

LAW OFFICES OF STEPHEN SUTERA, P.C.

Providing peace of mind to help you and your family deal with life challenges.

CONFIDENTIAL DATA FORM

This questionnaire is intended to help us begin the process of planning your estate. It is important that you complete this questionnaire before our initial consultation. It is a necessary part of the estate planning process!

We believe that an estate plan is more than just legal documents filled in by a lawyer or the lawyer's staff. Certainly, an estate plan does involve the preparation of legal documents, but these documents should reflect the distinctive financial situation and financial philosophy of the individual or family for whom the plan is being prepared. Estate plans are like fingerprints - - one should not be identical to another. Instead, each plan and its legal documents should reflect the unique character and circumstances of the person or family for which it is created.

With Offices in Oak Lawn & Oak Brook

Administrative Office: 4927 W. 95th Street, Oak Lawn, IL 60453

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BACKGROUND INFORMATION

The personal information you provide in this section about you, your age, marital status, and where you live helps our office plan and better communicate with you. This section will also ensure that your names are spelled correctly in your documents.

TODAY'S DATE: _____

REFERRED BY: _____

Client 1 Information

Name you use to sign formal or legal documents: _____

Full Legal Name (First, middle and last): _____

Birth Date: ____ - ____ - ____ Age: _____ Social Security #: ____ - ____ - ____ U.S. Citizen? Yes No

Personal cell phone number: _____ Business Phone: _____

Employer: _____ Occupation: _____

Never married Married If yes, Date: _____ Widowed If yes, Date: _____

Divorced If yes, date: _____ Existing Pre-or Postnuptial Agreement Yes No Date: _____

Are either of your parents still living? Yes No If yes, Names and Ages: _____

Please list the full name including middle initial of your living brothers and sisters: _____

Client 2/Spouse/Partner Information

Name used to sign formal or legal documents: _____

Full Legal Name (First, middle and last): _____

Birth Date: ____ - ____ - ____ Age: _____ Social Security #: ____ - ____ - ____ U.S. Citizen? Yes No

Personal cell phone number: _____ Business Phone: _____

Employer: _____ Occupation: _____

Never married Married If yes, Date: _____ Widowed If yes, Date: _____

Divorced If yes, date: _____ Existing Pre-or Postnuptial Agreement Yes No Date: _____

Are either of your parents still living? Yes No If yes, Names and Ages: _____

Please list the full name including middle initial of your living brothers and sisters: _____

HOME ADDRESS:

Street _____

City: _____ County: _____ State: _____ Zip Code: _____ - _____

Home Phone: Yes No If yes, what is the number? _____

Preferred Contact Email: _____

Have you or your spouse/partner previously completed a Living Trust? Yes No

CHILDREN and/or BENEFICIARY INFORMATION

Identify all children you have ever had, including deceased children (whether or not their descendants will be included in your plan.) You may also include any potential beneficiaries of your estate that are not your children. Please Note: Listing a person in this section is not a firm indication of your decision to provide for a particular individual. It is simply a means of identifying children or individuals for discussion purposes. Please refer to Husband as Partner 1 and Wife as Partner 2.

Child **Beneficiary** Joint Husband Wife Special Needs: Medical Educational Financial
Full Legal Name: _____ DOB _____
Address: _____ City _____ State _____ Zip _____
Phone _____ Cell Phone _____
 Married Divorced Widowed Single Spouse's Name: _____
Children (name and age) _____

Child **Beneficiary** Joint Husband Wife Special Needs: Medical Educational Financial
Full Legal Name: _____ DOB _____
Address: _____ City _____ State _____ Zip _____
Phone _____ Cell Phone _____
 Married Divorced Widowed Single Spouse's Name: _____
Children (name and age) _____

Child **Beneficiary** Joint Husband Wife Special Needs: Medical Educational Financial
Full Legal Name: _____ DOB _____
Address: _____ City _____ State _____ Zip _____
Phone _____ Cell Phone _____
 Married Divorced Widowed Single Spouse's Name: _____
Children (name and age) _____

