

**LAW OFFICES OF KRISTINA J. WAYNE, P.C.**  
2020 CALAMOS COURT, SUITE 200, NAPERVILLE, IL 60563  
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**ESTATE PLANNING CLIENT INFORMATION FORM**

**PERSONAL INFORMATION:**

DATE: \_\_\_\_\_

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)

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Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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**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?

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

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

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

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Name	Address	Phone
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Name	Address	Phone
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**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

***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