



ESTATE PLANNING COMPREHENSIVE PACKAGE

Congratulations on taking the first step to securing your estate plan. Creating a comprehensive estate plan to deal with your assets and provide for your loved ones after your death is one of the most rewarding tasks you can undertake. You will feel an enormous sense of accomplishment when you complete your estate plan.

Some of the goals of a comprehensive estate plan include:

- (a) Deciding who receives your assets at death and in what manner;
- (b) Avoiding the time and costly expenses of probate;
- (c) Naming guardians for minor children;
- (d) Directing your family and physicians how to make health care and financial decisions; and
- (e) Maintaining privacy and avoid the public nature of a will.

To assist you with your understanding of how our estate planning package works, below are some of the most frequently asked questions:

I thought all I needed was a will?

Wills accomplish the limited task of setting forth what ultimately happens to your assets after death and can name a guardian for minor children. However, a will in the vast majority of cases will NOT avoid the long process and expensive costs of probate.

What is so bad about probate?

There are several disadvantages of probate, the first that comes to mind to most people are the significant costs and time involved with the same. The court probate process can take up to 6-12 months or more, tying up assets that might otherwise have been needed to be transferred or acted on immediately after death. Not to mention the court fees and attorney fees involved with the process can be significant, often times costing tens of thousands of dollars. The probate process and specifically filing of a will is also not private by any means. Because it is publicly recorded with the county, anyone would be able to access your will and see what it says which can also invite disputes and challenges regarding validity.

How does our estate plan avoid probate?

Our estate planning package includes a "Revocable Living Trust" which is a private document that completely avoids the probate process and can also be used to minimize estate taxes. Your assets will be conveyed into the trust, and the trust will dictate what happens to your assets upon death. Typically, you will act as the initial trustee of your own trust and then upon death, your named successor trustee undertakes the task of distributing assets to your named beneficiaries.

By now you will see that having a simple will in most cases not enough to adequately plan for your estate. In addition to the “Revocable Living Trust” described above, our package includes comprehensive estate planning documents such as the following:

Power of Attorney for Property: a legal document whereby you nominate someone to act on your behalf and manage your financial affairs in the event you become unable to do so.

Power of Attorney for Healthcare: a legal document whereby you nominate someone to act on your behalf with respect to medical treatment and decisions in the event you become unable to do so.

HIPPA Authorization: a legal document that allows for designated individuals to have access to your protected health information (i.e. medical records) after your death without having to open a probate estate or otherwise obtain a court order appointing the designated individuals as your authorized representative as required under HIPPA to review your medical information.

Advance Healthcare Directive: a document that deals with respect to your wishes concerning life sustaining treatment. If you are ever hospitalized in another state, the advanced healthcare directive should be recognized by the healthcare provider in such locale.

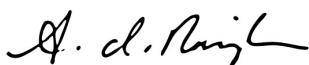
Certification of Trust: a document recognized by the State of Illinois and many other states with a summary of the powers granted to the trustees under your trust, allowing you to provide the same to your bank, broker, or other party without providing the trust documents in their entirety thereby keeping the details of the trust private.

Pour Over Will: a pour over will is a will that essentially “pours over” into your trust those assets which you did not title in the name of the trust during your lifetime. In other words, if you had forgotten to put certain assets into the trust, this is a back-up document. This is also the document which will designate named guardians for minor children.

Enclosed is an estate planning package questionnaire. Please take time to fill out the questionnaire as completely as possible so that we can begin drafting your estate plan accordingly. Upon completion, you may email the completed questionnaire to estateplanning@ranjhalaw.com.

Thank you and we look forward to working with you on this important endeavor.

Respectfully,



Alex Ranjha, Esq.
Principal Attorney
Ranjha Law Group P.C.

Estate Planning Questionnaire



RANJHA
LAW GROUP

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Oak Brook, IL 60523
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For Office Use Only

Teleconference Scheduled with: _____ on _____ at _____

Follow-Up Conference Needed / Scheduled on: _____ at _____

» Please complete this questionnaire to the best of your ability. Upon receiving this questionnaire, you will be contacted to set up a phone consultation with our office to review your responses prior to drafting your Trust.

