

Voice – (309) 359-3461  
Fax – (309) 359-8918  
Danvers – (309)963-4312  
www.mcgrathpc.com  
mcgrathpc@frontier.com



113 S. Main St.  
P.O. Box 139  
Mackinaw, Illinois 61755

Attorneys  
Mark J. McGrath  
Patrick B. McGrath  
Paralegal  
Denise L. Chrestenson

**Appointment scheduled for:** \_\_\_\_\_ **at** \_\_\_\_\_  
(Date) (Time)

MEMORANDUM

TO: Clients inquiring about Wills/Trusts/Power of Attorneys

FROM: McGrath Law Office, P.C.

Attached to this Memorandum is an Estate Planning Organizer. What you put in the organizer is not necessarily how your final Estate Plan is completed. After speaking with me, you may wish to change certain decisions that you have made. Nonetheless, it would be helpful to me if you could fill out this information in advance of your appointment.

If you have any questions on filling out this organizer please don't hesitate to contact any member of my staff. They would be glad to assist you. If some of the questions do not apply to you, such as questions about minor children, then simply skip those questions. However, please try to fill out the information as completely as possible so that I will be able to make sure that your Estate Plan is exactly how you want it. Also, please sign and date last page acknowledging that all information you have given to this law firm is complete and accurate.

Thanks again. I look forward to meeting with you to review your estate plan in detail.

ESTATE PLANNING ORGANIZER  
BACKGROUND INFORMATION

HUSBAND: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

WIFE: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ P.O. Box # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: IL ZIP CODE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOME Phone #: \_\_\_\_\_ WORK Phone #: \_\_\_\_\_

MOBILE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Husband's Date of Birth: \_\_\_\_\_ Husband's Employer: \_\_\_\_\_

Wife's Date of Birth: \_\_\_\_\_ Wife's Employer: \_\_\_\_\_

Do you have a Will now? Y/N \*If yes bring it to the appointment.

Who referred you to this office? \_\_\_\_\_

FAMILY INFORMATION

1. HUSBAND:

- a) Parents Names: (CIRCLE)
- a. Mother: \_\_\_\_\_ Alive or Deceased?
- b. Father: \_\_\_\_\_ Alive or Deceased?
- b) Siblings:
- a. \_\_\_\_\_ Alive or Deceased?
- b. \_\_\_\_\_ Alive or Deceased?
- c. \_\_\_\_\_ Alive or Deceased?
- c) Prior Marriages:
- a. \_\_\_\_\_ Death or Divorce?
- b. \_\_\_\_\_ Death or Divorce?
- c. \_\_\_\_\_ Death or Divorce?

2. WIFE:

- a) Parents Names: (CIRCLE)
- a. Mother: \_\_\_\_\_ Alive or Deceased?
- b. Father: \_\_\_\_\_ Alive or Deceased?

b) Siblings:

- a. \_\_\_\_\_ Alive or Deceased?
- b. \_\_\_\_\_ Alive or Deceased?
- c. \_\_\_\_\_ Alive or Deceased?

c) Prior Marriages:

- a. \_\_\_\_\_ Death or Divorce?
- b. \_\_\_\_\_ Death or Divorce?
- c. \_\_\_\_\_ Death or Divorce?

3. Children:

Name	Age	Born/Adopted	Parents

**ASSETS**

1. Real Estate

Location	Describe	Estimate of Value	How titled?

2. Bank Accounts

Type of Account	Name of Bank	Current Balance	How titled?

3. Life Insurance

Name of Company	Policy #	Amount?	Type?	Owner	Beneficiary

4. Personal property that has a significant value or you wish to specifically give to someone:

Describe	Value?	Where kept?	How identify?

5. Stocks, bonds, IRA's, 401 K's, Keogh's

Describe	Where located?	Value?

6. Miscellaneous; Contract for Deed, Inheritance, Trust? YES or NO?

a. If yes describe specifics and bring copy of relevant documents to appointment:

---



---



---

LIABILITIES

1. Debts:

Who owes?	Reason for borrowing?	Lien on what?	What owe?

2. Contingent debts? (Have you co-signed a loan for a child or someone else?) Y/N

\*If yes describe:

---

---

WILL SUGGESTIONS

1. Do you wish for all of your property to go to your spouse? Y/N

\*If no, who do you wish the property to go to? \_\_\_\_\_

---

---

2. If your spouse dies before you do you wish for all of your property to go equally to your children? Y/N

\*If no, who do you wish the property to go to? \_\_\_\_\_

---

---

3. In your Will an Executor is named who will manage your affairs after you die until your estate is completed. It is customary to name your spouse and 1 or more contingent or back up Executors. However, you only have to name 1 Executor. More than 1 person can act at the same time. Please provide the following:

Name(s) of 1<sup>st</sup> Ex.: Spouse Y/N

IF NO:

Name(s) of 2<sup>nd</sup> Ex.:(optional)

Name(s) of 3<sup>rd</sup> Ex.:(optional)

---

---

---

4. If you have minor children (under age 18) you should name someone to raise them if you are both deceased. This person is called a Guardian. If you have no minor children then skip this section. Again, more than 1 person can serve. Usually it is difficult to choose a Guardian so there usually isn't a backup Guardian but there could be one. Please provide the following:

Name(s) of 1st Guardian: \_\_\_\_\_

Name(s) of 2nd Guardian:(optional) \_\_\_\_\_

5. If you have children you may wish to have their inheritance placed in a trust for their benefit. We were all young once. The trust does not change the amount of the children's inheritance but it does put a person or entity between the child and the money. Banks with trust departments provide this service or you may have an individual serve as trustee for the children's money. Please provide the following:

Name(s) of 1st Trustee: \_\_\_\_\_

Name(s) of 2nd Trustee:(optional) \_\_\_\_\_

6. Safekeeping of valuable records and documents is important. Where do you keep your insurance policies, birth certificates and other important papers? \_\_\_\_\_

Where will you keep your Will? \_\_\_\_\_

7. Have you applied for a loan and/or prepared a financial statement within the last 2 years?  
Y/N. \*If yes, bring a copy of the application/statement to your appointment.

8. POWER OF ATTORNEYS: Would you like to have a Power of Attorney prepared?  
Y/N \*Attached is a copy of my news letter on Power of Attorneys.

A. Financial Power of Attorney:

1) 1<sup>st</sup> Agent:

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Phone #: \_\_\_\_\_

2) Successor Agent:

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Phone #: \_\_\_\_\_

3) 2<sup>nd</sup> Successor Agent:

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Phone #: \_\_\_\_\_

B. Health Care Power of Attorney:

1) 1<sup>st</sup> Agent:

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Phone #: \_\_\_\_\_

2) Successor Agent:

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Phone #: \_\_\_\_\_

3) 2<sup>nd</sup> Successor Agent:

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Phone #: \_\_\_\_\_