

CONFIDENTIAL ESTATE PLANNING
ORGANIZER

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1. PERSONAL DATA

Information	
Legal Name- including middle initial if desired:	
Home Address:	
Home Phone:	
Work Phone:	
E-mail address:	
Can we send you documents by e- mail for review?	
Birth date:	
Occupation:	
Salary, if employed:	
Citizen of what country?	
Are you married or have you ever been married?	
Please describe any major health problems.	

2. Documents to Bring With You

- Last year's **complete** individual and business *federal* income tax return with your W2
- Your existing wills, trusts and powers of attorney
- Prenuptial agreement and/or divorce decree, if one exists
- A statement of benefits from your employer
- Statements and beneficiary designations for each retirement account (IRA, 401k, etc.) *If you make mistakes, they can cost your family thousands in income taxes.*
- Deed for your house

3. Children and Other Dependents

Name and Address	Date of birth	Adopted? (Y/N)	U.S. citizen?	Relation	Amount Saved for College, if applicable

Do you have any children by prior marriages? If yes, please give the same information as above.

Are any children in poor health, physically or mentally handicapped, or have special needs (such as drug or alcohol abuse)?

4. Please give your best estimate of what you believe your assets are worth. You do not need to be precise. You may omit the portions that do not apply.

Personal Residence

How is title to your residence held? Joint with spouse, tenancy by entirety, husband, wife

When did you buy your home? _____ What was the purchase price? _____

Please state the current balance of any mortgage? _____

What is the estimate present value of your home? _____

Other real property- Please provide information on any other real property you own. If more space is needed, use a separate sheet of paper.	
Location (City, State)	
Type of property (factory, vacation home, farm, vacant land, etc.)	
How owned? (Joint, separate, in land trust)	
If jointly owned, source of funds?	
Date acquired?	
Purchase price?	
Present value?	

Do you have signature authority over a foreign bank account? Yes No (Circle which applies)
 If yes, please list among the bank accounts below.

Bank accounts		
Institution	Type (checking, CD, Money Market Fund)	Amount \$

Name of stock or mutual fund or bond	Stock/Bond/Mutual Fund	Amount \$

Ownership in Closely Held Businesses (Those not Publicly Traded)		
	Business 1	Business 2
Owned By:		
% of Business Owned:		
Kind of entity (S corp, C corp, partnership, LLC, etc.):		
Book value (please provide most recent business tax return):		
Market value of your % of business:		
Value of Separate Accounts Receivable:		
Total Value of Real Estate:		
Buy sell agreement?		

Notes and Loans Receivable (Loans You Made to Family Members)			
	Loan #1	Loan #2	Loan #3
Owed by:			
Payable To:			
Original Balance:			
Current Balance:			
Monthly Payments:			
Interest Rate:			
Do You Expect To Be Repaid?			

Pensions and IRA's					
	Account 1	Account 2	Account 3	Account 4	Account 5
Company:					
Plan Type (IRA, 401k, etc.) Please indicate if is a Roth IRA:					
Owner:					
Present Value:					
1 st Beneficiary:					
2 nd Beneficiary:					
Annual Contribution:					

Life Insurance					
	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Company:					
Face amount:					
Insured:					
Owner:					
1 st Beneficiary:					
2 nd Beneficiary:					
Type of policy(Term Whole, Universal):					
Cash Value:					
Loans Against Policy					

Liabilities You Owe To Others			
Owed by:			
Original balance:			
Current balance:			
Interest rate:			
Date loan payments started:			

5. Retirement Planning Analysis-If you would like us to help you determine how much income you will need during retirement, please provide us with the following information.

Please enter annual amounts for all expenses

1. Home mortgage principal and interest or rent. \$ _____
2. Utilities and garbage pickup. \$ _____
3. Food and personal care items. \$ _____
4. Auto or transportation costs. \$ _____
5. Clothing. \$ _____
6. Entertainment, gifts, subscriptions, etc. \$ _____
7. Debt repayments other than mortgage. \$ _____
8. Other items not listed above. \$ _____
9. Vacations and memberships. \$ _____
10. Annual premiums for health and Long Term Care coverage. \$ _____
11. Annual uninsured medical costs. \$ _____
12. Annual amount for other insurance premiums. \$ _____
13. Annual repair and maintenance expenditures. \$ _____
14. Annual property taxes. \$ _____
15. Annual amount for emergencies or other unexpected items. \$ _____
(i.e., contingencies)
16. Annual amount for any other expense items. \$ _____

17. Client's projected annual retirement –age living expenses \$_____

6. Goals for the Year

**Accumulation needed
during the year**

- 1. Eliminate negative cash flow \$_____
- 2. Establish emergency cash reserve \$_____
- 3. Restore cash reserve to recover from unexpected medical bills \$_____
- 4. Pay off credit card balances \$_____
- 5. Begin contributing to 401(k) at work \$_____
- 6. Begin saving for college with Coverdell /or 529 Education Savings Account \$_____
- 7. Save for new car down payment \$_____

7. Additional questions:

Please circle yes or no for each of the following statements.

Do you want to avoid probate?	Yes	No
Do you want to make gifts to charity?	Yes	No
Do you want to protect your assets from FUTURE creditors (lawsuits, divorce, etc.)?	Yes	No
Have you made gifts of \$13,000 or more to any person in any year?	Yes	No
Do you own assets in another state?	Yes	No
Do you want us to review your income tax return?	Yes	No
Do you want to donate organs?	Yes	No
If you are married, while married to each other, have you or your present spouse ever lived in or currently own property in any of the following states? Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin? (Please circle the state).	Yes	No
Do you feel confident that your beneficiaries can handle the assets that you plan to give them?	Yes	No
Do you want to protect your beneficiaries' inheritance from their FUTURE creditors (such as divorced spouse, judgments, etc.) to the greatest extent possible?		
Do you want us to help decide whether you have or will have enough to retire?	Yes	No
Do you want us to help you plan for payment of long term care	Yes	No

expenses?		
Do you expect to receive an inheritance in the future? If so, how much do you estimate it would be?	Yes	No
Are you the beneficiary under another trust, other than your own? If so, please tell us whose trust.	Yes	No
Have you guaranteed or co-signed a loan for another person, such as a child, or pledged any assets for a debt?	Yes	No
Are any assets Payable on Death (POD), Totten Trust accounts, or Transfer on Death (TOD)? If so, please describe:		
If you have a revocable trust, would you like your agent under the property power of attorney to be able exercise a your powers with respect to the revocable trust if you were deemed incapacitated?	Yes	No

8. Who would you name to the following jobs? Please enter, name, relationship to you, address, city, state and zip code.

Job description	
Guardian: Who would take care of your Children under age 18? (Aunt, uncle, brother, sister, friend or other).	
Successor guardian:	
Trustee/executor:	
Successor trustee/executor:	
Agent under property power of attorney:	
Successor agent under property power of attorney:	
Agent under health care power of attorney:	
Successor agent under health care power of	

Job description	
attorney:	

If you died without descendants, who would get your property? (Some possibilities: brothers and sisters, nieces and nephews, charities): _____

Insurance Policy Information

Type of insurance	Company	Coverage	Annual Premium
Auto-homeowners insurance-please bring declarations page for limits of coverage			
Disability insurance-enter percent of salary it would replace			
Long term care insurance-how much would it pay per day for nursing home and for in home care?			

PLEASE SIGN THE ORGANIZER BELOW:

I understand that the attorney will rely on this information, in making recommendations. If the information is inaccurate or incomplete, I realize that the recommendations may be inappropriate for my situation.

Dated: _____, _____
