

The Law Offices Of  
**DENKEWALTER & ANGELO**

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KIM R. DENKEWALTER  
WILLIAM V. ANGELO

BRIAN S. DENENBERG  
ADAM D. REID

Date: \_\_\_\_\_

**ESTATE PLANNING INFORMATION**

Family Facts

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
\_\_\_\_\_  
County

Home phone # ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone # ( ) \_\_\_\_\_

Date Employed: \_\_\_\_\_

Annual Compensation: \_\_\_\_\_

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 | _____                    |
| Father |     | Residence (City & State) |
| _____  | Age | _____                    |
| Mother |     | Residence (City & State) |

**Brothers/ Sisters**

| Name  | Age   | Residence (City & State) | Marital Status (M-S-D-W) | Kids (Y/N,#) |
|-------|-------|--------------------------|--------------------------|--------------|
| _____ | _____ | _____                    | _____                    | _____        |
| _____ | _____ | _____                    | _____                    | _____        |
| _____ | _____ | _____                    | _____                    | _____        |
| _____ | _____ | _____                    | _____                    | _____        |
| _____ | _____ | _____                    | _____                    | _____        |

**Assets**

| 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**

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: \_\_\_\_\_