



DAVIES-MCGRATH
LAW OFFICE, P.C.

Phone: (309) 266-6211
Fax: (309) 266-6988
www.daviesmcgrath.com
email@daviesmcgrath.com

1600 S. Fourth Ave.
Suite 137
Morton, Illinois 61550

ATTORNEYS
Mark J. McGrath
Patrick B. McGrath
ASSOCIATE ATTORNEY
Teresa M. Dickinson
RETIRED
Thomas E. Davies

Appointment scheduled for: _____
(Date) (Time)

MEMORANDUM

TO: Clients inquiring about Wills/Trusts/Power of Attorneys

FROM: McGrath Law Office, P.C.

Attached to this Memorandum is an Estate Planning Organizer. Please fill out this information in advance of your appointment as best you can.

If you have any questions on filling out this organizer please don't hesitate to contact any member of my staff. They would be glad to assist you. If some of the questions do not apply to you, such as questions about minor children, then simply skip those questions. However, please try to fill out the information as completely as possible so that I will be able to make sure that your Estate Plan is exactly how you want it.

If you have an existing will, please bring it with you to our appointment.

Thanks again. We look forward to meeting with you to review your estate plan in detail.

ESTATE PLANNING ORGANIZER

BACKGROUND INFORMATION – CLIENT 1

CLIENT 1: _____ SOCIAL SECURITY NO. _____

STREET ADDRESS: _____ P.O. Box # _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL ADDRESS: _____

HOME Phone #: _____ WORK Phone #: _____

MOBILE #: _____ FAX #: _____

DATE OF BIRTH: _____ EMPLOYER: _____

Who referred you to this office? _____

FAMILY INFORMATION – CLIENT 1

1. Parents Names: (CIRCLE)
- a) Mother: _____ Alive or Deceased?
- b) Father: _____ Alive or Deceased?
2. Siblings:
- a) _____ Alive or Deceased?
- b) _____ Alive or Deceased?
- c) _____ Alive or Deceased?
- d) _____ Alive or Deceased?
- e) _____ Alive or Deceased?
3. Prior Marriages:
- a) _____ Death or Divorce?
- b) _____ Death or Divorce?
- c) _____ Death or Divorce?

BACKGROUND INFORMATION – CLIENT 2

CLIENT 2: _____ SOCIAL SECURITY NO. _____

Check here if Client 2's address the same as Client #1, and skip address section below

STREET ADDRESS: _____ P.O. Box # _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL ADDRESS: _____

HOME Phone #: _____

WORK Phone #: _____

MOBILE #: _____

FAX #: _____

DATE OF BIRTH: _____

EMPLOYER: _____

Who referred you to this office? _____

FAMILY INFORMATION – CLIENT 2

1. Parents Names:

(CIRCLE)

a) Mother: _____

Alive or Deceased?

b) Father: _____

Alive or Deceased?

2. Siblings:

a) _____

Alive or Deceased?

b) _____

Alive or Deceased?

c) _____

Alive or Deceased?

d) _____

Alive or Deceased?

e) _____

Alive or Deceased?

3. Prior Marriages:

a) _____

Death or Divorce?

b) _____

Death or Divorce?

c) _____

Death or Divorce?

FAMILY INFORMATION (Continued)

4. Children:

Name	Age	Born or Adopted	Parents	Alive or Deceased

ASSET INFORMATION

1. Real Estate

Location	Description	Estimated Value	How Titled?

2. Bank Accounts

Type of Account	Name of Bank	Balance	How Titled

3. Life Insurance

Name of Company	Policy #	Death Benefit	Type of Insurance	Owner	Beneficiary

4. Personal property that has a significant value or you wish to specifically give to someone:

Description	Estimated Value	Where Kept?	How to Identify?

5. Stocks, bonds, IRA's, 401 K's, Keogh's

Description	Name of Financial Institution Where Held	Value

6. Miscellaneous; Contract for Deed, Inheritance, Trust? YES or NO? If yes describe specifics and bring copy of relevant documents to appointment: _____

LIABILITIES

1. Debts:

Creditor	Type of Debt	Secured?	Balance Due?

2. Contingent debts? (Have you co-signed a loan for a child or someone else?) Yes/No? If yes describe: _____

MISCELLANEOUS

1. Safekeeping of valuable records and documents is important. Where do you keep your insurance policies, birth certificates and other important papers? _____

2. Where do you intend to keep your Will/Trust? _____

PROVISIONS FOR YOUR WILL/TRUST

1. Who do you want to receive your property after your death? _____

2. If you have minor children, who do you want to raise the minor children _____

3. If you have minor children who do you want to manage their money until they are older? _____

4. Do you have any specific property you want to go to a certain person? _____

PROVISIONS FOR YOUR POWERS OF ATTORNEY

There are two types of Powers of Attorney. There is a Power of Attorney for Health Care and a Power of Attorney for Property. They apply to the management of your health or property while you are alive and not able to manage your health or property. You should think about the following issues with regard to Powers of Attorney:

1. Do you want a Power of Attorney for Health Care? YES / NO
2. If you want a Power of Attorney for Health Care who should be your agent, that is a person to make decisions if you cannot? _____

3. If your agent on your Health Care Power of Attorney cannot act, who do you want to be the backup? _____

4. Do you want a Power of Attorney for Property? _____
5. If you want a Power of Attorney for Property who should be your agent, that is a person to make decisions if you cannot? _____

6. If your agent on your Property Power of Attorney cannot act, who do you want to be the backup? _____
