



THE LAW OFFICE OF  
BRADLEY L. SCHENCKER

(847) 686 - 3626 • 400 West Dundee Road, Suite 6, Buffalo Grove, Illinois 60089 • www.blslawoffice.com

**CLIENT INFORMATION**  
**[Strictly Confidential]**

Legal Name: \_\_\_\_\_

Other Names used: \_\_\_\_\_

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

County: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Business/Employer: \_\_\_\_\_

Marital Status:  Never married  Divorced  Widowed  Married

If married, name of Spouse: \_\_\_\_\_

US citizen?  Yes  No. If no, what nationality: \_\_\_\_\_

<b>CHILDREN:</b>	<input type="checkbox"/> None	<b>AGE or DOB</b>
_____		_____
_____		_____
_____		_____
_____		_____

Number of grandchildren: \_\_\_\_\_ Range of Ages: \_\_\_\_\_

	<b><u>YES</u></b>	<b><u>NO</u></b>
Any deceased children?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, name: \_\_\_\_\_

If yes, survived by issue?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, name(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	<u><b>YES</b></u>	<u><b>NO</b></u>
Do any of your beneficiaries have a learning disability, special educational, medical or physical needs?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any relatives (other than children) who depend on you for all or part of their support?	<input type="checkbox"/>	<input type="checkbox"/>
Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money?	<input type="checkbox"/>	<input type="checkbox"/>
Do you wish to disinherit any of your children, grandchildren or any other close relative?	<input type="checkbox"/>	<input type="checkbox"/>
If a named beneficiary dies before you, do you want the assets to go to that beneficiary's issue?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect to inherit substantial assets (\$100,000 +)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an existing Will?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever executed a trust (either revocable or irrevocable)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever filed a Federal Gift Tax Return?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an existing General Power of Attorney?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently hold any assets in Joint Tenancy with another person?	<input type="checkbox"/>	<input type="checkbox"/>

The name of the person(s) that you want to be the decision maker concerning your estate upon your death:

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The name of the person(s) that you want to raise a child that is under 18 (if applicable):

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The name of the person(s) that you want to make any major medical decisions on your behalf:

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In general, state how you want your estate distributed among your beneficiaries?

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State any specific concerns (not already mentioned) that you have regarding the distribution of your estate:

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**BURIAL WISHES**

At my death, I wish to be:  cremated  buried.

If cremation, I would like my ashes disposed as follows:

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If buried, I would like my remains interred as follows:

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I have already made arrangements at:

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**ESTIMATED\* VALUE OF ESTATE**

<b><u>TYPE OF ASSET:</u></b>	<b><u>ESTIMATED VALUE</u></b>
REAL ESTATE: (fair market value, <u>less</u> loans)	\$ _____
SECURITIES: (stocks, bonds, mutual funds)	\$ _____
CASH TYPE ASSETS: (cash, annuities, notes due you)	\$ _____
BUSINESS INTERESTS: (sole proprietorship, partnerships, closely held corporation, etc.)	\$ _____
RETIREMENT PLANS: (IRA, 401k, etc.**)	\$ _____
VEHICLES: (autos, R.V., boat)	\$ _____
PERSONAL PROPERTY: (jewelry, furniture, antiques)	\$ _____
<b>TOTAL:</b>	\$ _____

\*Use best guess; this can be a "ballpark" estimate.

\*\*Do not show benefits which will terminate at death (e.g., pension, social security, etc.).

**LIFE INSURANCE**

(do not include accidental death policies)

"Cash Value" use best estimate (term policies normally have no cash value)

"Face Value" is the amount payable at death

<b><u>COMPANY</u></b>	<b><u>CASH VALUE</u></b>	<b><u>FACE VALUE</u></b>	<b><u>BENEFICIARY</u></b>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

**CLIENT VERIFICATION:**

I, the undersigned, in the above referenced matter, state that I have prepared and reviewed the above entitled document and certify that the information provided is true and correct to the best of my knowledge.

Dated: \_\_\_\_\_

\_\_\_\_\_  
CLIENT