

ESTATE PLANNING FINANCIAL INFORMATION FACT FINDER

Thank you for allowing us to assist you and your family. We appreciate the trust that you have placed in us. To provide you with the best possible advice, we need accurate information about your financial situation. This includes:

1. What type of assets do you own?
(i.e. bank accounts, certificates of deposit, IRAs, etc.)
2. How are they titled or owned?
(single owner, joint tenancy, payable on death beneficiaries? etc.)
3. What is each asset's *approximate* worth?
4. What are your long term debts?

Please complete this financial information fact finder to the best of your ability. Each asset should be listed on a separate line and should only be listed once. If an asset falls into more than one category (for example, your IRA may contain mutual funds) select the category you think is most appropriate. If there is not enough room provided on the form, please attach additional sheets or write on the back of the pages. If you do not have a particular asset type, leave that space blank.

Please bring your completed questionnaire to your first appointment. As always, contact us if you have any questions. We can be reached by phone: 708-799-7575, or e-mail: chris@cjcumminglaw.com. Additional information about how we help protect you and your family can be found on our website: <http://cjcumminglaw.com>.

Christopher J. Cummings
Christopher J. Cummings, P.C.

<u>ASSET</u>	<u>OWNERSHIP AND VALUE</u>		
	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
CASH			
BANK ACCOUNTS			
CERTIFICATES OF DEPOSIT			

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
MONEY MARKET FUNDS			
_____	_____	_____	_____
_____	_____	_____	_____
BROKERAGE ACCOUNTS			
_____	_____	_____	_____
_____	_____	_____	_____
STOCKS			
_____	_____	_____	_____
_____	_____	_____	_____
SAVINGS BONDS			
_____	_____	_____	_____
_____	_____	_____	_____
TAX-EXEMPT BONDS			
_____	_____	_____	_____
_____	_____	_____	_____
OTHER BONDS			
_____	_____	_____	_____
_____	_____	_____	_____
MUTUAL FUNDS			
_____	_____	_____	_____
_____	_____	_____	_____
INDIVIDUAL RETIREMENT ACCOUNTS (conventional)			
_____	_____	_____	
_____	_____	_____	

Who is the beneficiary of each conventional IRA account if you die?

INDIVIDUAL RETIREMENT ACCOUNTS (Roth)

Who is the beneficiary of each Roth IRA account if you die?

Husband

Wife

Joint

401K OR SIMILAR RETIREMENT PLAN

_____	_____	_____
_____	_____	_____
_____	_____	_____

Who is the beneficiary of each 401K account if you die?

DEFERRED COMPENSATION PLAN

_____	_____	_____
_____	_____	_____

Who is the beneficiary of each deferred compensation account if you die?

ANNUITIES

_____	_____	_____	_____
_____	_____	_____	_____

LIFE INSURANCE (face value/death benefit)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REAL ESTATE (include primary home, vacation homes, rental property, vacant land)

_____	_____	_____	_____
_____	_____	_____	_____

AUTOMOBILES

_____	_____	_____	_____
_____	_____	_____	_____

BUSINESS OWNERSHIP

Corporation

_____	_____	_____	_____
-------	-------	-------	-------

Partnership

_____	_____	_____	_____
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Sole Proprietorship

_____	_____	_____	_____
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	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
PERSONAL/MISC. ASSETS			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
ANY OTHER ASSETS NOT LISTED ABOVE			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Assets	_____	_____	_____
LONG-TERM LIABILITIES (mortgages or notes not to be repaid within one year)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Long-Term Liabilities	_____	_____	_____
NET WORTH	_____	_____	_____
TOTAL NET WORTH	_____		

We have prepared this form with the understanding that our attorneys will rely upon it to provide us with estate planning advice. We understand that any significant omissions, overstated or understated amounts, or inaccurate ownership information may cause that advice to be inappropriate.

Dated: _____

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ESTATE PLANNING PERSONAL INFORMATION FACT FINDER

ABOUT YOU

	You	Your Spouse
First Name	_____	_____
Middle Name	_____	_____
Last Name	_____	_____
Preferred Name	_____	_____
Social Security Number	_____	_____
Date of Birth	_____	_____
Are you a U.S. Citizen?	____ Yes ____ No	____ Yes ____ No
Residence	_____	_____
Street Address:	_____	_____
City, State, Zip Code	_____	_____
Preferred Phone:	_____	_____
Alternate phone:	_____	_____
E-mail:	_____	_____

Have you at any time during your marriage resided in the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin?
____ Yes ____ No If yes, when and where? _____

Have you and your spouse entered into any agreement prior to or during your marriage regarding the rights of each of you in the property of the other?
____ Yes ____ No If yes, please provide a copy of that agreement.

Have you or your spouse ever filed a US Gift Tax Return (IRS Form 709)?
____ Yes ____ No If yes, please provide a copy of all Form 709 returns.

