



MCGRATH LAW OFFICE — P.C.

ATTORNEYS
MARK MCGRATH
PAT MCGRATH
ASSOCIATE ATTORNEY
GRANT SCHRICKER
OF COUNSEL
LES VICARY
RETIRED
THOMAS E. DAVIES

ESTATE PLANNING ORGANIZER

Appointment scheduled for: _____ **at** _____
(Date) (Time)

We ask that you complete this Organizer as fully as possible in advance of your appointment. The information you'll provide on this organizer is needed for our attorneys to fully and adequately advise you regarding your estate plan. If you have questions on filling out this organizer, please contact our office. Our staff would be happy to answer your questions. Skip or write "NONE" after any questions that do not apply to you. Thank you for taking the time to complete this organizer, and for allowing McGrath Law Office, P.C. the opportunity to serve your legal needs.

If you have existing Wills, Powers of Attorney, or an existing Trust prepared by another law firm, please bring those original documents to your first meeting so that you can review those documents with your attorney.

PLEASE REPLY TO:

☐ MACKINAW OFFICE • 113 S. MAIN ST., P.O. Box 139 MACKINAW, IL 61755 • PHONE: 309-359-3461
☐ MORTON OFFICE • 1600 S. FOURTH AVE., SUITE 137 MORTON, IL 61550 • PHONE: 309-266-6211
EMAIL: EMAIL@MCGRATHPC.COM • WEB: WWW.MCGRATHPC.COM

ESTATE PLANNING ORGANIZER

BACKGROUND INFORMATION – CLIENT 1

CLIENT 1: _____ SOCIAL SECURITY NO. _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL ADDRESS: _____

HOME Phone #: _____ WORK Phone #: _____

MOBILE #: _____ FAX #: _____

DATE OF BIRTH: _____ EMPLOYER: _____

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 is the same as Client 1, and skip address section below

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL ADDRESS: _____

HOME Phone #: _____ WORK Phone #: _____

MOBILE #: _____ FAX #: _____

DATE OF BIRTH: _____ EMPLOYER: _____

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?

4. Children:

Name	Age	Born or Adopted	Parents	Alive or Deceased

5. Who referred you to this office? _____

ASSETS

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 can it be identified?

5. Investment accounts, stocks, mutual funds, bonds, IRAs, 401ks, or the like

Financial Institution	Type of Account	Value	Owner

6. Miscellaneous; Contract for Deed, Inheritance, Trust? YES or NO?

a. If yes describe specifics and bring copies 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?) Y/N If yes describe:

MISCELLANEOUS

1. Safekeeping of important 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?_____

QUESTIONS ABOUT YOUR WISHES FOR YOUR ESTATE PLAN

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 your minor children's money until they get older?_____

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

5. Who do you want to act as your Executor? _____

QUESTIONS ABOUT YOUR WISHES FOR YOUR POWERS OF ATTORNEY

There are two types of Powers of Attorney. The Power of Attorney for Health Care enables another person to make decisions for you on medical and personal care matters if you are disabled. The Power of Attorney for Property enables another person to make decisions for you on financial matters if you are disabled.

1. Do you want a Power of Attorney for Health Care? YES or NO

2. If so, who do you want to make medical decisions for you if you are unable to make your own decisions? _____

3. If that person were to be unavailable to make medical decisions for you when you are unable to make your own decisions, who would you want to be the backup decision maker?

4. Do you want a Power of Attorney for Property? YES or NO

5. If so, who do you want to make financial decisions for you if you are unable to make your own decisions? _____

6. If that person were to be unavailable to make financial decisions for you when you are unable to make your own decisions, who would you want to be the backup decision maker?
