically serves as the other’s Agent. If this is acceptable to you, simply write “Spouse” on the Full Legal Name line for Agent.** Lastly, please list your Agent and Alternate Agents in order of preference, and provide us with their full legal name, address, and specific relationship to you. List as many as you feel comfortable with.

Agent:

Full Legal Name

Address City State Zip

Relationship (e.g., Mother, Brother, Friend, Cousin, Etc...)

First Alternate Agent:

Full Legal Name

Address City State Zip

Relationship (e.g., Mother, Brother, Friend, Cousin, Etc...)

Second Alternate Agent:

Full Legal Name

Address City State Zip

Relationship (e.g., Mother, Brother, Friend, Cousin, Etc...)

Third Alternate Agent:

Full Legal Name

Address City State Zip

Relationship (e.g., Mother, Brother, Friend, Cousin, Etc...)

AGENT FOR POWER OF ATTORNEY FOR HEALTH CARE

This is the person you choose to make health care and end-of-life decisions on your behalf, should you be mentally or physically unable to do so yourself. **For married couples, each spouse typically serves as the other’s Agent. If this is acceptable to you, simply write “Spouse” on the *Full Legal Name* line for Agent.** Lastly, please list your Agent and Alternate Agents in order of preference, and provide us with their full legal name, address, and specific relationship to you. List as many as you feel comfortable with.

Agent:

Full Legal Name

Address City State Zip

Relationship (e.g., Mother, Brother, Friend, Cousin, Etc...)

First Alternate Agent:

Full Legal Name

Address City State Zip

Relationship (e.g., Mother, Brother, Friend, Cousin, Etc...)

Second Alternate Agent:

Full Legal Name

Address City State Zip

Relationship (e.g., Mother, Brother, Friend, Cousin, Etc...)

Third Alternate Agent:

Full Legal Name

Address City State Zip

Relationship (e.g., Mother, Brother, Friend, Cousin, Etc...)

GIFTS TO BENEFICIARIES

BENEFICIARIES

A Beneficiary is a person who receives a percentage share of your assets after your death, or, if married, after the death of the last surviving spouse. In order for us to complete your Estate Plan, we need to know how you would like your assets distributed once you and, if applicable, your surviving spouse die. Please identify your beneficiaries below, and let us know what percentage they are to receive.

<i>BENEFICIARIES FULL LEGAL NAME</i>	<i>RELATIONSHIP</i>	<i>PERCENTAGE</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DECEASED BENEFICIARIES

If one of your beneficiaries dies before you or, if applicable, the last surviving spouse, how would you like their share to be distributed?

OPTION 1

To the deceased beneficiary's living children in equal shares.

OPTION 2

To the deceased beneficiary's living children and/or spouse in equal shares.

OPTION 3

Divided equally among the other named living beneficiaries.

OPTION 4

If none of the above options are acceptable, you can also leave the deceased beneficiary's share to another individual or charity. Please identify the new beneficiary below along with what percentage of the deceased beneficiary's interest they are to receive.

<i>FULL LEGAL NAME</i>	<i>PERCENTAGE</i>
_____	_____
_____	_____
_____	_____

SPECIAL INSTRUCTIONS

If you have any special instructions, specific requests, or other issues that you feel need to be dealt with, please write them below

BURIAL WISHES

At my death, I wish to be: ___ Cremated ___ Buried

If cremated, I would like my ashes disposed of as follows:

If buried, I would like my remains interred as follows:

I have already made arrangements at:

SPOUSE:

At my death, I wish to be: ___ Cremated ___ Buried

If cremated, I would like my ashes disposed of as follows:

If buried, I would like my remains interred as follows:

I have already made arrangements at:
