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# CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

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PREPARED BY

## HUCK & BRISKE, LLC

Wealth Transfer and Estate Planning, Retirement Benefit Planning  
Business Succession Planning  
Probate, Estate and Trust Administration

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## **CONFIDENTIAL ESTATE PLANNING DATA**

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I understand that this questionnaire is designed to provide important information for estate planning purposes and that the firm's ability to advise clients with respect to lifetime and testamentary disposition of assets, with minimization of adverse tax consequences, depends on the accuracy and completeness of such information. I hereby confirm that such information is substantially correct and complete.

Dated: \_\_\_\_\_

## INTRODUCTION

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This form **must** be filled out completely, and returned to our office. We will then contact you to schedule an initial meeting with one of our attorneys. We need to have the approximate values of your assets, as well as the exact way they are owned (individually, in a trust, in co-ownership, etc.).

We cannot analyze your estate planning needs and make appropriate recommendations without a complete, honest, and accurate picture of your current and projected financial situation. That includes asset values, how your assets are titled (or, for beneficiary-designated assets, the identity of beneficiaries), liabilities and their amounts, and your general family situation.

The personal information requested on pages 8, 9 and 10 and the financial information requested on page 12 are of particular importance. **The information on those pages is used throughout the estate planning process, and it is therefore imperative that the information provided be complete and accurate.**

Some of the schedules (A through and including I) of this questionnaire may or may not be relevant, so you should complete those Schedules only to the extent they are pertinent to your specific situation. Not only is the specific information requested in those schedules necessary to a full understanding of your financial situation, it will also be necessary during the funding process if you plan to use living trusts in your estate planning. **Please do not attach documents to the questionnaire or provide information in a different form other than as requested, since that makes the information difficult for us to analyze for estate tax and funding purposes.**

At our first meeting, we will discuss your estate planning goals and objectives. We will then also make some recommendations and talk to you about the estate planning process in more detail. We look forward to the opportunity of helping you with your estate planning needs.

## PLANNING PROCESS AND PROCEDURES

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At HUCK & BRISKE, LLC, the emphasis is on the client. We pride ourselves in being **client-centered** and **relationship-based** in our interaction with our clients during the estate planning process.

There are a number of steps to a successful estate plan:

- **Objectives:** It is impossible to plan for the transfer of your “estate” unless we understand you, your family, your goals, your aspirations, your values and your hopes for your loved ones. The first step in the estate planning process, therefore, involves learning about you and what you expect from the process and how we can best help you achieve that.
- **Education:** The next step involves making sure that you understand the process and the issues involved. Often, those issues are complex, involving detailed estate, gift and income tax principles. We make every attempt to explain the issues in a simple and straightforward manner, involving you in the process. We encourage you to ask questions, and we make the process as interactive as possible.
- **Design:** Once the legal and tax landscape has been explained and navigated, we design your plan. The plan design is determined by you, with our guidance and through our close questioning regarding issues relevant to your personal, family and financial situation.
- **Drafting:** Once the plan has been designed, the process of drafting documents begins. Those documents may include a Living Trust with a Companion Will, a Durable Power of Attorney for Property, a Durable Power of Attorney for Health Care, a Living Will, a HIPAA Authorization and an Appointment of Agent to Control Disposition of Remains. Additional planning may involve Irrevocable Gift Trusts, Grantor Retained Annuity Trusts, Limited Partnerships, and more.
- **Implementation:** One of the most important, and one of the most overlooked and ignored, aspects of an estate plan is the process of funding. Transferring and re-titling assets, and designating appropriate beneficiaries, are as important to the effectiveness of an estate plan as the documents drafted by the attorney. Failure to make the necessary asset transfers often results in an estate plan that, although well-drafted, is totally ineffective to accomplish your objectives. We work with you to make sure that your estate plan is fully funded. These integrated parts of the plan are critical to an estate plan that works.
- **Follow-Up:** We encourage our clients to keep their plans current through a Review and Update program that involves annual meetings to thoroughly review the estate plan and the funding involved. Considering the pace of change of tax laws, IRS

rulings, case law, and the client's personal, financial and family situations, we feel that an annual review is not only wise, but absolutely necessary for most clients.

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HUCK & BRISKE, LLC CANNOT TAKE RESPONSIBILITY FOR THE CONTINUED EFFECTIVENESS OF AN ESTATE PLAN THAT HAS NOT BEEN REVIEWED BY OUR OFFICE FOR A PERIOD IN EXCESS OF ONE YEAR.