If you have any questions or need assistance filling out the questionnaire, please email estateplanning@ranjhalaw.com or call (630) 277-9368

CLIENT INFORMATION

First Name: Middle: Last:

Also Known As: Gender: Male Female

Date of Birth: (Month / Day / Year) U.S. Citizen?: Yes No

SSN:

Street Address:

City: State: ZIP: County:

Marital Status: Single Married Separated Divorced Widowed Date of Marriage:

Contact Phone: Email Address:

SPOUSE INFORMATION (if applicable)

First Name: Middle: Last:

Also Known As: Gender: Male Female

Date of Birth: (Month / Day / Year) U.S. Citizen?: Yes No

SSN:

Did you sign a pre-nuptial (ante-nuptial) contract or agreement?: Yes No (If yes, please attach a copy.)

Do you or your spouse currently have a Living Trust?: Yes No (If yes, please attach a copy.)

CHILDREN INFORMATION (continued on next page)

B = Child of Current Marriage
FC = Female Client's Child

A = Adopted (specify MC or FC)
DC = Deceased with Children

MC = Male Client's Child
DN = Deceased with No Children

Name	Date of Birth	Gender	Parent Codes
	/ /	M <input type="checkbox"/> F <input type="checkbox"/>	B A MC FC DC DN
	/ /	M <input type="checkbox"/> F <input type="checkbox"/>	B A MC FC DC DN

CHILDREN INFORMATION *(continued from page 1)*

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Name	Date of Birth	Gender	Parent Codes
	/ /	M <input type="checkbox"/> F <input type="checkbox"/>	B A MC FC DC DN
	/ /	M <input type="checkbox"/> F <input type="checkbox"/>	B A MC FC DC DN
	/ /	M <input type="checkbox"/> F <input type="checkbox"/>	B A MC FC DC DN
	/ /	M <input type="checkbox"/> F <input type="checkbox"/>	B A MC FC DC DN
	/ /	M <input type="checkbox"/> F <input type="checkbox"/>	B A MC FC DC DN
	/ /	M <input type="checkbox"/> F <input type="checkbox"/>	B A MC FC DC DN

ADDITIONAL FAMILY INFORMATION

List any family members (if any) you specifically want excluded from your Living Trust.

Name	Relationship	Gender
		M <input type="checkbox"/> F <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>

INITIAL TRUSTEES

Who will be your initial trustee(s)?

- Client to serve as an original trustee.
- Client and Spouse to serve together as trustees.
- Spouse to serve as an original trustee.

SUCCESSOR TRUSTEE(S)

The Successor Trustee is the individual who takes over for the Original Trustee in the event of the Original Trustee's death. You need to identify at least one individual to take the Original Trustee's place to manage, allocate and distribute your estate upon the death of the original Trustee(s).

Name	Address	Gender	U.S. Citizen?
		M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

- Choose One: The above are to serve in order;
- The above are to serve together (*Note: "Co-trustees" must agree on all actions*);
- Other, described as follows: _____

SPECIFIC GIFTS

List any valuable gifts (i.e. heirlooms) that you would like to be distributed to a specified individual(s) upon your passing. Keep in mind, personal items can be distributed via a separate schedule attached to your signed living trust document and do not need to be listed here. If you do not have any valuable gifts, you can leave this section blank.

Married couples typically will gift their personal residence to their spouse upon their passing. Check here if you are married but do not want your personal residence gifted to your spouse upon your passing.

Beneficiary Name	Relationship	Item

* Attach additional sheets if necessary.

DISTRIBUTION OF THE REMAINING TRUST ESTATE AFTER ANY SPECIFIC GIFTS

Specify how your estate should be distributed upon your passing, or if married, upon the passing of you and your spouse.

Choose One: Divide equally among the beneficiaries named below; **or**

Divide among the beneficiaries named below in the proportions indicated below:

Beneficiary Name	Relationship	Age	Gender	Percentage
			M <input type="checkbox"/> F <input type="checkbox"/>	
			M <input type="checkbox"/> F <input type="checkbox"/>	
			M <input type="checkbox"/> F <input type="checkbox"/>	
			M <input type="checkbox"/> F <input type="checkbox"/>	
			M <input type="checkbox"/> F <input type="checkbox"/>	
			M <input type="checkbox"/> F <input type="checkbox"/>	

Specify how the above distributions are to take place:

Choose one: Immediate distribution upon the death of the Surviving Grantor;

To be placed in trust and held until the beneficiary attains the age of ____ (age 18 if not specified);

Periodic discretionary income payments with distribution of principal at the ages specified below:
Principal distribution (percent): ____% at age ____; then ____% at age ____; then ____% at age ____;

Principal distribution (intervals): ____% every ____ year(s) after creation of the beneficiaries trust.

