

The Law Offices Of
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KIM R. DENKEWALTER
WILLIAM V. ANGELO

BRIAN S. DENENBERG
ADAM D. REID

Date: _____

ESTATE PLANNING INFORMATION

Family Facts

Husband: _____ Wife: _____
Last First M.I. Last First M.I.

Address: _____
Street City State Zip County

Home Phone # () _____

E-Mail Address: _____

SS#: _____ SS#: _____

Date of Birth: _____ Date of Birth: _____

Place of Birth: _____ Place of Birth: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone # () _____ Work Phone # () _____

Date Employed: _____ Date Employed: _____

Annual Compensation: _____ Annual Compensation: _____

Date and Place of Marriage: _____

Have you been married previously? _____ Yes _____ No

How did the marriage end? _____

Do you currently have a Will or a Trust? _____ Will _____ Trust _____ Both

Where are the originals? _____

Are you a United States Citizen? _____ Yes _____ No

Children

Name	Date/Place Of Birth	Residence (City/ State)	Marital Status (M/S/D/W)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other dependents? ____ Yes ____ No

Grandchildren

Name of Grandchild	Parent of Grandchild	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parents

_____	Age	Residence (City/State)
Husband's Father		
_____	Age	Residence (City/State)
Husband's Mother		
_____	Age	Residence (City/State)
Wife's Father		
_____	Age	Residence (City/State)
Wife's Mother		

Brothers/ Sisters

Husband's Name	Age	Residence (City/ State)	Marital Status	Children (Y/N/#)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Wife's

Name	Age	Residence (City/ State)	Marital Status	Children (Y/N/#)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Assets

Husband's

	Type of Plan	Beneficiary	Present Vested Benefits
IRA:	_____	_____	_____
401K:	_____	_____	_____
Other Qualified Plans:	_____		

Wife's

	Type of Plan	Beneficiary	Present Vested Benefits
IRA:	_____	_____	_____
401K:	_____	_____	_____
Other Qualified Plans:	_____		

	Bank	Amount	Form of Ownership
Savings Accounts:	_____		
Checking Accounts:	_____		
Money Market:	_____		
Mutual Funds:	_____		
Certificates of Deposit:	_____		

Personal Property (automobiles, jewelry, collectibles, etc.)

Stocks/ Bonds

Company	Type	Form of Ownership	Number of Shares	Acquisition Date	Fair Market Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Real Estate

Common Address	Form Of Ownership	Fair Market Value/Mortgage/ Equity
_____	_____	_____
_____	_____	_____
_____	_____	_____

Business

Do you own or hold interest in any of the following, if yes describe:

Corporation (Specify S or C): _____
Limited Liability Company: _____
Sole Proprietorship: _____
Partnership: _____
Other: _____

Do you have any interest in a tax shelter investment? ___ Yes ___ No
If yes, describe: _____

Do you anticipate receiving any inheritances? ___ Yes ___ No
If yes, describe: _____

Do you have disability insurance? ___ Yes ___ No
If yes, company name: _____

Life Insurance

Husband's

Company: _____ Company: _____
Policy #: _____ Policy #: _____
Type: ___ Group ___ Term ___ Whole Life Type: ___ Group ___ Term ___ Whole Life
Insured: _____ Insured: _____
Owner: _____ Owner: _____
Beneficiary: _____ Beneficiary: _____
Contingent Beneficiary: _____ Contingent Beneficiary: _____
Face Value: _____ Face Value: _____
Cash Value: _____ Cash Value: _____

Company: _____ Company: _____
Policy #: _____ Policy #: _____
Type: ___ Group ___ Term ___ Whole Life Type: ___ Group ___ Term ___ Whole Life
Insured: _____ Insured: _____
Owner: _____ Owner: _____
Beneficiary: _____ Beneficiary: _____
Contingent Beneficiary: _____ Contingent Beneficiary: _____
Face Value: _____ Face Value: _____
Cash Value: _____ Cash Value: _____

Life Insurance (continued)

Wife's

Company: _____ Company: _____
Policy #: _____ Policy #: _____
Type: ___ Group ___ Term ___ Whole Life Type: ___ Group ___ Term ___ Whole Life
Insured: _____ Insured: _____
Owner: _____ Owner: _____
Beneficiary: _____ Beneficiary: _____
Contingent Beneficiary: _____ Contingent Beneficiary: _____
Face Value: _____ Face Value: _____
Cash Value: _____ Cash Value: _____

Company: _____ Company: _____
Policy #: _____ Policy #: _____
Type: ___ Group ___ Term ___ Whole Life Type: ___ Group ___ Term ___ Whole Life
Insured: _____ Insured: _____
Owner: _____ Owner: _____
Beneficiary: _____ Beneficiary: _____
Contingent Beneficiary: _____ Contingent Beneficiary: _____
Face Value: _____ Face Value: _____
Cash Value: _____ Cash Value: _____

Any assets held in children's names? ___ Yes ___ No
If yes, describe: _____

Any life insurance on the lives of your children? ___ Yes ___ No
If yes, describe: _____

Client Signature

Client Signature