## PRIVACY POLICY

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Privacy of non-public personal information has become a much discussed topic in the news, especially because of new federal laws that apply to financial institutions. Attorneys have always been and continue to be bound by professional standards of confidentiality that are more restrictive as to the disclosure of confidential client information than those required by new federal privacy laws. Attorneys are bound by their professional rules of ethics to protect clients' right to privacy.

In the course of providing clients with legal services, we may receive non-public personal information from the client or from third parties with the client's authorization. We do not disclose non-public personal information about clients or former clients, except as authorized by the client or as required or permitted under applicable law and rules of professional ethics.

We retain records relating to the professional services we provide to better assist a client's needs and, in some cases, to comply with professional guidelines. Access to non-public personal information regarding clients is restricted to those persons who must have access to the records to provide the services requested by the client (for example, a tax preparation service). We maintain physical, electronic and procedural safeguards to protect a client's non-public personal information in accordance with our professional standards.

## PLANNING ISSUES

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### WE WILL DISCUSS THE FOLLOWING ISSUES IN DETAIL WHEN WE MEET

Prior to our conference, you should consider (but need not answer on this form) the following questions, to the extent they are applicable to your situation:

1. Describe your primary goal regarding the disposition of your property. (Consider beneficiaries, including family members, friends, charities, as well as purposes, such as support, education, housing, medical care.)

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2. Describe your secondary goals:

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3. Do you have specific charitable interests or goals?

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4. Are there specific gifts (money or property) you wish to give to specific individuals? Alternatives if those individuals do not survive you?

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5. To whom do you wish to give the balance of your estate? Alternatives if those individuals do not survive you?

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6. Your executor has the fiduciary duty to wind up your affairs at your death. You need to identify an individual or a bank (or both) to act as executor, and as successor executor under your will (**we will need first names, middle initials, last names and addresses for these people**).

Executors: \_\_\_\_\_

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7. If you have a revocable living trust, you can act as your own trustee during your lifetime. You need to identify successor trustees, however, who will act in the event you are unable to act during your lifetime, and to succeed you at death (**we will need first names, middle initials, last names and addresses for these people**).

Trustees: \_\_\_\_\_  
\_\_\_\_\_

8. If neither you nor your spouse survives, and if you have minor children, you need to identify guardians who will have custody of those children (**we will need first names, middle initials, last names and addresses for these people**).

Guardians: \_\_\_\_\_  
\_\_\_\_\_

9. The Agent under your health care power of attorney will make health care decisions for you if you unable to make them yourself. The Agent under your property power of attorney will manage your finances if you become incapacitated. You need to identify Agents who will act on your behalf in these situations (**we will need first names, middle initials, last names, addresses and telephone numbers for these people**).

Health Care  
Agents: \_\_\_\_\_  
\_\_\_\_\_

Property Agents: \_\_\_\_\_  
\_\_\_\_\_

10. Do you wish to specifically exclude any person from sharing in your estate?

\_\_\_\_\_  
\_\_\_\_\_

11. Do any family members have special needs?

\_\_\_\_\_  
\_\_\_\_\_

12. Who should receive your property if all of your immediate family is deceased at your death?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. How did you hear about HUCK & BRISKE, LLC?

\_\_\_\_\_  
\_\_\_\_\_

## GENERAL INFORMATION

Full Name: (first, middle initial, last)
Residence Address:
City, State and Zip:
County of Residence:
Country of Citizenship*:
If naturalized, date naturalized:
Residence Telephone:
Mobile Telephone:
Home Fax:
Residence E-Mail Address:
Employer/Business Name:
Business Address:
City, State and Zip:
Position:
Business Telephone:
Business Fax:
Business E-Mail Address:
Website:
Birth Date:
Place of Birth:
Social Security Number:

\* It is very important to plan carefully for tax or property consequences that may result from any interstate or international aspects of your estate. If you travel extensively or own residential property in more than one jurisdiction, please be prepared to discuss your views regarding what you consider to be your principal residence.

**Community Property Domicile:**

If you have ever lived in the following community property states, please indicate which states and the dates you resided in the state - Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin:


Married?                      Date:    Place

Pre-marital agreement? \_\_\_\_\_. If yes, please supply copy.

Previously married?                      \_\_\_\_ Yes    \_\_\_\_ No    How many times? \_\_\_\_\_

For each prior marriage of either spouse, indicate name of prior spouse, date of marriage, date of termination, reason for termination (divorce, death) and, if divorced, whether prior spouse is living. Please supply copy of any divorce decrees.


