

To help provide you with the best possible service, please take a few moments to complete the following questionnaire and bring to your initial appointment. We will be happy to assist with items in question during your visit or call 708-482-7090.

ESTATE PLANNING QUESTIONNAIRE

NEW ESTATE PLAN UPDATE ESTATE PLANNING DOCUMENTS



(You can either print this questionnaire and fill in by hand, or save the file to your computer, then tab to each entry below to fill in and save again. Either print it or attach the completed document to an email and return it to Wilson & Wilson).

YOUR INFORMATION:			
First Name	Middle Init.	Last Name	
Address			
City	State	Zip	County
Cell Phone	Home Phone	Work Phone	
Fax Number	Email Address	Age	
Date of Birth	Place of Birth		
Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>			

SPOUSE INFORMATION (if applicable):			
First Name	Middle Init.	Last Name	
Address			
City	State	Zip	County
Cell Phone	Home Phone	Work Phone	
Fax Number	Email Address	Age	
Date of Birth	Place of Birth		
Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>			

<input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED
Date Married: _____	Date of Death: _____	
Do you have a Prenuptial Agreement? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you (or your spouse) own a business or an interest in a business? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If so, what type of entity is this business?		
<input type="checkbox"/> Corporation	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> LLC <input type="checkbox"/> LLP
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other _____

DURABLE POWER OF ATTORNEY FOR PROPERTY INFORMATION

The person(s) named in this section (your Agent) will have the authority to handle all of your personal and business affairs should you become mentally or physically incapacitated. The document is designed to become effective upon your disability, or voluntary activation of it. You should consider their proximity to you, business skills, knowledge of your risk tolerance and estate planning goals.

SPOUSE #1 or SINGLE PERSON – CHOOSE YOUR AGENTS

NAME YOUR SPOUSE AS INITIAL AGENT? Yes No

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FIRST CHOICE for Agent on Power of Attorney for Property – Full Name	Relationship		
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Address			
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City	State	Zip Code	County
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Cell Phone	Home Phone	Work Phone	

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SECOND CHOICE for Agent on Power of Attorney for Property – Full Name	Relationship		
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Address			
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City	State	Zip Code	County
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Cell Phone	Home Phone	Work Phone	

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THIRD CHOICE for Agent on Power of Attorney for Property – Full Name	Relationship		
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Address			
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City	State	Zip Code	County
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Cell Phone	Home Phone	Work Phone	

DURABLE POWER OF ATTORNEY FOR HEALTH CARE INFORMATION

The person(s) named in this section (your Agent) will have the authority to handle all of your health care decisions should you become mentally or physically incapacitated. These decisions might include what doctor or hospital to use and whether or not to allow surgery if needed. The document is designed to become effective *only* as specified on the document and will *always* be subject to your express wishes.

SPOUSE #1 or SINGLE PERSON – CHOOSE YOUR AGENTS

NAME YOUR SPOUSE AS INITIAL AGENT? Yes No

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FIRST CHOICE for Power of Attorney for Health Care – Full Name	Relationship		
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Address			
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City	State	Zip Code	County
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Cell Phone	Home Phone	Work Phone	

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SECOND CHOICE for Power of Attorney for Health Care – Full Name	Relationship		
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Address			
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City	State	Zip Code	County
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Cell Phone	Home Phone	Work Phone	

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THIRD CHOICE for Power of Attorney for Health Care – Full Name	Relationship		
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Address			
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City	State	Zip Code	County
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Cell Phone	Home Phone	Work Phone	