ABOUT YOUR CHILDREN

Child 1	Name	_____
	Date of Birth	_____
	Address	_____
	Phone	_____
Child 2	Name	_____
	Date of Birth	_____
	Address	_____
	Phone	_____

Child 3 Name _____
 Date of Birth _____
 Address _____

 Phone _____

Child 4 Name _____
 Date of Birth _____
 Address _____

 Phone _____

(Please list additional children on a separate page)

Is there any other information that we should know about you or your family (e.g. second marriage, disabled family member, etc.)

PROFESSIONAL RELATIONSHIPS:

Accountant:	You	Your Spouse
Name/Firm	_____	_____
Street Address	_____	_____
City, State, Zip Code	_____	_____
Phone	_____	_____

Life Insurance Representative:		
Name/Firm	_____	_____
Street Address	_____	_____
City, State, Zip Code	_____	_____
Phone	_____	_____

Financial Advisor/Stockbroker:		
Name/Firm	_____	_____
Street Address	_____	_____
City, State, Zip Code	_____	_____
Phone	_____	_____

Benefits Coordinator at Work:		
Name/Firm	_____	_____
Street Address	_____	_____
City, State, Zip Code	_____	_____
Phone	_____	_____

GIFTS UPON YOUR DEATH:

Are there any gifts of specific property (e.g. family heirlooms, jewelry, etc.) or cash that you want to give to specific individual(s) or organization(s), including charitable bequests?

Gift	To Whom
_____	_____
_____	_____
_____	_____

⇒ IF YOU DO NOT HAVE CHILDREN, OR IF ALL OF YOUR CHILDREN ARE ADULTS:

After the specific gifts noted above, how do you want the remainder of your assets distributed upon your death?

(skip to "YOUR EXECUTOR" on the next page)

⇒ IF YOUR CHILD/ CHILDREN ARE NOT READY TO MANAGE THEIR FINANCIAL AFFAIRS:

Parents often want their child's bequest to be managed by a **trustee** until they attain a specified age.

Who do you want to act as trustee?:

Primary Trustee

Name _____
Street Address _____
City, State, Zip Code _____
Phone _____

Alternate Trustee

Name _____
Street Address _____
City, State, Zip Code _____
Phone _____

(list additional alternate trustees on separate page)

How do you want your assets to be distributed among your children?

___ Trustee to use assets for all children's benefit until youngest child turns age _____, then distribute equally to all children.

___ Equally divide assets into separate trusts for each child upon my death. Distribute separate trust when child turns age _____.

___ Other distribution: _____.

While a trustee is responsible for managing a child's finances, a **guardian** is responsible for the child's personal care. The guardian can be, but does not have to be the same person as the trustee.

If any child is younger than 18, who do you want to act as their guardian?

Primary Guardian

Name _____
Street Address _____
City, State, Zip Code _____
Phone _____

Alternate Guardian

Name _____
Street Address _____
City, State, Zip Code _____
Phone _____

(list additional alternate guardians on a separate page)

YOUR EXECUTOR:

Every will should appoint an **executor**. The executor functions as the business manager for your estate, gathering your assets and debts, paying your final expenses, and distributing your remaining estate according to your wishes. The executor can be, but does not have to be, the same as the trustee and guardian. By law, an executor must be a U.S. resident at least 18 years of age and cannot have been convicted of a felony.

Who do you want to act as your executor?

Primary Executor

Name _____
Street Address _____
City, State, Zip Code _____
Phone _____

Alternate Executor

Name _____
Street Address _____
City, State, Zip Code _____
Phone _____

(list additional alternate executors on separate page)

PROTECTION WHILE YOU ARE ALIVE:

A will is only effective after you have died. **Powers of Attorney** allow you to appoint someone to act on your behalf. They are only effective while you are alive. Powers of attorney can be “durable,” meaning that they will still be effective if you become disabled. There are two types of powers of attorney – **property** and **health care**. The person you appoint in your power of attorney for property (your “agent”) can act on your behalf in financial matters. The person you appoint in your power of attorney for health care can make medical decisions on your behalf if you are unable to communicate your wishes.

Carefully consider who you appoint as your agent since this person has unsupervised access to your assets and/or medical information. Powers of attorney can be valuable tools, but they also present a significant risk if given to the wrong person.

Who do you want to act as your agent under your Power of Attorney for Property?

Primary Agent

Name _____
Street Address _____
City, State, Zip Code _____
Phone _____

Alternate Agent

Name _____
Street Address _____
City, State, Zip Code _____
Phone _____

Who do you want to act as your agent under your Power of Attorney for Health Care?

Primary Agent

Name _____
Street Address _____
City, State, Zip Code _____
Phone _____

Alternate Agent

Name _____
Street Address _____
City, State, Zip Code _____
Phone _____

Please contact our office if you have questions about how to complete this form.

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