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ESTATE PLANNING CLIENT INFORMATION FORM

I. Family Information

A. Client

Client's Full Name: _____ D/O/B _____

Social Security No. _____

Previous Legal Name _____

Address of Primary Residence _____

Home Telephone Number _____ Work/Cell Telephone _____

E-Mail Address _____

Are you currently a U.S. Citizen? Yes / No

Have you ever been married before? Yes / No

B. Spouse

Spouse's Full Name: _____ D/O/B _____

Social Security No. _____

Previous Legal Name _____

Address of Primary Residence _____

Home Telephone Number _____ Work/Cell Telephone _____

E-Mail Address _____

Are you currently a U.S. Citizen? Yes / No

Have you ever been married before? Yes / No

If either spouse has been married prior to this marriage, please provide the names and dates of spouses:

C. Children common to the marriage

Name: _____ D/O/B _____

Social Security No. _____

Address of Primary Residence _____

Does this child have any known illness or disability which requires special consideration when planning your estate?

Yes / No

Name: _____ D/O/B _____

Social Security No. _____

Address of Primary Residence _____

Does this child have any known illness or disability which requires special consideration when planning your estate?

Yes / No

Name: _____ D/O/B _____

Social Security No. _____

Address of Primary Residence _____

Does this child have any known illness or disability which requires special consideration when planning your estate?

Yes / No

Name: _____ D/O/B _____

Social Security No. _____

Address of Primary Residence _____

Does this child have any known illness or disability which requires special consideration when planning your estate?

Yes / No

Name: _____ D/O/B _____

Social Security No. _____

Address of Primary Residence _____

Does this child have any known illness or disability which requires special consideration when planning your estate?

Yes / No

D. Children born to Client or Spouse prior to marriage

If either spouse had a child prior to marriage, please provide the relevant information in the space provided in the Additional Notes section of this form.

II. General Information

	<u>Husband</u>	<u>Wife</u>
Are you currently receiving social security?	_____	_____
Are you self-employed?	_____	_____
Do you have a will or living trust?	_____	_____
Are you the beneficiary of any trust?	_____	_____
Do you have Medicare Part A or B?	_____	_____
Do you have supplemental insurance?	_____	_____
Do you have long-term health insurance?	_____	_____
Do you have an illness or disability which should be taken into account when planning your estate?	_____	_____

III. Income

Please list your estimated annual income from the following sources. If there are additional sources of income not listed on this sheet, please provide this information in an attachment or in the Additional Notes section.

	Husband	Wife
Social Security	_____	_____
Salary (incl. bonus)	_____	_____
Commissions	_____	_____
Interest	_____	_____
Dividends	_____	_____
Pension Benefits	_____	_____
IRA Benefits	_____	_____
Rental Income	_____	_____
TOTAL INCOME	_____	_____

IV. Assets

A. Summary

Please list the estimated value of assets. If there are additional assets not listed on this sheet, please provide this information in an attachment or in the Additional Notes section. Where there is more than one asset in a given section (e.g., multiple bank accounts) please list them in the aggregate.

	Husband	Wife	Joint Ownership
Real Estate	_____	_____	_____
Stocks & Bonds	_____	_____	_____
Bank Accounts	_____	_____	_____
Mortgages & Notes	_____	_____	_____
Personal Property	_____	_____	_____
Retirement Accounts	_____	_____	_____
Business Assets	_____	_____	_____

B. Life Insurance

Insured Party	Beneficiary	Alternate Beneficiary	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Real Estate Details

Address	Estimated Value	Mortgage Balance
Residence: _____	_____	_____
Additional Real Estate: _____	_____	_____

D. Securities

1. Securities not held in brokerage accounts

Owner & Security	Value	IRA or other tax-qualified plan?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Brokerage Accounts

Owner & Security	Value	IRA or other tax-qualified plan?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. Bank Account(s)

Bank	Account Number	Ownership (Husband, Wife or Joint)	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you maintain a safe deposit box?

Bank: _____ Branch: _____ Box No. _____

F. Personal Property

Estimated total value of household furnishings, automobiles, collectables and other personal items: _____

Please list any items of special value which should be considered when planning your estate. If you require additional space, please attach a separate list or use the Additional Notes section of this form. You do not need to designate the recipient of these items at this time.

G. Retirement Accounts

IRA Accounts or 401(k)

Amount	Description	Beneficiary
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. Liabilities

Please list outstanding liabilities which are not included elsewhere in this form. You do not need to include monthly expenses such as utilities etc. Feel free to list additional liabilities on a separate sheet or in the Additional Notes section of this form.

Description	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

VI. Fiduciaries

Please provide names and addresses for each.

Primary successor guardian(s):

_____ residing at _____

Additional successor guardian(s)

1. _____ residing at _____

2. _____ residing at _____

Please provide names and addresses for executor:

1. _____ residing at _____

2. _____ residing at _____

Please provide names and addresses for trustee (if applicable)

1. _____ residing at _____

2. _____ residing at _____

Please provide names and addresses for health care proxy:

1. _____ residing at _____

2. _____ residing at _____

VII Guardianship Issues

Please state any specific requests you would like to make of your guardian(s) regarding the raising of your children.

The most common form of trust for your children will have them receiving partial payments from their trust at age 18, larger payments at 25 and full distribution at 30 or 35 years of age. If you have other preferences in this matter, please describe:

Is there any condition or event which requires that this estate plan be prepared on an expedited basis? If so, please explain.

I hereby acknowledge that this disclosure is full and accurate as of the date of signature.

Signed: _____

Signed: _____

Print Name _____

Print Name _____

Date: _____

Date: _____