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CLIENT INFORMATION FORM

Please thoroughly complete this Client Information Form, which is intended to provide guidance in planning your estate. In the event an inquiry relates to information that is not applicable, please write 'NA' in the space provided. If extra space is needed to respond, please feel free to use the reverse side of each page or include attachments.

GENERAL INFORMATION:

Primary's Legal Name (First, Middle, Last): _____

Spouse's Legal Name (First, Middle, Last): _____

Primary's Date of Birth: _____ Spouse's Date of Birth: _____

Home Address: _____

Primary's Phone: _____ Spouse's Phone: _____

Primary's E-mail Address: _____

Spouse's E-mail Address: _____

Primary's Citizenship: _____ Spouse's Citizenship: _____

Date of Marriage: _____ Have you or your spouse served in the United States Military? Y / N

Do you or your spouse have an existing Power of Attorney, Will or Trust (if yes, please include a copy of each)?
Y / N

Have you and your spouse entered into any agreement prior to or during your marriage regarding the rights of each of you in the property of the other (e.g. prenuptial agreement, postnuptial agreement, etc.)? Y / N

Have you and/or your spouse ever filed a United States Gift (and Generation-Skipping Transfer) Tax Return (Form 709)? Y / N

Do you or your spouse have long term care insurance, disability insurance or living benefits (funding for critical or terminal illness)? Y / N

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LICENSED TO PRACTICE LAW IN MICHIGAN AND ILLINOIS

PROBATE

ESTATE PLANNING

BUSINESS

REAL ESTATE

INHERITANCES:

Are you or your spouse likely to receive inheritances in the future? Y / N

Please list the name of presently existing trust funds or estates of which you, your spouse or any child is a beneficiary, trustee or grantor.

PRIOR MARRIAGES:

Have you or your spouse been married before? Y / N

Please list the name of the former spouse, the dates of marriage and whether the prior marriage(s) ended by death or divorce:

Do you or your spouse pay or receive any divorce obligations, such as child support, spousal support, life insurance, etc.?

CHILDREN:

Please list the name(s) of your child(ren) (First, Middle, Last), date(s) of birth, address(es), and phone number(s):

Has any child been adopted? Y / N

Has any child predeceased you? Y / N

Does any child (including adult children) have special educational, medical (including physical, mental or emotional) or financial needs or limitations?

PROFESSIONAL INFORMATION:

If you use the service of the following professionals, please list the name and telephone number of each:

Accountant: _____

Financial Advisor/Stockbroker/Life Ins. Rep.: _____

Benefits Coordinator through Employer: _____

WILLS AND TRUSTS:

Representatives for Wills and Trusts. An Executor is an individual that you appoint to settle your estate and conclude your affairs. An individual qualifies for appointment as an Executor if he or she (1) has attained the age of 18, (2) is a resident of the United States, (3) is of sound mind, (4) is not an adjudged person with a disability, and (5) has not been convicted of a felony. A Trustee is a person or company appointed to administer a trust. Your estate plan may or may not require a trust and a Trustee (we will discuss the need for a Trustee in an upcoming discussion). An Executor and Trustee may be the same person. Before appointing an Executor or Trustee, it is imperative to obtain consent from the individual or organization you wish to nominate. With permission, please list the name, address, phone number and date of birth of each individual or name, address and phone number of each organization you wish to appoint as an Executor or Trustee.

