



PRITI NEMANI CONNOR, Esq.  
605 N. MICHIGAN AVE 4H FL  
CHICAGO, IL 60611  
O: 312.646.5323  
F: 708.545.6433  
INFO@NEMANILAW.COM

**YOUR ESTATE PLAN  
THOUGHT ORGANIZER  
FOR SOLO CLIENTS**

**Tell us about yourself.**

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

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

What do you want us to call you? \_\_\_\_\_

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

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

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

Preferred Method of Contact (email phone) and Time of day: \_\_\_\_\_

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

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

Are you attached or unattached? Are you divorced or widowed?

What is most important to you? What are your main priorities in life?

Who do you trust more than anyone else? What if that person is unavailable to act on your behalf?

Are there any causes or interests that you are particularly passionate about?

How do you wish to be remembered after you pass?

Who do you want to provide for in the event of your passing, generally?

What scares you about planning your estate? What has held you back from taking this step?

What do you do for a living?

How long have you been doing it?

Do you like it?

When do you anticipate retirement?

**Tell us about your family.**

Are your parents now living? If so, are you close to them?

Do you have any siblings? If so, please tell us about them, including how many, whether you have a close relationship with them and where they live.

Do you have children? If so, tell us about them. Please list your child by name, age and tell us if there are any extraordinary circumstances relating to any of your children that we should be aware of, such as special needs or substance abuse issues.

**My Children:**                       None                      **AGE or DOB**                      **Any special circumstances?**

---

---

---

---

Do you have any grandchildren? \_\_\_\_\_

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

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

Do you have any deceased children? **If so, please tell us about your child.**

\_\_\_\_\_  
\_\_\_\_\_

If he or she survived by children? If yes, name(s). Do you have a relationship with them?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	<b>Yes</b>	<b>No</b>
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"/>
Have you ever filed a Federal Gift Tax Return?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an existing Power of Attorney for Property?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently hold any assets in Joint Tenancy with another person?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a US Citizen?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an existing Will or Trust?	<input type="checkbox"/>	<input type="checkbox"/>

Who do you want to be the decision maker concerning your estate upon your death:

---

---

---

---

If you die and have a child that is under 18, who do you want to take care of that child?

---

---

---

---

Who do you want to make any major medical decisions on your behalf:

---

---

---

---

Generally, how you want your assets to be distributed among your beneficiaries?

---

---

---

---

---

---

---

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

---

---

---

---

---

---

---

**Your Burial/Final Disposition Wishes**

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:

---

---

---

**Tell us about your assets. Don't be shy. We need to know about your assets to help determine what kind of estate plan is best for you.**

Don't know? Use best guess. This can be a "ballpark" or "garage sale" estimate.

**ESTIMATED\* VALUE OF MY ASSETS**

<u>TYPE OF ASSET:</u>	<u>ESTIMATED VALUE</u>
• 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>	\$ _____

\*\*\*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)

- "Cash Value" use best estimate (term policies normally have no cash value)
- "Face Value" is the amount payable at death

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