Child **Beneficiary** Joint Husband Wife Special Needs: Medical Educational Financial
Full Legal Name: _____ DOB _____
Address: _____ City _____ State _____ Zip _____
Phone _____ Cell Phone _____
 Married Divorced Widowed Single Spouse's Name: _____
Children (name and age) _____

Child **Beneficiary** Joint Husband Wife Special Needs: Medical Educational Financial
Full Legal Name: _____ DOB _____
Address: _____ City _____ State _____ Zip _____
Phone _____ Cell Phone _____
 Married Divorced Widowed Single Spouse's Name: _____
Children (name and age) _____

CHILDREN and/or BENEFICIARY INFORMATION, *continued*

Child **Beneficiary** Joint Husband Wife Special Needs: Medical Educational Financial
Full Legal Name: _____ DOB _____
Address: _____ City _____ State _____ Zip _____
Phone _____ Cell Phone _____
 Married Divorced Widowed Single Spouse's Name: _____
Children (name and age) _____

Child **Beneficiary** Joint Husband Wife Special Needs: Medical Educational Financial
Full Legal Name: _____ DOB _____
Address: _____ City _____ State _____ Zip _____
Phone _____ Cell Phone _____
 Married Divorced Widowed Single Spouse's Name: _____
Children (name and age) _____

Child **Beneficiary** Joint Husband Wife Special Needs: Medical Educational Financial
Full Legal Name: _____ DOB _____
Address: _____ City _____ State _____ Zip _____
Phone _____ Cell Phone _____
 Married Divorced Widowed Single Spouse's Name: _____
Children (name and age) _____

Child **Beneficiary** Joint Husband Wife Special Needs: Medical Educational Financial
Full Legal Name: _____ DOB _____
Address: _____ City _____ State _____ Zip _____
Phone _____ Cell Phone _____
 Married Divorced Widowed Single Spouse's Name: _____
Children (name and age) _____

Child **Beneficiary** Joint Husband Wife Special Needs: Medical Educational Financial
Full Legal Name: _____ DOB _____
Address: _____ City _____ State _____ Zip _____
Phone _____ Cell Phone _____
 Married Divorced Widowed Single Spouse's Name: _____
Children (name and age) _____

QUESTIONS ABOUT YOUR CHILDREN/BENEFICIARIES

Please Mark Yes or No

Do you have any deceased children? Yes No
 Name: _____ Date of Death: _____

Did the deceased child have any children? Yes No

1. Do any of your children receive governmental support or benefits because of a disability or handicap? Yes No

2. Are any of your children institutionalized? Yes No

3. If you answered "YES" to any of the above questions, please describe the type of disability that your child has:

4. Do you have any adopted children? Yes No
 If "YES": Name: _____ Birth Date: _____/_____/_____

5. Do any of your children have any other special needs which concern you? (ie, immaturity, drug, alcohol, gambling problems.) Yes No If "YES", describe concern: _____

6. Are you concerned with your childrens'/beneficiaries' ability to get along with each other? Yes No

7. Have you signed any cryopreservation contract with regard to embryos? (Cryopreservation of Embryos is the process of preserving any embryo at sub-zero temperatures.) Yes No

IF ANY OF YOUR CHILDREN ARE UNDER THE AGE OF 18, whom do you wish to be guardian of your children?

Name in order of preference.

	Name and Address	Relationship to you
Initial Choice		
Back up #1		
Back up #2		

QUESTIONS ABOUT YOU AND/OR YOUR SPOUSE/PARTNER

1. Do you or your spouse/partner have anyone who depends on either of you for all or part of their support? Yes No
 If "YES": a.) Name: _____ Relationship: _____
 b.) Explain extent of support: _____

2. List any pets and include any statement you may have of your wishes for their care (may use notes page at end if needed):

3. Are you or your spouse/partner receiving social security or disability benefits? Yes No

4. Do you or your spouse/partner have any health concerns? Yes No
 If "YES", what? _____

Allergies Yes No If YES, What are they? _____

QUESTIONS ABOUT YOU AND/OR YOUR SPOUSE/PARTNER *continued*

5. In what states have you lived while married to your current spouse and during what period of time did you reside there?
State: _____ Years: _____ State: _____ Years: _____

