



RANJHA
LAW GROUP

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ESTATE PLANNING QUESTIONNAIRE

FULL LEGAL NAME: _____
(Last Name, First Name)

PART 1: GENERAL INFORMATION

If married,
SPOUSE'S NAME _____ Spouse's Date of Birth (DOB) _____

ADDRESS _____ CITY _____ COUNTY _____ ZIP _____

PHONE _____ E-MAIL _____ SSN _____

U.S. CITIZEN? IF NOT: _____ Date of Birth (DOB) _____ DATE OF MARRIAGE _____

PRIOR MARRIAGES _____ (Attach a copy of decree and other related documents)

IF THERE ARE ANY PREVIOUS WILLS OR TRUSTS PREPARED ON YOUR BEHALF, PLEASE ATTACH COPIES.

PART 2: CHILDREN'S INFORMATION (IF APPLICABLE). USE ADDITIONAL PAGES IF NEEDED.

<u>NAME</u>	<u>DATE OF BIRTH AND AGE</u>	<u>CITIZENSHIP</u>	<u>(C)urrent or (P)revious Marriage/ (A)dopted / (D)eceased/ (N)one of the above</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART 3. BENEFICIARIES

SPECIFIC GIFTS: List any gifts (i.e. heirlooms) that you would like to be distributed to a specific individual – use additional pages if necessary:

<u>NAME AND RELATIONSHIP</u>	<u>ADDRESS AND PHONE NUMBER</u>	<u>ITEM</u>
_____	_____	_____
_____	_____	_____

PRIMARY BENEFICIARIES (who you wish for your estate to go to first: i.e. 100% to spouse) Use additional pages if needed.

<u>NAME</u>	<u>ADDRESS AND PHONE NUMBER</u>	<u>% OR \$ VALUE OF ESTATE</u>
_____	_____	_____
_____	_____	_____
		=100%

SECOND LEVEL BENEFICIARIES (Contingent beneficiaries) - inherits if the primary beneficiary or beneficiaries have predeceased you, i.e. their children.) Use additional pages if needed.

<u>NAME</u>	<u>ADDRESS AND PHONE NUMBER</u>	<u>% OR \$ VALUE OF ESTATE</u>
_____	_____	_____
_____	_____	_____
		=100%

THIRD LEVEL BENEFICIARIES (Residuary Beneficiaries) Naming a residuary beneficiary is a backup measure, to guard against the extremely small chance that both a primary and contingent beneficiary will die first) Use additional pages if needed.

<u>NAME</u>	<u>ADDRESS AND PHONE NUMBER</u>	<u>% OR \$ VALUE OF ESTATE</u>
_____	_____	_____
_____	_____	_____
		=100%

PART 4. EXECUTORS OF WILLS (who you wish to settle out the financial affairs of your estate upon death)

<u>NAME (at least TWO)</u>	<u>ADDRESS AND PHONE NUMBER</u>
_____	_____
_____	_____
_____	_____

PART 5. TRUSTEES OF TRUST (IF creating Living Revocable Trust: who you wish to manage the financial affairs of trust)

<u>NAME (at least TWO)</u>	<u>ADDRESS AND PHONE NUMBER</u>
_____	_____
_____	_____
_____	_____

PART 6. GUARDIANS FOR MINOR CHILDREN (if applicable: MUST BE U.S. RESIDENTS)

<u>NAME (at least TWO)</u>	<u>ADDRESS AND PHONE NUMBER</u>
_____	_____
_____	_____
_____	_____

PART 7. LIVING WILL – ADVANCE DIRECTIVE FOR HEALTH CARE PART

Do you wish to TERMINATE artificial LIFE SUPPORT (i.e., death-delaying procedures) only if you are:

- a) Terminally ILL, Yes (Terminate / discontinue treatment)
- b) No Hope of Recovery
- c) Death is Imminent, AND No (Keep treating me)
- d) Procedures serve only to prolong dying process?

PART 8. POWER OF ATTORNEY FOR HEALTH CARE

A. Allows you to direct legal authority to an AGENT to make health care decisions for you.

- 1. When do you wish for the authorization to begin? Immediately Disability On a certain date _____
- 2. When do you wish for this authorization to end? Upon death On a certain date _____

B. You only need to be incapacitated, NOT terminally ill or dying – unlike Living Will.

1. Do you wish to donate any organs? _____ All or Specific Organs: _____

2. You wish life-sustaining treatment to be **withheld** or **discontinued** (you may only check ONE item):

- 1. If my agent believes the burden of the treatment outweigh the expected benefits.
- 2. If I am in a coma, which my physician believes to be irreversible as dictated by medical standards.
- 3. NEVER. I want my life prolonged to the greatest extent possible regardless of cost or chance of recovery.

A. AGENTS (who you want to act on your behalf for health care decisions if you are unable to):

NAME

ADDRESS

_____	_____
_____	_____

Do you have any specific limitations or instructions to your agent? _____

PART 9. POWER OF ATTORNEY FOR PROPERTY

A. Allows you to direct legal authority to an AGENT to manage your financial affairs and/or sell your property.

- 1. When do you wish for this authorization to begin? Immediately Disability On a certain date _____
- 2. When do you wish for this authorization to end? Upon death On a certain date _____

1. List all assets, accounts or property you wish to specifically EXCLUDE from granting powers to your agent:

B. AGENTS (who you want to act on your behalf for financial decisions if you are unable to):

NAME

ADDRESS

_____	_____
_____	_____

Do you have any specific limitations or instructions to your agent? _____

PART 10. GROSS VALUE OF CURRENT ESTATE

Select the following that applies to your particular situation.

Your approximate current net worth is:

_____ <\$1,000,000 _____ \$1,000,000 - \$2,000,000 _____ \$2,000,000 - \$4,000,000 _____ > \$4,000,000

Do you own, or have partial ownership of, any of the following:

_____ Farm Property

_____ Family Owned Business (Note: This does not include an LP or LLC set up for holding real estate.)

_____ Professional Practice