

**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](mailto: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>Individual</u>	<u>Joint</u>
<b>CASH</b>		
_____	_____	_____
<b>BANK ACCOUNTS</b>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>CERTIFICATES OF DEPOSIT</b>		
_____	_____	_____
_____	_____	_____

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

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?

\_\_\_\_\_

	<u>Individual</u>	<u>Joint</u>
<b>401K OR SIMILAR RETIREMENT PLAN</b>		
_____	_____	
_____	_____	
_____	_____	

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**

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

**Sole Proprietorship**

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

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

I have prepared this form with the understanding that my attorneys will rely upon it to provide me with estate planning advice. I 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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**Web: <http://cjcumminglaw.com>**

# ESTATE PLANNING PERSONAL INFORMATION FACT FINDER

## ABOUT YOU

First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Preferred Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Are you a U.S. Citizen?       Yes     No

Residence \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Preferred Phone: \_\_\_\_\_  
Alternate phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

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

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

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

## PROFESSIONAL RELATIONSHIPS:

### Accountant:

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
_____	_____
_____	_____
_____	_____

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

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

**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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