

UNMARRIED 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:

REVOCABLE 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 hire an attorney and go through 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.

GENERAL QUESTIONS

	<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?</i>	___	___
If yes, name & relationship: _____		
If yes, do you wish to disinherit their children, if any, as well?	___	___
<i>Do you have an existing Will?</i>	___	___
If yes, please provide us a copy with this form.		
<i>Do you 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: _____		

FIDUCIARY INFORMATION

SUCCESSOR TRUSTEE

The Trustee is the person who will manage the trust assets after your death and distribute them according to the terms of your Living Trust. Please list your Successor Trustees 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 Successor Trustees, list only as many as you feel comfortable with, but we'll need a minimum of one additional if possible.

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...)

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. Please list your Agents in order of preference, and provide us with their full legal name, address, and specific relationship to you. List only as many as you feel comfortable with, but we'll need a minimum of one additional if possible.

Primary 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 upon your death. In order for us to complete your Estate Plan, we need to know how you would like your assets distributed after you pass away. 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 named beneficiaries above were to die before the last of you, how would you like their share to be distributed?

OPTION 1

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

(This is the most common option when leaving to your children, as your child's share would go to their children in equal shares, if they had any. Otherwise, their share will go to the other named beneficiaries in equal shares.)

OPTION 2

Divided equally among the other named living beneficiaries.

OPTION 3

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>
_____	_____
_____	_____
_____	_____

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:
