

THE EDWARDS' LAW OFFICES

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The Purpose of this Form

Legal Life Planning (Estate Planning) is not just for the rich or wealthy. Neither is it just for the elderly. Every responsible adult over the age of eighteen (18) years should have a Legal Life Plan that address his or her personal needs, the needs of loved ones, and the handling of his or her real estate and things accumulated over the years in the event that he or she becomes disabled, or when he or she dies.

This form collects preliminary information for possible Legal Life Planning and the drafting of documents to be recommended. It is not a contract for legal services. Your completing it does not evidence a commitment by The Edwards' Law Offices to proceed with rendering legal services on your behalf. That will require you to sign a formal legal service agreement and pay a retainer fee. Nevertheless, we look forward to evaluating the scope of our potential representation of you after you complete and return this form.

When completing this form, it is important that you understand that Legal Life Planning (estate planning) will be only as good as the information that you provide. Accordingly, incomplete or inaccurate data may materially harm our ability to counsel you and prepare proper documents in an efficient manner. Therefore, additional and more complete information may be required from you.

Last, but not least. do not hesitate to contact us if you have a question about anything on this form

/s/ Benjamin F. Edwards, Attorney
(Licensed: Illinois & Missouri)

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: _____

CHILDREN: None

AGE or DOB

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

• Number of grandchildren: _____ Range of Ages: _____

YES **NO**

• Any deceased children?

If yes, name: _____

If yes, survived by issue?

If yes, name(s): _____

- | | <u>YES</u> | <u>NO</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"/> |
| • Do you wish to make anatomical bequests (organ donor)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you wish to have a "Living Will"? | <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:

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

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

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

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

BURIAL 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:

ESTIMATED* VALUE OF ESTATE

<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)	\$ _____
TOTAL:	\$ _____

* 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)

- "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>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____