



17w220 22nd Street, Suite 300  
Oakbrook Terrace, Illinois 60181

# ESTATE PLANNING INFORMATION

Please complete your Estate Planning Information form and return it to our office with your retainer for \$750.00.

Once we receive your request, we will contact you within five days to schedule your appointment in our office. You do not need to organize your financial assets now, which you do after completing and returning this form.

Your professional fees and costs balance are due at your official signing in our office.

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RETURN FORM TO:

**Tuohy Law Offices**

17W220 22nd STREET, SUITE 300  
OAKBROOK TERRACE, ILLINOIS 60181

EMAIL: [INFO@TUOHYLAWOFFICES.COM](mailto:INFO@TUOHYLAWOFFICES.COM)  
**(312) 559-8400**

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# ESTATE PLANNING INFORMATION

Your *Estate Planning Information* form is a tool to help you organize all aspects of your estate and allow us to prepare your Estate Plan documents which will contain all of the following:

## LIVING TRUST

This legal document allows for a quick and private administration of your family estate, provides prenuptial protection, removes assets from your name, and protects your assets from the cost and time of the Probate Court system.

## POUR-OVER WILL

This Will transfers all assets titled in your name at the time of your death to your Living Trust.

## DURABLE POWER OF ATTORNEY

Allows you to name a person to act on your behalf and transfer assets into your Living Trust or sign your name on financial transactions should you become disabled or are unable to make the transfer yourself.

## DURABLE POWER OF ATTORNEY FOR HEALTH CARE

This document names a person to follow your wishes regarding life support and health care decisions.

## CERTIFICATION OF TRUST

A notarized Certification of Trust does not disclose financial or estate planning information. When asked for a copy of your Trust, this is the only document you are required to produce for financial institutions.

*Please fill out the information on the following pages. This information is Confidential and will not be shared with anyone else without your prior written approval. You can continue with the next section if an item does not relate to your situation.*

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# GENERAL INFORMATION

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Your Full Legal Name Date of Birth US Citizen (Y/N)

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Spouse's Full Legal Name Date of Birth US Citizen (Y/N)  
*(if applicable)*

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Address

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City State Zip

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Employer's Name

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County of Residence Best day and time to contact you

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Your Cell Phone Your Spouse's Cell Phone *(if applicable)*

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Home Phone

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Email Address *(Required)*

How did you hear about our Living Trust/Estate Planning Services?

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(Office Use - MUNIREF)

# TRUST TEAM

## 1. Successor Trustee of Your Living Trust

Name the person who will manage your assets if you become disabled and distribute them according to your Living Trust at your death. Write spouse if you wish your spouse to be your first Successor Trustee.

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Name

## 2. Alternate Successor Trustee of Your Trust

This is the person that would take over at the death, incapacity, or resignation of your first Successor Trustee.

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Name

## 3. Executor of Your Will

Name the person who carries out your instructions in your Will. *(Often, this is the same person as your Successor Trustee).*

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Name

## 4. Successor Executor of Your Will

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Name

## 5. Executor of Your Spouse's Will *(If Applicable)*

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Name

## 6. Successor Executor of Your Spouse's Will *(If Applicable)*

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Name

## 7. Guardian of Your Minor Children *(If Applicable)*

Appoint the person to assume legal responsibility for your children under 18.

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Name

Address

## 8. Guardian of Your Minor Children's Estate (If Applicable)

Appoint the person to assume responsibility for the estate of your children under 18.

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Name

Address

## 9. Successor Guardian for Your Minor Children

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Name

Address

## 10. Successor Guardian for Your Minor Children's Estate

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Name

Address

## 11. Agent for Your Power of Attorney

Name the person who handles your financial transactions/digital assets if you become incapacitated. If married, it is usually your spouse.

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Name

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Address

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City

State

Zip

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Phone

## 12. Successor Agent for Your Power of Attorney

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Name

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Address

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City

State

Zip

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Phone

### 13. Agent for Your Spouse's Power of Attorney *(If Applicable)*

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Name

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Address

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City

State

Zip

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Phone

### 14. Successor Agent for Your Spouse's Power of Attorney

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Name

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Address

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City

State

Zip

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Phone

### 15. Agent for Your Power of Attorney for Health Care

This person will legally have the right, authority, and duty to make all healthcare and life support decisions if you are unable to make these decisions. (For severe injury, unconsciousness, mental incapacitation, etc.). Often this is, but is not required to be, the same person as your Successor Trustee.

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Name

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Address

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City

State

Zip

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Phone

### 16. Successor Agent for Your Health Care

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Name

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Address

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City

State

Zip

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Phone

**17. Agent for Your Spouses Health Care (If Applicable)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone

**18. Successor Agent for Your Spouse's Health Care**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone

**19. List Your Children (If Applicable)**

<b>Full Legal Name</b>	<b>Date of Birth</b>
_____	_____
_____	_____
_____	_____
_____	_____

**20. Spouse's Children**

Check here if children are the same

<b>Full Legal Name</b>	<b>Date of Birth</b>
_____	_____
_____	_____
_____	_____
_____	_____

## 21. Your Beneficiaries

The percentage and fractional share each is to receive after your death (single person); or after the death of you and your spouse. Please enter your beneficiaries' name(s) and percentages on the next page.

### Example 1

*Mary G. Allen, fifty percent (50%) and Thomas A. Allen, fifty percent (50%)*

### Example 2

*James A. Smith, one-third (1/3), Karen L. Jones, one-third (1/3),  
Susan G. Blake, one-sixth (1/6), and Mary G. Allen, one-sixth (1/6).*

### Example 3

*Thomas A. Smith, one hundred percent (100%)*

**Beneficiaries Full Legal Name**

**Percentage**

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## 22. Your Options in the Event of a Deceased Beneficiary

If one of your beneficiaries dies before you, to whom do you wish this share to be distributed?

### OPTION 1

You can use this option if you wish such a share to go to the beneficiary's children only (your grandchildren, if the beneficiary is your child). This option often can include future children.

### OPTION 2

You can use this option if you wish such a share to go to the beneficiary's children and their spouse.

### OPTION 3

If you wish such share to be divided proportionately among the other named beneficiaries use this option.

### OPTION 4

If neither of the above three options is suitable for your situation, or if your above beneficiaries are all deceased at your death, you may indicate an alternate recipient of the share of a deceased beneficiary, such as a third party or a charitable organization.

Just write in the name of the organization or individual in the space provided below.

**Full Legal Name**

**Percentage**

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## 23. Age of Final Distribution to the Beneficiaries

At what age do you want the beneficiaries of your Living Trust to receive their share? If no age is listed, the final distribution of your estate is at the age of 18.

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Age(s)

## 24. Firearm Distribution

Do you own any firearms?    Yes            No

Would you like to include your firearms in your estate plan?    Yes            No

If so, your intended beneficiary must possess a valid license at the time of transfer.

## 25. Net Estate Value

Does your net estate value exceed \$3 million?    Yes            No

## 26. Special Instructions

If you have any special instructions, specific requests, or specific gifts please write them below.

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## 27. Preferred Trust Name

**Most Common:** Your Name(s), Trust, and signing date.

Ex: (John A. Smith and Mary B. Smith, Trust Dated January 1, 2024)

**Option 2:** Your Sur Name Family Trust, and signing date.

Ex: (The Smith Family Trust, Dated January 1, 2024)

**Other:** Your choice of name.

However, a Trust that lacks your legal name can be problematic with financial institutions.