Primary's Executor Name (First, Middle, Last): _____

Address: _____

Phone: _____ Date of Birth: _____

Primary's Successor Executor Name (First, Middle, Last): _____

Address: _____

Phone: _____ Date of Birth: _____

Spouse's Executor Name (First, Middle, Last): _____

Address: _____

Phone: _____ Date of Birth: _____

Spouse's Successor Executor Name (First, Middle, Last): _____

Address: _____

Phone: _____ Date of Birth: _____

Primary's Trustee Name (First, Middle, Last): _____

Address: _____

Phone: _____ Date of Birth: _____

Primary's Successor Trustee Name (First, Middle, Last): _____

Address: _____

Phone: _____ Date of Birth: _____

Spouse's Trustee Name (First, Middle, Last): _____

Address: _____

Phone: _____ Date of Birth: _____

Spouse's Successor Trustee Name (First, Middle, Last): _____

Address: _____

Phone: _____ Date of Birth: _____

Guardianship. A Guardian is an adult appointed to care for a child in case both parents pass away before the child reaches the age of 18. An individual qualifies for appointment as a Guardian if he or she (1) has attained the age of 18, (2) is a resident of the United States, (3) is of sound mind, (4) is not an adjudged person with a disability, and (5) has not been convicted of a felony (unless appointment of the person convicted of a felony is determined by the Court to be in the child's best interest). Has a Guardian or Successor Guardian been appointed for any child by a Court (if yes, please list each guardian's name, address and telephone number; and indicate whether the guardian is limited or plenary)? If a Guardian should be required for any child, please list the name, address and date of birth of a Guardian and a Successor Guardian that you wish to appoint.

Specific Gifts. Please list gifts of SPECIFIC property that you would like to direct to any certain individual or organization (e.g. I would like to give my jewelry to my daughter). Please include the name, address, and date of birth (if applicable) of the individual or organization to which you wish to give the specific property.

General Gifts. Please list the GENERAL distribution of your estate (e.g. I would like to give the rest of my property, after specific gifts, to my spouse; and if he or she cannot take it, then to my children in equal parts). Please include the name, address, and date of birth (if applicable) of the individual or organization to which you wish to give the property.

Charitable Gifts. Do you wish to give charitable gifts through your Will, Trust or Power of Attorney (if yes, please provide the name of the organization and the amount of the donation)?

Compensation. Do you wish to compensate your Executor(s) and/or Trustee(s) for his or her services (we will discuss compensation in an upcoming discussion)? Y / N

ADVANCE DIRECTIVES (POWERS OF ATTORNEY, HIPAA WAIVERS, LIVING WILLS):

Representatives for Powers of Attorney for Health Care. A Durable Power of Attorney for Health Care is an instrument that allows individuals you appoint (your “Agent” and “Successor Agent”) to direct your health and personal care based upon your instructions (we will discuss instructions for your Power of Attorney for Health Care in an upcoming discussion). When considering your appointments, please note that neither an attending physician, nor any other attending health care provider, may act as your Agent under a Durable Power of Attorney for Health Care. Appointing your spouse as Agent and a close, trusted family member or friend as Successor Agent is a common and sound practice. Before appointing your Agents, please obtain consent from the individuals you wish to nominate and be sure of the following: (1) your Agents are at least 18 years old; (2) you trust your Agents to do what is in your best interest; (3) your Agents are willing to carry out your wishes, even if they may not agree with them; (4) your Agents would be comfortable talking with and questioning your physicians and other health care providers; and (5) your Agents would not be too upset to carry out your wishes if you became very sick. With permission, please list the name, address, phone number and date of birth of each individual you wish to appoint as an Agent.

Primary’s Agent for Health Care Name (First, Middle, Last): _____

Address: _____

Phone: _____ Date of Birth: _____

Primary's Successor Agent for Health Care Name (First, Middle, Last): _____

Address: _____

Phone: _____ Date of Birth: _____

Spouse's Agent for Health Care Name (First, Middle, Last): _____

Address: _____

Phone: _____ Date of Birth: _____

Spouse's Successor Agent for Health Care Name (First, Middle, Last): _____

Address: _____

Phone: _____ Date of Birth: _____

HIPAA Waiver. In order for your Agents under your Powers of Attorney to best serve in their capacity, we will be drafting and executing an Authorization for Use and Disclosure of Protected Health Information (otherwise known as a "HIPAA Waiver") allowing your Agents immediate access to your protected health care information. May we allow your Agents immediate access to your protected health care information through the use of a HIPAA Waiver? Primary: Y / N Spouse: Y / N

Living Will. A Living Will provides direction to your attending physician regarding the use of death-delaying procedures in the event of a terminal condition. It assures your rights will be respected regarding withholding or withdrawing life-sustaining measures if you are not able to actively participate in death-delaying decisions and your Agents or are unable to provide direction. May we incorporate a Living Will into your estate plan? Primary: Y / N Spouse: Y / N

Allergies. Do you or your spouse have allergies or aversions to medical treatment (if so, please list the medication(s) and treatment(s))? Primary: Y / N Spouse: Y / N

