ESTATE PLANNING QUESTIONNAIRE

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HIGHLY CONFIDENTIAL

This questionnaire is designed to help us gather the information necessary to properly plan to protect your assets (or the assets of a family member or friend). Whether you are a new or an established client, we have found this questionnaire extremely helpful and we ask your indulgence in completing it fully. Those questions that do not apply to you, your family, or your financial situation may simply be ignored. Please feel free to attach additional pages where space is insufficient, or to provide other information you feel is relevant.

DATE:		_			
Client	(middla)	(last)	Places indicate how y	you would like your name to appear on decuments	
(IIISt)	(middle)	(last)	t) Please indicate how you would like your name to appear on docum		
□ Married	□Single	□Widowed	□Divorced	Separated or about to divorce	
Spouse:					
(first)	(middle)	(last)	Please indicate how y	you would like your name to appear on documents.	
		Client		Spouse	
Telephone Nu	ımbers				
- T	(home)		(hom	ne)	
	(cell)		(cell))	
Date of Birth:					
US Citizen?: [] Yes [] No			[] Yes	[] No	
Social Security	Number:				
Militar	y Service:				
Date of I	Marriage:	· · · · · · · · · · · · · · · · · · ·			

SECTION 2. CHILDREN

List all children. Copy and attach additional pages, if needed. Total number of children: 1. Please indicate how you would like their name to appear on documents. (date of birth) (current address) (phone number) (email address) 2. (name of child) Please indicate how you would like their name to appear on documents. (date of birth) (current address) (phone number) (email address) 3. (name of child) Please indicate how you would like their name to appear on documents. (date of birth) (current address) (phone number) (email address) (name of child) Please indicate how you would like their name to appear on documents. (date of birth) (current address) (phone number) (email address) 5. (name of child) Please indicate how you would like their name to appear on documents. (date of birth)

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(phone number)

Estate Planning Questionnaire Highly Confidential Page **3** of **6**

(current address)

(email address)

SECTION 3. FIDUCIARIES

Please consider who you want to handle your affairs when you cannot. We will discuss this section at our conference and will assist you with the completion.

(name)	(relationship)	email Address
(current address)		(phone number)
(name)	(relationship)	email Address
(current address)		(phone number)
ay surviving Co-Executor act a	ame lone?[]Yes[]No) or[]Success ct:[]Separately or []Jointly)_	
ay surviving Co-Executor act a TRUSTEES (Co-Trustees Ac	ct: [] Separately or [] Jointly)	*** (Social security number)***
	lone? [] Yes [] No) or [] Success	
ay surviving Co-Executor act a TRUSTEES (Co-Trustees Ac	ct: [] Separately or [] Jointly)	*** (Social security number)***
ay surviving Co-Executor act a TRUSTEES (Co-Trustees Action (name)	ct: [] Separately or [] Jointly)	*** (Social security number)*** email Address (phone number)
ay surviving Co-Executor act a TRUSTEES (Co-Trustees Action (name)	ct: [] Separately or [] Jointly)	*** (Social security number)*** email Address

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name)		
laine)	(relationship)	email Address
urrent address)		(phone number)
name)	(relationship)	email Address
anic)	(relationship)	chian Address
urrent address)		(phone number)
] Co-Guardian with Previous		
surviving Co-Guardian act a	alone? [] Yes [] No) or [] Success	of Guardian
AGEN 15 UNDER POWER (OF ATTORNEY (Co-Agents Act: [Separately or Jointly)
ame)	(relationship)	email Address
ano)	(relationship)	cinaii Addiess
urrent address)		(phone number)
	(relationship)	email Address
	(relationship)	emaii Address
ame)	17	
,		(phone number)
urrent address)		(phone number)
urrent address) Co-Agent with Previous N	ame	
urrent address) Co-Agent with Previous N		
urrent address) Co-Agent with Previous N y surviving Co-Agent act a	ame lone?[]Yes []No) or[]Suc	ccessor Agent
urrent address) Co-Agent with Previous N y surviving Co-Agent act a	ame	ccessor Agent
	ame lone?[]Yes []No) or[]Suc	ccessor Agent
urrent address) Co-Agent with Previous N y surviving Co-Agent act a AGENTS UNDER HEAL	ame lone?[]Yes []No) or[]Suc	ccessor Agent
Co-Agent with Previous N sy surviving Co-Agent act a	ame lone?[]Yes []No) or []Suc TH CARE POWER OF ATTO	ccessor Agent RNEY
Co-Agent with Previous N Ly surviving Co-Agent act a AGENTS UNDER HEAL Lame)	ame lone?[]Yes []No) or []Suc TH CARE POWER OF ATTO	ccessor Agent RNEY
Co-Agent with Previous N Ly surviving Co-Agent act a AGENTS UNDER HEAL	ame lone?[]Yes []No) or []Suc TH CARE POWER OF ATTO	ecessor Agent RNEY email Address
current address) Co-Agent with Previous N ay surviving Co-Agent act a AGENTS UNDER HEAL name)	ame lone? [] Yes [] No) or [] Suc TH CARE POWER OF ATTOI (relationship)	excessor Agent RNEY email Address (phone number)
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urrent address) Co-Agent with Previous N y surviving Co-Agent act a AGENTS UNDER HEAL ame) urrent address)	ame lone? [] Yes [] No) or [] Suc TH CARE POWER OF ATTOI (relationship)	excessor Agent RNEY email Address (phone number)

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Estate Planning Questionnaire Highly Confidential Page 5 of 6

SECTION 4. DISPOSITIVE PLANNING

A.	First-choice beneficiaries:[] Spouse [] Children [] Spouse and Children [] Other
В.	Second-choice beneficiaries:[] Spouse [] Children [] Spouse and Children [] Other
D.	Any specific disposition of your residence?
E.	Any specific gifts of special articles, such as art or jewelry?

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