If this beneficiary predeceases you, his/her share is to be:

Choose One: Divided equally among his/her children, if any. If he/she has no children, his/her share is to be distributed to the remaining trust beneficiaries in proportion to their shares;

Divided among the remaining beneficiaries in equal shares;

Other: _____

If all of the above beneficiaries and their children predecease you:

Choose one: Distribute to heirs at law (i.e. blood relatives); or

Distribute to individual, charity or organization named below:

Individual/Charity Name	Address (City and State)	Percentage

SPECIAL PROVISIONS

List any special concerns for a beneficiary (i.e. physical or mental health problems, difficulty managing money, etc.).

POUR-OVER WILL

List the Executors for your Pour-Over Will in order of preference. If you have inadvertently left assets outside of your Trust, the Executor will administer your probate estate. This person may also be responsible for making certain tax elections. If you are married, both you and your spouse must elect an Executor and an alternate (Note: if married, the primary is usually a spouse).

Client:		
Name	Address	Phone
1.		
2.		

Do you desire cremation? Yes No

Spouse (if applicable):		
Name	Address	Phone
1.		
2.		

Do you desire cremation? Yes No

GUARDIAN

List the Guardians for your minor children.

Name	Address	Relationship
1.		
2.		

FINANCIAL POWER OF ATTORNEY (DURABLE POWER OF ATTORNEY)

“Power of Attorney” is a legal term granting another person the authority to act on your behalf, also known as designating your attorney-in-fact. The legal effect of this document does not extend upon your passing. If you are married, both you and your spouse must elect a Power of Attorney and an alternate. (Note: the primary is usually a spouse).

Client:		
Name	Address	Phone
1.		
2.		

This Financial Power of Attorney shall be effective: *Immediately* **or** *Upon incapacity*

Spouse (if applicable):		
Name	Address	Phone
1.		
2.		

This Financial Power of Attorney shall be effective: *Immediately* **or** *Upon incapacity*

MEDICAL POWER OF ATTORNEY (DURABLE POWER OF ATTORNEY FOR HEALTH CARE)

This person will make medical decisions for you in the event you are unable to make them for yourself. If you are married, both you and your spouse must elect a Power of Attorney and an alternate (Note: the primary is usually a spouse).

Client:		
<input type="checkbox"/> Same as my Financial Power of Attorney or		
Name	Address	Phone
1.		
2.		

This Medical Power of Attorney shall be effective: *Immediately* **or** *Upon incapacity*

Do you wish to make anatomical gifts? Yes No

If Yes: For transplantation only For research only For transplantation or research **or** For any purpose

Spouse (if applicable):		
<input type="checkbox"/> Same as my Financial Power of Attorney or		
Name	Address	Phone
1.		
2.		

This Medical Power of Attorney shall be effective: *Immediately* **or** *Upon incapacity*

Do you wish to make anatomical gifts? Yes No

If Yes: For transplantation only For research only For transplantation or research **or** For any purpose

GROSS VALUE OF CURRENT ESTATE

Check the box 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

Is any part of your estate comprised of the following:

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

LIFE INSURANCE

List the value of any life insurance policies you have and the type of policy.

Type: <i>Whole Life, Term, Universal, Variable, etc.</i>	Value	Is this Policy in an irrevocable life insurance trust?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

ADDITIONAL NOTES

Congratulations on deciding to prepare a Living Trust and Estate Planning Package! We are committed to providing you with the highest quality service available. If at any time you need assistance, please contact us.

When you have completed this questionnaire, please return it to our office. For even faster service, email this questionnaire to the email address shown below. Remember that the faster you can return this questionnaire, the sooner we can begin working on your package.

If you need assistance filling out this questionnaire, please call (630) 277-9368.

**When complete, you may email this questionnaire to:
estateplanning@ranjhalaw.com**