

ESTATE PLANNING

(INITIAL APPOINTMENT)

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Date: _____, _____

**ESTATE PLANNING DATA
CONFIDENTIAL**

I. PERSONAL DATA

Name _____ Social Security No. _____

Home Address _____ Phone _____

Business Address _____ Phone _____

Date of Birth _____ Place of Birth _____

Occupation _____ Approximate Income Per Year _____

FAMILY

Spouse _____ Social Security No. _____

Date of Birth _____ Place of Birth _____

Occupation _____ Approximate Income Per Year _____

CHILDREN

Name	Birthdate	Spouse	Children (Names and Ages)

Miscellaneous family details (Divorces, adoptions, disabilities, ante-nuptial agreements):

Other Dependents: (e.g., Parents) Name, Age, and Relationship

II. ASSETS

A. Insurance

1. Life, Endowment, or Annuities

Name of Company	Policy No.	Owner	Primary Beneficiary	Outstanding Loans	Face Value

2. Insurance on Life of Others

Name of Company	Policy No.	Name of Insured	Owner	Primary Beneficiary	Outstanding Loans	Face Value

3. Disability or Income Protection Coverage

Name of Company	Policy No.	Name of Insured	Owner	Primary Beneficiary	Outstanding Loans	Face Value

B. Real Estate Owned

1. Personal Residences

Address or Location	Title in Name of	Date Acquired	Cost	Current Mortgage Balance	Substantial Improvements When Made	Cost	Current Value

2. Investment Property

Address or Location	Title in Name of	Date Acquired	Cost	Current Mortgage Balance	Substantial Improvements When Made	Cost	Current Value

C. Stocks and Bonds

1. Marketable Stocks, Bonds, and Mutual funds (Attach separate schedule if necessary)

Name of Issuer (Company or Govt Entity)	No. of Shares or Principal Amount	Owner	Basis for Computing Capital Gain or Loss

2. Stock in Closely Held Corporations

Name of Company	No. of Shares	Owner	Shares Outstanding	Cost or Other Basis	Business Agreement (i.e. Buy-Sell Agreement, Employment Contract – SUBMIT COPY)

3. Secured and Unsecured Notes and Receivables

Name of Debtor	Principal Amount	Date	Date Due	Interest Rate	Current Balance

D. Bank Accounts

1. Personal Checking Accounts

Name of Institution	Account Number	Title -- How Held	Average Balance

2. Savings Accounts, Certificates of Deposits, etc.

Name of Institution	Account Number	Title -- How Held	Average Balance

E. Other Business Interests (Partnerships, Sole Proprietorships, Tax Shelters)

Name of Entity	Owner	Date Acquired	Cost or Other Basis	Business Agreement (i.e., Buy-Sell Agreement, Employment Contract -- SUBMIT COPY)

F. Retirement Benefits and Deferred Compensation

1. Pension and Profit Sharing Plans

Name of Company or Plan	Primary Beneficiary	Account Balance of Expected Benefit	Method of Payment Benefits

2. Self-Employment (Keogh) Plans and Individual Retirement Accounts

Name of Company or Plan	Primary Beneficiary	Account Balance or Expected Benefit	Method of Payment of Benefits

3. Other Deferred Compensation Plans (Including Qualified and Non-Qualified Options)

Name of Company or Plan	Primary Beneficiary	Account Balance or Expected Benefit	Method of Payment of Benefits

G. Tangible Personal Property (Including automobiles, jewelry, furs, art objects, coin collections, etc.)

Item	Owner	Date Acquired	Cost or Other Basis	Fair Market Value

H. Expectations of Inheritance

1. Husband's Family

2. Wife's Family

VI. SPECIFIC BEQUESTS

A. Distribution of specific property (automobiles, jewelry etc):

B. Specific bequests and devises (including charitable) in dollars or percentage of estate:

VII. FIDUCIARIES

A. Executor: _____

B. Co-Executor: _____

C. Guardian of the Estate for Minor Children: _____

D. Guardian of the Person for Minor Children: _____

E. Trustee: _____

F. Co-Trustee/ Successor Trustee: _____

VIII. Contingent Beneficiaries

IX. MISCELLANEOUS

A. Location of all safe deposit boxes and keys: _____

B. Additional Comments: _____