Please indicate what estate planning documents are currently in effect and the dates of execution:

Date of Living Trust and Amendments (if any): \_\_\_\_\_

Date of Will and Codicils (if any): \_\_\_\_\_

Date of Powers of Attorney (if any): Health Care: \_\_\_\_\_ Property: \_\_\_\_\_

Date of Living Will (if any): \_\_\_\_\_

Date of other estate planning documents (if any): \_\_\_\_\_

Please supply copies of current wills and trusts.

## FAMILY

List children in order of birth, and indicate if any are deceased.

CHILD'S NAME (first, middle initial, last)	ADDRESS	BIRTH DATE	SOCIAL SECURITY NUMBER	SPOUSE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

List each grandchild, and indicate which of your children is that grandchild's parent.

GRANDCHILD'S NAME	PARENT (by number, from above)	BIRTH DATE	SPOUSE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Are any of the children listed above from a prior marriage? If so, please explain:


Are any family members disabled? If so, please explain:


## EXISTING ADVISORS AND STORAGE FACILITIES

<b>Accountant/CPA</b>
Firm:
Address:
City, State and Zip:
Telephone number:
<b>Financial Advisor</b>
Firm:
Address:
City, State and Zip:
Telephone number:
<b>Personal Banker/Other</b>
Firm:
Address:
City, State and Zip:
Telephone number:
<b>Stock Broker/Other</b>
Firm:
Address:
City, State and Zip:
Telephone number:
<b>Life Insurance Agent</b>
Firm:
Address:
City, State and Zip:
Telephone number:
<b>Safe Deposit Box</b>
Bank:
Address:
City, State and Zip:
Box number(s):
Rented by (H, W, Jt.):

## FINANCIAL SUMMARY

ASSETS	VALUES
Cash & Notes (Schedule A)	\$
Real Estate (Schedule B)	\$
Securities (Schedule C)	\$
Closely-held business interests (Schedule D)	\$
Life insurance (death benefit) (Schedule E)	\$
Annuities (Schedule F)	\$
Qualified retirement plans & IRAs (Schedule G)	\$
Non-qualified employee benefits (Schedule H)	\$
Tangible personal property (Schedule I)	\$
Miscellaneous (Schedule J)	\$
<b>TOTALS</b>	\$
LIABILITIES	
Mortgages (Schedule K)	\$
Loans/notes (Schedule K)	\$
Other liabilities (Schedule K)	\$
<b>TOTALS</b>	\$
<b>NET WORTH</b> (Assets minus liabilities)	<b>\$</b>

Please provide a copy of your most recently-filed federal income tax return (Form 1040), including all schedules.

## SCHEDULE A - CASH AND NOTES

Please mark with an asterisk all assets owned by a living trust and indicate the beneficiary of POD accounts.

CASH ACCOUNTS Name of Institution and Account Number		TYPE (Checking, Savings, C.D., Money Market)	INDIVIDUALLY OWNED	POD (Pay on Death)
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
<b>SUBTOTAL CASH ACCOUNTS</b>			<b>\$</b>	<b>\$</b>
<b>LOANS OR NOTES RECEIVABLE (money owed to you)</b>				
<b>OBLIGOR</b>	<b>RATE</b>	<b>DATE DUE</b>		
			\$	
			\$	
			\$	
<b>SUBTOTAL LOANS AND NOTES</b>			<b>\$</b>	
<b>TOTAL (carry over to Financial Summary)</b>			<b>\$</b>	
Comments:				

## SCHEDULE B - REAL ESTATE

For valuation purposes, use your best estimate of current total values, without regard to any mortgages that may be outstanding. Mortgage information should be described in Schedule I. Please indicate if any property is a condominium, co-op, time share or other restricted ownership. Please mark with an asterisk all assets owned by either party's living trust or a joint trust.

	ADDRESS (including county)	Residential (R) Commercial (C) Vacant (V)	MARKET VALUE	LAND TRUST**
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$
<b>TOTAL</b> (carry over to Financial Summary)			\$	\$

\* Indicate whether land trust, living trust, etc. and provide details, i.e., name of trustee, names of beneficiaries, etc.:

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Has any real estate been the subject of a tax-free exchange (§1031 exchange/Starker exchange) within the last 12 months? Please explain:

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## SCHEDULE C - SECURITIES

For trust accounts and TOD accounts, please indicate the identity of the beneficiary or beneficiaries, and for joint accounts, please indicate the identity of the joint tenant or tenants.

CERTIFICATES HELD BY YOU	Individual	Joint	Trust	TOD (Transfer on Death)
Publicly traded stocks (provide list)				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Mutual Funds (provide list)				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Corporate bonds (provide list)				
	\$	\$	\$	\$
	\$	\$	\$	\$
U.S. government bonds, notes & bills (provide list)				
	\$	\$	\$	\$
	\$	\$	\$	\$
Municipal bonds (provide list)				
	\$	\$	\$	\$
	\$	\$	\$	\$
Other (provide list)				
	\$	\$	\$	\$
<b>TOTAL</b> (carry over to Financial Summary)	<b>\$</b>			

## SCHEDULE D - CLOSELY-HELD BUSINESS INTERESTS

Including limited partnerships and tax shelters.

Please mark with an asterisk all assets owned by either party's living trust or a joint trust.

ASSET TYPE	ASSET VALUE
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL</b> (carry over to Financial Summary)	<b>\$</b>

Please supply copies of partnership agreements, buy-sell agreements, related insurance arrangements or any other documents relevant to the business listed above.

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## SCHEDULE E - LIFE INSURANCE

INSURING LIFE OF CLIENT								
COMPANY	POLICY NO.	TERM, VARIABLE LIFE, UNIVERSAL LIFE, OR WHOLE LIFE	FACE VALUE	CASH VALUE	LOANS	ANNUAL PREMIUM	OWNER	BENEFICIARY
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
<b>TOTAL</b> (carry over to Financial Summary)			<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>		

## SCHEDULE F - ANNUITIES

COMPANY	CONTRACT NO.	COST BASIS	CURRENT VALUE	OWNER	BENEFICIARY
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
<b>TOTAL</b> (carry over to Financial Summary)		\$	\$		

## SCHEDULE G - QUALIFIED RETIREMENT PLANS AND IRAs

NAME OF CUSTODIAN OR PLAN SPONSOR	ACCOUNT NUMBER	VALUE	BENEFICIARY
Traditional IRAs/Keogh Accounts/SEPs			
		\$	
		\$	
		\$	
Roth IRAs			
		\$	
		\$	
		\$	
Pension Plans			
		\$	
		\$	
401(k) Plans			
		\$	
		\$	
Profit Sharing Plans			
		\$	
		\$	
Other			
		\$	
<b>TOTAL</b> (carry over to Financial Summary)		\$	

## SCHEDULE H - NON-QUALIFIED EMPLOYEE BENEFITS

DEFERRED COMPENSATION		
Employer or Company	Value	Named beneficiary
	\$	
	\$	
	\$	
<b>TOTAL</b>	\$	

STOCK OPTIONS				
Employer or Company	Number of shares	Option price/share	Current value/share	Total Net Value
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
<b>TOTAL</b>				\$

OTHER NON-QUALIFIED EMPLOYEE BENEFITS		
Description	Value	Comments
	\$	
	\$	
	\$	
<b>TOTAL</b>	\$	

TOTAL OF ALL NON-QUALIFIED EMPLOYEE BENEFITS	
TOTAL (carry over to Financial Summary)	\$



## SCHEDULE J - MISCELLANEOUS

List estates and trusts where an outright inheritance is expected, and provide estimated value thereof. Also list values where you have powers to control the dispositions of the assets.

INTERESTS IN PENDING PROBATE ESTATES	
	\$
	\$
	\$
	\$
<b>TOTAL</b> (carry over to Financial Summary)	\$

INTERESTS IN EXISTING TRUSTS	
	\$
	\$
	\$
	\$
<b>TOTAL</b> (carry over to Financial Summary)	\$

Please supply copies of relevant wills and trusts.

Have you ever filed a U.S. Gift Tax return? \_\_\_\_\_ Yes      \_\_\_\_\_ No      If yes, please supply copies.

EXPECTED INTERESTS IN FUTURE ESTATES / TRUSTS	
	\$
	\$
	\$
<b>TOTAL</b> ( <u>DO NOT</u> carry over to Financial Summary)	\$

## SCHEDULE K - LIABILITIES

List only major liabilities, such as mortgages on real estate, notes or loans due to others, charitable pledges, etc.

MORTGAGES (use same property numbers as in schedule B)	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
<b>TOTAL</b> (carry over to Financial Summary)	\$

Loans/Notes (Identify creditor)	
	\$
	\$
	\$
<b>TOTAL</b> (carry over to Financial Summary)	\$

Other liabilities (including charitable pledges)	
	\$
	\$
	\$
	\$
<b>TOTAL</b> (carry over to Financial Summary)	\$