6. Have you or your spouse/partner ever filed federal gift tax returns? Yes No

7. Please describe any property held for your children or grandchildren such as Uniform Transfer to Minors Act accounts.

8. List and briefly describe closely held business interests. Please indicate the type of entity and your interest in the entity.

a.) Do any other family members work in the business? Name: _____
Relationship: _____

b.) Does the family member(s) have an ownership interest? Yes No

9. Please describe any property you or your spouse/partner have inherited within the past 10 years.

10. Did you inherit any farmland or business property in which a special-use valuation was elected? Yes No

11. Please describe any inheritance that you or any member of your immediate family expects to receive in the future.

12. Please describe any loans between family members: _____

13. Do you own a long-term care (nursing home) insurance policy? Yes No

14. What are your bodily injury limits and uninsured motorist liability limits?

Bodily injury _____ Uninsured motorist liability _____

15. Do you have an umbrella liability policy? Yes No

16. What is your personal injury coverage on your homeowner's or renter's policy? _____

17. Have you sold any real estate and purchased additional real estate in order to avoid capital gain taxes? (commonly referred to as an "exchange") Yes No

If yes, what is the address of the property? _____

18. Were you or your spouse in the armed forces? Yes No If yes, what are your years of service? (_____ to _____)

MEDICAL INSTRUCTIONS

If you are unable to make medical decisions for yourself, who would you want to make decisions for you (your healthcare agents)? If you have already entered complete information for a child that will be your healthcare agent, please indicate "same as previous" for address information. We require at least two healthcare agents per client, and we prefer three. Please visit sutralaw.com/healthcare-guides if you are having trouble naming your healthcare agents.

Client 1 Healthcare Agents:

1. [REQUIRED] Name _____ Relationship: _____

Address: _____ City _____ State _____ same as previous

Phone: Home _____ Cell: _____

2. [REQUIRED] Name _____ Relationship: _____

Address: _____ City _____ State _____ same as previous

Phone: Home _____ Cell: _____

3. Name _____ Relationship: _____

Address: _____ City _____ State _____ same as previous

Phone: Home _____ Cell: _____

ANATOMICAL GIFTS (check desired option):

_____ I do not authorize any anatomical gifts.

_____ I authorize anatomical gifts for research purposes.

_____ I authorize anatomical gifts for purposes of transplantation only.

_____ I authorize anatomical gifts for purposes of transplantation and research.

Do you wish to be cremated? Yes No **If yes, are you registered with any cremation society?** Yes No

Name of Society _____

Client 2/Spouse/Partner's Healthcare Agents:

1. [REQUIRED] Name _____ Relationship: _____

Address: _____ City _____ State _____ same as previous

Phone: Home _____ Cell: _____

2. [REQUIRED] Name _____ Relationship: _____

Address: _____ City _____ State _____ same as previous

Phone: Home _____ Cell: _____

3. Name _____ Relationship: _____

Address: _____ City _____ State _____ same as previous

Phone: Home _____ Cell: _____

ANATOMICAL GIFTS (check desired option):

_____ I do not authorize any anatomical gifts.

_____ I authorize anatomical gifts for research purposes.

_____ I authorize anatomical gifts for purposes of transplantation only.

_____ I authorize anatomical gifts for purposes of transplantation and research.

Do you wish to be cremated? Yes No **If yes, are you registered with any cremation society?** Yes No

Name of Society _____

GOALS, CONCERNS, & ANXIETIES

Our objective is to assist clients in identifying their goals, concerns, and anxieties. All too often in the planning process, a client will discover that there are other, more pressing concerns than the one that caused them to begin the planning process.

What is your primary motivation for considering estate planning?: (Mark an "X" by one or more)

