

**LAW OFFICES OF KRISTINA J. WAYNE, P.C.**  
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**ELDER LAW/ESTATE PLANNING CLIENT INFORMATION FORM**

**PERSONAL INFORMATION:**

Full Legal Name \_\_\_\_\_

Home Address \_\_\_\_\_ County \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

DOB \_\_\_\_\_ SSN \_\_\_\_\_

Married/Party to Civil Union \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

Date of Marriage/Civil Union \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ Veteran: Yes \_\_\_\_\_ No \_\_\_\_\_

Spouse's/Partner's Full Legal Name \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

DOB \_\_\_\_\_ SSN \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ Veteran: Yes \_\_\_\_\_ No \_\_\_\_\_

**How did you learn about us?** \_\_\_\_\_

**FAMILY INFORMATION:**

Use full legal name of your children and those who you would like to be your beneficiaries under a will or trust. Attach additional sheet if necessary.

**Child/Beneficiary 1**     Joint    Husband    Wife    Any special needs? \_\_\_\_\_

Full Legal Name \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Married/Party to Civil Union \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

Spouse/Partner's name \_\_\_\_\_

Children (name and age) \_\_\_\_\_

**Child/Beneficiary 2**     Joint    Husband    Wife    Any special needs? \_\_\_\_\_

Full Legal Name \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Married/Party to Civil Union \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

Spouse/Partner's name \_\_\_\_\_

Children (name and age) \_\_\_\_\_

**Child/Beneficiary 3**     Joint    Husband    Wife    Any special needs? \_\_\_\_\_

Full Legal Name \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Married/Party to Civil Union \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

Spouse/Partner's name \_\_\_\_\_

Children (name and age) \_\_\_\_\_

**Child/Beneficiary 4**     Joint    Husband    Wife    Any special needs? \_\_\_\_\_

Full Legal Name \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Married/Party to Civil Union \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

Spouse/Partner's name \_\_\_\_\_

Children (name and age) \_\_\_\_\_

**Do you or spouse have any other children born or adopted not listed above?    Yes    No**

**Do you or your spouse have children who have died leaving children?    Yes    No**

**HELPERS:** (Fill out what is applicable)

**Medical:** If you were in the hospital and unable to make decisions for yourself, who would you like your doctor to consult about your health care? (list in order of priority)

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

**Financial:** If you were unable to carry out your financial affairs, who would you want to pay your bills, make investment decisions and make other transactions for you?

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

**Will:** Who would you like to distribute your estate according to the terms of your Will?

Name	Address	Phone
Name	Address	Phone

**Trust:** Who would you like to handle and make distributions pursuant to your Trust?

Name	Address	Phone
Name	Address	Phone

**Minor children's guardian:** Who would you like to take care of your minor children in the event of your death?

Name	Address	Phone
Name	Address	Phone

**ASSET INFORMATION:**

**ACCOUNT ASSETS: (Checking, Savings, CDs, Brokerage accounts, stocks, corporate or U.S. bonds, other)**

Description / Account #	Husband	Wife	Joint	Joint w/ others; p.o.d
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
<b>TOTALS:</b>	\$ _____	\$ _____	\$ _____	\$ _____

**RETIREMENT ASSETS: (IRAs, Vested pension Plan, Profit Sharing plans, 401k, Annuities, or other assets that would pass on your death to a beneficiary)**

Description / Account #	Husband	Wife	Joint	Joint w/ others; p.o.d
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
<b>TOTALS:</b>	\$ _____	\$ _____	\$ _____	\$ _____

**LIFE INSURANCE:**

Company / Policy #	Owner	Whose Life	Face & Cash Value	Beneficiary:
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

**REAL PROPERTY: (Home(s), vacant land, rental property)**

Description of property	Value	Mortgage	Purchase Price	Owner(s):
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____

**PERSONAL EFFECTS (motor vehicles, boat, jewelry, collections, antiques, furs, and all other valuable nonbusiness personal property)**

Description	Owner(s)	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	Total	\$ _____

**MORTGAGES, NOTES, AND OTHER RECEIVABLES (Mortgages or promissory notes payable to you; other monies owed to you or your spouse)**

Name of Debtor	Date of Note	Date Note Due	Owed to	Current Balance
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
			Total	\$ _____

**BUSINESS INTERESTS (List Sole Proprietorships, Partnerships, Corporations)**

Name of Business	Owner(s) and shares	Value	Liabilities
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
	Total	\$ _____	\$ _____

**ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT (Gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipate receiving through a judgment in a lawsuit)**

Description
_____
_____
_____
Total estimated value \$ _____

**LIABILITIES: (Mortgages, notes to banks, notes to others, loans on insurance, other)**

Description	Balance Due	Monthly Payment	Maturity Date
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

