



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]**

Husband's Legal Name: \_\_\_\_\_

Other Names used by Husband: \_\_\_\_\_

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

County: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

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

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

Business/Employment: \_\_\_\_\_

Wife's Legal Name: \_\_\_\_\_

Other Names used by Wife: \_\_\_\_\_

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

Business/Employment: \_\_\_\_\_

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

Prior Marriages?

Husband:  Yes  No. If yes, name of prior spouse: \_\_\_\_\_

How Terminated?  Death  Divorce Date: \_\_\_\_\_

Wife:  Yes  No. If yes, name of prior spouse: \_\_\_\_\_

How Terminated?  Death  Divorce Date: \_\_\_\_\_

**CHILDREN OF THIS MARRIAGE:**  None

**AGE or DOB**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of grandchildren: \_\_\_\_\_

Range of Ages: \_\_\_\_\_

Treat all children as if they were the children of this marriage?  No  Yes

	<u>YES</u>	<u>NO</u>
Any deceased children?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, name: _____		
If yes, survived by issue?	<input type="checkbox"/>	<input type="checkbox"/>
Any adopted children?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, name: _____		
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"/>
Do you have an existing Marital Property Agreement?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have existing Wills?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any existing trusts?	<input type="checkbox"/>	<input type="checkbox"/>
Do either of you expect to inherit substantial assets (\$100,000+)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever filed a Federal Gift Tax Return?	<input type="checkbox"/>	<input type="checkbox"/>
Should the surviving spouse have the power to control the distribution of the entire estate after the first death?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want any assets to pass to your children before the second spouse's death?	<input type="checkbox"/>	<input type="checkbox"/>
If a beneficiary dies prior to the second spouse's death, 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"/>

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

---

---

---

---

---

---

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

---

---

---

---

---

---

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

---

---

---

---

---

---

In general, state how you want your estate distributed among your beneficiaries after the death of both of you?

---

---

---

---

---

---

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

---

---

---

---

---

---

**BURIAL WISHES**

**HUSBAND:**

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

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

---

---

---

---

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

---

---

---

---

I have already made arrangements at:

---

---

---

---

**WIFE:**

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

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

---

---

---

---

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

---

---

---

---

I have already made arrangements at:

---

---

---

---

**ESTIMATED\* VALUE OF ESTATE**

<b><u>TYPE OF ASSET:</u></b>	<b><u>HUSBAND'S SEP. PROP.</u></b>	<b><u>WIFE'S SEP. PROP.</u></b>	<b><u>COMMUNITY PROPERTY</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.).

Value of Life Insurance policies will be listed separately on the next page.

## LIFE INSURANCE

(do not include accidental death policies)

- "Insured" will be "H" husband; "W" wife; or "S" survivor
- "Owner" will be "C" community property; "H" husband or "W" wife
- "Cash Value" use best estimate (term policies normally have no cash value)
- "Face Value" is the amount payable at death
- "Beneficiary" will be "H" husband; "W" wife; "C" child, "O" other

INSURED (H/W/S)	OWNER (H/W/C)	CASH VALUE (\$ estimate)	FACE VALUE (\$ paid on death)	BENEFICIARY (H/W/C/O)
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____