- PROVIDING MEDICAL DIRECTIONS FOR LIFE SUPPORT MACHINES
- MAINTAINING CONTROL OF YOUR ASSETS IN CASE OF YOUR DISABILITY
- ASSET PROTECTION
- LONG-TERM CARE PLANNING (NURSING HOME)
- BUSINESS OR FARM PLANNING
- PROTECTION FOR YOUR SPOUSE/PARTNER
- PROTECTION FOR LOVED ONES IF SURVIVING SPOUSE/ PARTNER REMARRIED
- PROBATE AVOIDANCE
- PROTECTION AND GUARDIANSHIP FOR YOUR MINOR CHILDREN
- AVOIDING OR REDUCING FEDERAL AND STATE ESTATE TAXES
- PROTECTION FOR BENEFICIARY IN CASE OF BENEFICIARY'S DIVORCE
- DESIRE TO MAINTAIN ASSETS IN THE FAMILY
- DISINHERITANCE OF A FAMILY MEMBER
- PROTECTION AGAINST FUTURE POSSIBLE ADDICTIONS (GAMBLING, ALCOHOL, DRUGS, ETC)
- OTHER CONCERNS (Please list any other concerns):

INHERITANCE & CHARITY

Please complete the following questions about your feelings concerning inheritance and charity. For married couples, it is necessary that you complete this together. You do not need to agree on every answer. Mark an "X" for both. If you disagree, mark the husband's/partner 1 response with an "H" and the wife's/partner 2 with a "W." There are no right or wrong answers, only *your* answers.

1. What is your primary motivation for planning your estate?
 - To increase inheritance for heirs
 - To reduce estate taxes
 - To make contributions to charity or religious causes

2. Which statement most closely reflects your views regarding estate planning?
 - I feel no particular responsibility to conserve assets for heirs
 - and, would prefer to spend my assets during my life.
 - however, I am satisfied to have "whatever is left" of my estate pass to heirs upon my death.
 - however, there are certain amounts I would like to leave specific heirs.
 - nevertheless, I intend to plan my estate in a way that will maximize my heirs' inheritance.

 - I do feel a responsibility to conserve assets for heirs and to plan my estate in a way that will maximize their inheritance,
 - however, I am not willing to commit cash flow or assets for that purpose.
 - and I am willing to commit cash flow or assets for that purpose.

INHERITANCE & CHARITY *continued*

3. You may be concerned that your heirs lack the necessary skills to manage wealth. Which statement most closely reflects your view?
- I believe my heirs do not possess the necessary skills to manage wealth and,
 - I do not feel a responsibility to prepare them to do so.
 - I do feel a responsibility to prepare them to do so.
 - I prefer to pass assets in trust, or by another means that assures professional management.
 - I believe my heirs do possess the necessary skills to manage wealth,
 - but I prefer to pass assets in trust, or by another means that assures professional management.
 - and I feel comfortable they will manage their wealth effectively.
 - I am not sure of the interest level, skills and ability of my heirs to manage wealth.
4. In estate planning, fair is not always equal, and equal is not always fair. Which statement most closely reflects your thoughts on the subject?
- No matter his or her individual circumstances or need, each child should receive an equal share of my estate
 - Based on the individual needs and circumstances of each child, an appropriate share should be distributed from the estate.
5. What do you think about transferring assets to children and/or other heirs during your lifetime, when you can share in their enjoyment of its use?
- I prefer to transfer assets to my heirs as soon as possible.
 - I prefer to transfer some assets today, but wait to transfer the largest portion of my estate at my death.
 - I prefer to transfer all assets at my death (or at the death of the survivor, if married).
6. If applicable, how do you feel about transferring assets to your grandchildren?
- I prefer to leave my estate to my children; they can then determine whether to pass a portion along to my grandchildren.
 - I am primarily concerned with providing for my children; however, if sufficient assets are available, I would consider leaving a portion of my estate directly to my grandchildren.
 - I would like to make assets available for both children and grandchildren, with the flexibility to respond to their varying needs.
 - I have already provided adequately for my children and would prefer to distribute the remainder of my estate to my grandchildren.
 - I do not choose to transfer assets to grandchildren.
7. What are your feelings about remarriage if you predecease your spouse/partner?
- I have no concern, my spouse/partner may do what he or she desires with the assets.
 - I would like some restrictions as to some of the assets to protect my loved ones.
 - I do not want my spouse/partner to receive any of my assets if my spouse/partner remarries.

SUCCESSOR TRUSTEES, AGENTS, EXECUTORS, ETC:

If you were unable to manage your assets, who would you want to replace you? The person/company chosen should have the following characteristics:

1. Financial sense: the ability to distinguish between stocks, bonds, mutual funds, or cash instruments like Certificates of Deposit (CDs) and money market accounts.
2. Common sense: the ability to ask questions when needed and the ability to ask the correct advisor.
3. Trustworthiness.
4. If naming two individuals together, can the individuals "get along" with each other?