Representatives for Powers of Attorney for Property. A Durable Power of Attorney for Property is an instrument that allows individuals you appoint to direct your property and financial affairs. As with your Power of Attorney for Health Care, appointing your spouse as Agent and a close, trusted family member or friend as Successor Agent is a common and sound practice. Before appointing your Agents, please obtain consent from the individuals you wish to nominate and be sure of the following: (1) your Agents are at least 18 years old; (2) you trust your Agents to do what is in your best interest and use due care, competence and diligence; (3) your Agents are willing to act in accordance with the law and your directions; and (4) your Agents would accurately and truthfully keep a record of all receipts, disbursements and significant actions. With permission, please list the name, address, phone number and date of birth of each individual you wish to appoint as an Agent.

You may allow your Agents under your Power of Attorney for Property to act immediately (regardless of whether you are incapacitated or disabled) or only upon written determination by a physician that you are incapacitated or disabled. Also, you may allow or restrict certain abilities of your Agents. After listing your appointed Agent's information, please indicate whether you would like to allow each Agent the ability to act regardless of your incapacity and whether you would allow or restrict the listed abilities.

Primary's Agent for Property Name (First, Middle, Last): _____

Address: _____

Phone: _____ Date of Birth: _____

Primary's Successor Agent for Property Name (First, Middle, Last): _____

Address: _____

Phone: _____ Date of Birth: _____

Allow Primary's Agents the ability to do the following:

Act regardless of your incapacity? Yes, Immediately as to _____ / No, Only upon Incapacity

The ability to make gifts on your behalf to specific individuals? Y / N To _____

The ability to exercise powers of appointment on your behalf? Y / N

The ability to add or change beneficiaries on any account or holding? Y / N

The ability to disclaim any interest property directed to you? Y / N

The ability to establish and manage retirement accounts? Y / N

The authority to act as an officer, director or employee of your business? Y / N

Spouse's Agent for Property Name (First, Middle, Last): _____

Address: _____

Phone: _____ Date of Birth: _____

Spouse's Successor Agent for Property Name (First, Middle, Last): _____

Address: _____

Phone: _____ Date of Birth: _____

Allow Spouse's Agents the ability to do the following:

Act regardless of your incapacity? Yes, Immediately as to _____ / No, Only upon Incapacity

The ability to make gifts on your behalf to specific individuals? Y / N To _____

The ability to exercise powers of appointment on your behalf? Y / N

The ability to add or change beneficiaries on any account or holding? Y / N

The ability to disclaim any interest property directed to you? Y / N

The ability to establish and manage retirement accounts? Y / N

The authority to act as an officer, director or employee of your business? Y / N

Compensation. Do you wish to compensate your Agent(s) under your Power of Attorney for Property for their services (we will discuss compensation at an upcoming discussion)? Y / N

FINANCIAL INFORMATION:

Resources. Please list the items in which you have an interest: cash, bank accounts, certificates of deposit, money market funds, brokerage house accounts, stocks, government savings bonds, tax-free bonds, other bonds, mutual funds, individual retirement accounts, Keogh plans, qualified or non-qualified employer plans, annuities, life insurance, any interest in real estate, automobiles, interest in any business and any other assets:

Net Worth. Please provide the approximate value of your estate: _____

Is there any reasonable expectation that the value of your estate will exceed \$4 Million in the foreseeable future (In Illinois, the current threshold for estate taxes is \$4 Million and requires additional planning to mitigate or eliminate the tax obligation)? Y / N

Income. Please list your sources of income, which may include wages, government benefits, dividends from investments, bonuses, income from a trust, income from a pension plan, winnings, and regular gifts:

MISCELLANEOUS:

Please use this section to provide any additional information you would like to be considered relevant to preparation of your estate plan:

EXECUTION:

I understand that this Client Information Form will be relied upon for my estate planning advice. I further understand that any material omissions, overstated or understated amounts, or inaccurate ownership information may cause that advice to be inappropriate. I affirm that the information furnished is complete and accurate and understand that my attorney will not be making an independent investigation to confirm the data.

Dated: _____ Signed: _____

Dated: _____ Signed: _____

PLAN OBJECTIVES:

1. _____
2. _____
3. _____