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630-645-9881 630-645-9804 Fax

PRIVATE & CONFIDENTIAL Estate Planning Personal Information Fact Finder

When you return this form to us, we strongly suggest that you do so in a secure manner. If you email the signed form, it should be password protected. Fax is a relatively secure method.

Single Person, or Husband

Wife

First Name		
Middle Name		
Last Name		
Social Security No.		
Date of Birth		
Are you a U.S. Citizen?		

Have you and your spouse entered into any agreement prior to or during your marriage to each other regarding the rights of each of you in the property of the other?

_____ Yes _____ No

If yes, please furnish us with a copy of that agreement.

Have you, or have you and your spouse, ever filed a United States Gift Tax Return (Form 709)? _____ Yes _____ No

If yes, please furnish us with a copy of all such gift tax returns.

All the children born or adopted by this marriage, or if a single person, all children born or adopted by such person:

	Name	Date of Birth	Social Security Number
Child 1			
Child 2			
Child 3			
Child 4			

If you have more than 4 children, please provide us on a separate sheet with the same information as set forth above about such children.

Is any child adopted? _____ Yes _____ No

If yes, please provide the name of the adopted child, date of his or her adoption, and place of adoption.

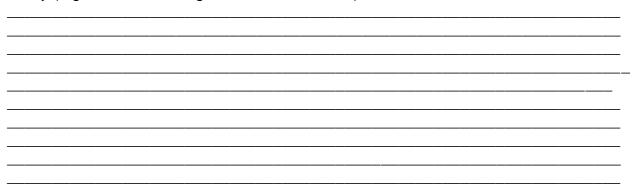
Name of Adopted Child	
Date of Adoption	
Place of Adoption	
City, State	
Country, if not U.S.	

If you have more than 1 adopted child, please provide us on a separate sheet with the same information as set forth above for each adopted child.

If you have more than one vacation or second home, please provide us on a separate sheet of paper with the same information about the homes as set forth above.

	Single Person or Husband	Wife
Business Telephone Number Business Fax Number Business E-Mail Address		

Additional Information: Is there any other information we should know about you or your family (e.g., second marriage, disabled child, etc.)?



If this should be a second or subsequent marriage of either, or both of you, do either, or both of you have any other children, please provide us with the following information.

	Name	Date of Birth	Parent's Name	Social Security Number
Child 1				
Child 2				
Child 3				
Child 4				

If there are more than 4 children from a prior marriage or marriages, please provide us on a separate sheet with the same information as set forth above.

Do you intend to treat each of these children as children of both of you for estate planning purposes?

Yes	No

If not, how do you intend to provide for each of the children of a prior marriage or marriages?

If you have no children now living but do have grandchildren or other more remote direct descendants, please provide us with the following information.

	Name	Date of Birth	Parent's Name	Social Security Number
Grandchild 1				
Grandchild 2				
Grandchild 3				
Grandchild 4				

If you have more than 4 grandchildren, please provide us on a separate sheet with the same information as set forth above for such grandchildren.

If you have no direct descendants (children, grandchildren or more remote descendants), please provide us with the following information regarding those individuals or charitable organizations you wish to name as beneficiaries of your estate.

Name of Persons or Organizations to Whom You Wish to Leave Your Estate Other Than Descendants	Relationship to You (relative, friend, charity, etc.)	Social Security Number or Employer Identification Number if Known

If you have additional persons or organizations you wish to leave your estate to, please provide us with the same information set forth above for each person or organization.

Professional Relationships Accountant: Name/Firm	
Address City, State, Zip Code	
Telephone Number	
Life Insurance Representative Name/Firm Address City, State, Zip Code Telephone Number	
Stockbroker	
Name/Firm	
Address	
City, State, Zip Code	
Single Person or Husband – Benefits Name/Firm Address City, State, Zip Code Telephone Number	Coordinator at Place of Employment
Wife – Benefits Coordinator at Place of Name/Firm Address	of Employment
City, State, Zip Code	
Gifts	
	y (e.g., family heirlooms, jewelry, etc.) or cash that ndividual(s) or organization(s), including charitable
Gift	To Whom

Executor

May be either an individual or a trust company. Typically the executor is a spouse, child, or trust company. As an alternative, there may be co-executors. If so, you must name two or more individuals or an individual, and trust company as co-executors.

Executor or Co-Executors

May appoint one or more successor exec	cutors.

Trustee

May be the same person or trust company as the executor or another individual or trust company. You may name two or more individuals, or an individual and trust company as co-trustees.

	I rustee or Co-I ru	ISTEES
	Single Person or Husband	Wife
1.		
	May appoint one or more successor	trustees.
2.		
3.		
The Guardia	the Person or Estate or both of minor in of the Person of minor children ma d/or trustee or may be a different perso	ay be the same person serving as the
	Guardian or Co-Gu	uardian
	Single Person or Husband	Wife
1.		
	May appoint one or more successor	guardians of the person.

 The Guardian of the Estate of minor children may be the same person or trust company serving as the executor and/or trustee or guardian of the person, or may be another person or another trust company.

Guardian or Co-Guardian		
	Single Person or Husband	Wife
1.		
	May appoint one or more successor	guardians of the estate.
2.		
3.		
Powers of A	ttorney	
	ower of Attorney for Health Care. individual, typically it is the spouse.	
	Agent	
	Single Person or Husband	Wife
1.		
	May appoint one or more successor	agents.
2. 3.		
Agent for Po	ower of Attorney for Property. individual, typically it is the spouse.	
	Agent	
	Single Person or Husband	Wife
1.		
	May appoint one or more successor	agents.
2.		
3.		
Living Will		
Is a Living W	/ill desired? Yes No	
	6	

I (We) have prepared this form with the understanding that it will be relied on for estate planning advice, and any material omissions, over or understated amounts, or inaccurate ownership information, may cause that advise to be inappropriate.

Dated _____, 20____

Single Person - Name

Husband – Name

Wife - Name