FIRST Full Legal Name: _____

Address: _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____

SECOND Full Legal Name: _____

Address: _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____

THIRD Full Legal Name: _____

Address: _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____

PLAN OF DISTRIBUTION

1. **SPECIFIC GIFTS.** Do you want to make charitable gifts, such as to a church or other institution? Do you wish to make a special gift to a particular person, such as a piece of jewelry to a particular child? _____

2. Briefly describe where you would want assets remaining to go after any specific gifts are distributed if you do not survive.

A share, percentage, or specific amount to Charity "off the top". If so identify the charity or charities along with the share, percentage or specific amount to be distributed on the chart below.

All to spouse/partner, then equally between children, if a child didn't survive, the deceased child's children would take the share of the deceased child.

All to spouse/partner, then equally between the surviving children.

All to spouse/partner, then _____

As follows: _____

3. **ULTIMATE DISTRIBUTION.** Whom would you want to receive your property (heirs, charities, individuals, etc.) if you, your spouse/partner, your children, or other beneficiaries named do not survive a common disaster.

Names of "Charitable"/ "Other Distribution" Beneficiaries	Relationship	Share or % of Estate

ASSET ASSESSMENT

Determining the ownership, value, and character of your assets is important to your estate and legacy plan. The title "ownership" is important for tax and transfer matters. The "value" will be significant in determining potential tax liability. The "character" is relevant in assessing the manner by which the asset can transfer. If necessary, approximate current total values.

FAIR MARKET VALUE TODAY	PLEASE FILL IN ASSET AMOUNT		
ASSETS	HUSBAND/SINGLE	WIFE/PARTNER	JOINT
REAL ESTATE – HOME	\$	\$	\$
REAL ESTATE – OTHER THAN HOME	\$	\$	\$
REAL ESTATE – OTHER THAN HOME	\$	\$	\$
CHECKING/CASH	\$	\$	\$
SAVINGS	\$	\$	\$
CERTIFICATES OF DEPOSIT	\$	\$	\$
STOCKS	\$	\$	\$
MUTUAL FUNDS	\$	\$	\$
BONDS (Corporate or US Savings)	\$	\$	\$
BROKERAGE ACCOUNTS	\$	\$	\$
LIMITED PARTNERSHIPS	\$	\$	\$
ANNUITIES	\$	\$	\$
PROFIT SHARING/401K	\$	\$	\$
403(b) PLANS	\$	\$	\$
IRA	\$	\$	\$
LIFE INSURANCE (DEATH BENEFIT)	\$	\$	\$
AUTOMOBILES	\$	\$	\$
OTHER	\$	\$	\$
TOTAL ASSETS	\$	\$	\$

LIABILITIES	HUSBAND/SINGLE	WIFE/PARTNER	JOINT
REAL ESTATE MORTGAGES	\$	\$	\$
LOANS AGAINST LIFE INSURANCE	\$	\$	\$
OTHER DEBTS	\$	\$	\$
OTHER DEBTS	\$	\$	\$
TOTAL LIABILITIES	\$	\$	\$

NET ESTATE			
Total Assets Less Total Liabilities	\$	\$	\$

****If you like, you may provide a more detailed list of your investments and/or copies of your asset statements. Please be prepared to identify who you have named as a beneficiary on retirement plans and life insurance.**

NOTES & QUESTIONS

Please note anything else that may be of importance in planning your estate and legacy. Also please note any questions you may have.

Affirmation: We understand the Law Offices of Stephen Sutera, P.C. (the “Firm”) will need to rely on the information we supply to develop an estate plan. We also understand that inaccurate or incomplete information could negatively impact our estate plan. Consequently, if we retain the Firm, we will provide the Firm accurate and complete information prior to signing our estate plan documents.

Client 1: _____

Date: _____

Client 2/Spouse/Partner: _____

Date: _____

**Congratulations on completing this questionnaire.
YOU ARE NOW A STEP CLOSER TO MAKING YOUR LEGACY MATTER.**