**INCOME INFORMATION:**

Monthly Income:	Husband	Wife	Joint
Social Security	\$ _____	\$ _____	\$ _____
Employment	\$ _____	\$ _____	\$ _____
Pension from _____	\$ _____	\$ _____	\$ _____
IRA's, Annuities _____	\$ _____	\$ _____	\$ _____
Rents _____	\$ _____	\$ _____	\$ _____
Business Interests _____	\$ _____	\$ _____	\$ _____
Interest & Dividends _____	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
<b>TOTALS:</b>	\$ _____	\$ _____	\$ _____

Which sources of income have a benefit for a surviving spouse? \_\_\_\_\_

**LEGAL INFORMATION:**

Location of Important Papers:	Date Made	Location of Original
Last Will and Testament	_____	_____
Durable Power of Attorney	_____	_____
Living Will/Healthcare Power of Attorney	_____	_____
Living Trusts	_____	_____

Financial obligations per divorce judgment or support order \_\_\_\_\_

I am the legally appointed guardian of \_\_\_\_\_

I have been appointed under a power of attorney for \_\_\_\_\_

I am serving as executor or administrator of an estate \_\_\_\_\_ Yes \_\_\_\_\_ No

I am involved in a lawsuit \_\_\_\_\_ Yes \_\_\_\_\_ No

I am owed money by \_\_\_\_\_

I have forgiven a debt owed to me by \_\_\_\_\_

I have lived in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington) \_\_\_\_\_ Yes \_\_\_\_\_ No

**ADDITIONAL INFORMATION FOR LONG-TERM CARE PLANNING:**

(Please skip this section if not applicable to you)

**Inheritance Information:**

Have you or your spouse received an inheritance in the last 60 months? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you or your spouse disclaimed an inheritance in the last 60 months? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you or your spouse expect an inheritance ? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Gifting Information:**

Have you given any gifts (monetary or otherwise) in excess of \$500 within the last five years?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If so, how much and on what date: \_\_\_\_\_

Have you ever filed a gift tax return? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Medical/Disability Information:**

Are you or your spouse disabled? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you or your spouse at risk of becoming seriously ill or disabled because of a medical condition or family history? \_\_\_\_\_ Yes \_\_\_\_\_ No

Doctor (name and address) \_\_\_\_\_

Spouse's Doctor (name and address) \_\_\_\_\_

**Health Insurance:**

Medicare Husband Number \_\_\_\_\_ Wife Number \_\_\_\_\_

Insurance from Employer \_\_\_\_\_ Premium \$ \_\_\_\_\_

Medicare supplement \_\_\_\_\_ Premium \$ \_\_\_\_\_

Prescription Medicare Part D \_\_\_\_\_ Premium \$ \_\_\_\_\_

Long Term Care Insur. \_\_\_\_\_ Premium \$ \_\_\_\_\_

Other \_\_\_\_\_ Premium \$ \_\_\_\_\_

**Additional Questions:**

Do you or your spouse have any interest in any business? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you or your spouse ever been Medicaid recipients? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a prepaid funeral plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, is it revocable or irrevocable plan? \_\_\_\_\_

Do you have burial plots? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does someone prepare our taxes? If yes, name & phone \_\_\_\_\_

Do you consult someone about investment decisions? Name & phone \_\_\_\_\_

Do you have an insurance agent? Name & phone \_\_\_\_\_

***IF YOU HAVE NOT PREVIOUSLY PROVIDED US WITH COPIES, PLEASE BRING THE FOLLOWING DOCUMENTS WITH YOU TO YOUR APPOINTMENT (Do not drop off original documents):***

1. \_\_\_\_\_ Will, Codicil, Trust Agreements
2. \_\_\_\_\_ Real Estate Deeds, Appraisals
3. \_\_\_\_\_ Income Tax Returns for the last year
4. \_\_\_\_\_ Gift Tax Returns
5. \_\_\_\_\_ Most Recent Statement from all Life Insurance and Annuity Policies
6. \_\_\_\_\_ Long-Term care policies
7. \_\_\_\_\_ Most Recent Statement from all CDs, Savings Accounts, Checking Accounts, Brokerage Accounts for stocks, bonds and securities
8. \_\_\_\_\_ Divorce Judgments, Prenuptial Agreements, Adoption Papers
9. \_\_\_\_\_ Living Will, Health Care Declarations of Powers of Attorney, Durable Powers of Attorney
10. \_\_\_\_\_ Business Papers: partnership agreements, corporate minute books, buy/sell agreements, financial statements, business tax returns.

**AFFIRMATION:**

I hereby state that the information provided on this form is a true representation of my assets. I also understand that inaccurate or incomplete information could negatively impact my estate plan. Consequently, if I/we retain the Firm, I/we will provide the Firm accurate and complete information prior to signing my/our estate plan documents.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature