

**MEYER
CAPEL**

Confidential

ESTATE PLANNING QUESTIONNAIRE

for an unmarried individual

Champaign Office:
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Champaign, IL 61820
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Bloomington Office:
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Telephone: (309) 829-9486
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For best results, please save this questionnaire to your computer and open the questionnaire separately in Adobe Reader before typing information.

PART 1: FAMILY INFORMATION

| | CLIENT |
|--|--------|
| Full Legal Name (First, Middle, Last) (include former names) | |
| Address | |
| Telephone Number | |
| Email Address | |
| Birthdate | |
| Social Security Number | |
| Occupation | |
| Employer | |
| Citizenship | |

List any prior marriages, date ended, and reason (death or divorce). *Please provide copies of any marital settlement agreement(s).* _____

CHILDREN (IF ANY):

| Full Name (First, Middle, Last) | Birthdate | Address |
|------------------------------------|-----------|---------|
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Guardian of Minor Children

If any of your children are minors, who would you like to name as their guardian(s)?

Guardian: _____ Relationship: _____

Successor Guardian: _____ Relationship: _____

GRANDCHILDREN (IF ANY):

| Full Name (First, Middle, Last) | Birthdate | Parents' Names |
|---------------------------------|-----------|----------------|
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PART 2: ESTATE PLANNING

PREVIOUS ESTATE PLANNING:

Do you have a current will and/or trust in effect? ____ Yes ____ No
If so, please provide a copy.

PRESENT ESTATE PLANNING:

Executor

Who would you like to serve as Executor and Successor Executor of your estate?

| | CLIENT |
|----------------------------|--------|
| Executor: | |
| Address | |
| City, State, Zip | |
| Telephone Number | |
| Email Address | |
| Successor Executor: | |
| Address | |
| City, State, Zip | |
| Telephone Number | |
| Email Address | |

Agent of Power of Attorney for Property

Who would you like to name as agent of your power of attorney for property?

| | CLIENT |
|-------------------------|--------|
| Agent: | |
| Address | |
| City, State, Zip | |
| Telephone Number | |
| Email Address | |
| Successor Agent: | |
| Address | |
| City, State, Zip | |
| Telephone Number | |
| Email Address | |

Agent of Power of Attorney for Healthcare

Who would you like to name as agent of your power of attorney for healthcare?

| | CLIENT |
|-------------------------|--------|
| Agent: | |
| Address | |
| City, State, Zip | |
| Telephone Number | |
| Email Address | |
| Successor Agent: | |
| Address | |
| City, State, Zip | |
| Telephone Number | |
| Email Address | |

PART 3: PERSONAL AGENT DATA

Location of safety deposit box(es): _____

Name(s) of financial planner(s): _____

Name of tax preparer: _____

Name(s) of life insurance agent(s): _____

List any long term care policy info: _____

PART 4: ASSETS/FINANCIAL INFORMATION

EXPECTED INHERITANCES:

| | | CLIENT |
|-------------------|--|--------|
| From whom? | | |
| Value | | |
| From whom? | | |
| Value | | |

BANK ACCOUNTS: (Do NOT include investments or IRAs)

| Name of Institution | Type of Account (savings, checking, money market, CD) | Account Owner (please note if owned jointly with any other individual) | Average Balance |
|---------------------|---|--|-----------------|
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| Total: | | | |

If any account has a transfer on death designation, add an asterisk (*) and provide details here:

REAL ESTATE:

| Type of Real Estate (residence, farm, timeshare, etc.) | Real Estate Address or Location | How do you hold title? (please note if you hold title jointly with any other individual) | Fair Market Value | Mortgage(s) Balance Due |
|--|---------------------------------|--|-------------------|-------------------------|
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RETIREMENT PLANS: IRAs/Keoghs, pension plans, 401k plans, profit-sharing plans, etc.

| Plan/Administrator/Custodian | Type of Plan | Plan Owner | Value | Primary & Contingent Beneficiaries |
|------------------------------|--------------|------------|-------|------------------------------------|
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SECURITIES:

Brokerage Accounts and Mutual Funds (Do NOT list closely-held corporate stock here.)

| Institution or Firm | Type of Account | Account Owner (please note if owned jointly with any other individual) | Value |
|---------------------|-----------------|--|-------|
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If any account has a transfer on death designation, add an asterisk (*) and provide details here:

Individually Held Stocks and Bonds (Those held in certificated or direct registration form)

| Name of Company or Bond | Account Owner (please note if owned jointly with any other individual) | Number of Shares | Value |
|-------------------------|---|------------------|-------|
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If any account has a transfer on death designation, add an asterisk (*) and provide details here:

BUSINESS INTERESTS: partnership, joint venture, closely held corporation, proprietorship, limited liability company, etc.

| Type of Interest/Name of Business | Interest Owner (please note if owned jointly with any other individual) | % of Ownership or Number of Shares | Value |
|-----------------------------------|--|------------------------------------|-------|
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LIFE INSURANCE:

| Insurer | Insured | Policy Owner | Primary & Contingent Beneficiaries | Face Amount | Cash Value (whole life) |
|---------|---------|--------------|------------------------------------|-------------|-------------------------|
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ADDITIONAL/MISCELLANEOUS ASSETS: Below, please list any additional assets of value. Please include assets such as automobiles, boats, trailers, campers, mobile homes, intellectual property (e.g. patents or copyrights), savings bonds, royalty or mineral interests, extremely valuable collections (e.g. artwork, coins, firearms), frequent flyer miles, valuable credit card benefits, electronic assets (e.g. Bitcoin or other cryptocurrency), and any other valuable assets not listed elsewhere.

| Description of Asset | Asset Owner (please note if owned jointly with any other individual) | Value | Comments |
|----------------------|---|-------|----------|
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LOANS AND NOTES: (other than mortgages listed on Page 6)

| Financial Institution | Debtor (please note if you owe jointly with any other individual) | Date Due | Balance |
|-----------------------|--|----------|---------|
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| Total: | | | |

PART 5: ADDITIONAL INFORMATION

Questions regarding genetic material (e.g., eggs, sperm, embryos):

- A. Do you currently have stored or frozen genetic material? Yes No
- B. If not, do you intend to store or freeze genetic material in the future? Yes No
- C. Have you ever donated genetic material? Yes No
- D. Do you intend in the future to donate genetic material? Yes No
- E. If you have donated genetic material or intend to donate genetic material, do you intend for your estate plan to provide for persons born from your donated genetic material? Yes No N/A

Have you ever lived in a community property state? Yes No

If so, which state? AZ CA ID LA NV NM TX WA WI

Have you ever made gifts totaling over \$10,000 to any one person in any one year? Yes No

If so, were gift tax returns ever filed? Yes No

Are you or any member of your family a beneficiary of a trust? ____ Yes ____ No

If yes, please provide copies.

Do you own any property for your child(ren) in a custodial or other account (e.g. college savings program, etc.)? ____ Yes ____ No If yes, please provide details in Part 7.

Who referred you to Meyer Capel? _____

PART 6: BEQUESTS

CHARITABLE BEQUESTS: Below, please list any charitable organizations you would like to include in your estate plan.

| Organization | Contact Information | Description of Gift (property, assets, cash, etc.) |
|--------------|---------------------|--|
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SPECIFIC BEQUESTS: Below, please list any specific gifts you know you would like to include in your estate plan.

| Recipient | Description of Gift (property, assets, cash, etc.) |
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PART 7: FURTHER INFORMATION (Please provide any further information you want me to know.)

Signature: _____

Date of Completion of Questionnaire: _____