

LAW OFFICES OF RANDALL B. HRIBAL- WILL & TRUST INFORMATION FORM
(please print)

Personal Information

A. Client:

Name _____
Birth Date ____/____/____
Address _____
Telephone Number: Home _____ Work _____
Social Security Number _____ - _____ - _____ E-Mail _____
Employer _____
Position _____
Business Address _____
Current Salary _____
United States Citizen Yes No
Ever Been Divorced Yes No

B. Client / Spouse (if applicable)

Name _____
Birth Date ____/____/____
Address _____
Telephone Number: Home _____ Work _____
Social Security Number _____ - _____ - _____ E-Mail _____
Employer _____
Position _____
Business Address _____
Current Salary _____
United States Citizen Yes No
Ever Been Divorced Yes No

C. Children

List name, date of birth, social security number, place of residence, marital status of each child and indicate if adopted:

D. Grandchildren

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. Are any of your children or grandchildren disabled? _____
If so, state the name(s) of the disabled person(s) _____

H. Employee Benefit/Retirement Plans: (IRAs, Pensions, 401(k), Profit Sharing)	<u>Client's Name</u>	<u>Client/Spouse's Name</u>	Estimated Annual Contribution	Grandfathered Amount If Applicable; If Known
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

NOTE: In what year do you anticipate ceasing to make contributions to your employee benefit or retirement plan? _____

GRAND TOTAL – ASSETS	\$ _____ Client's Name	\$ _____ Client/Spouse's Name	\$ _____ Joint with Spouse	\$ _____ Joint with Others
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Life Insurance and Annuities

To the extent listing below are Annuities, we will need copies of: (1) the Annuity Agreement; and (2) any beneficiary designation separate from the Annuity Agreement.

<u>Company</u>	<u>Insured</u>	<u>Beneficiary</u>	<u>Owner</u>	<u>Face Amount</u>	<u>Cash Surrender</u>	<u>Type/Term/Value</u>	<u>Whole Life</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Liabilities

Description (creditor, liable party, collateral, etc.)	Amount	Annual Reduction in Principal Liability
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Annual Income in excess of annual expenses and in excess of contributions to employee benefit and retirement plans: \$_____.

Fiduciaries

(List a 1st and 2nd choice for the following. Please provide: Name, Address, and Relationship.)

A. Guardian for Minor Children:

B. Executor of Estate:

C. Trustee of Trusts:

Additional Information

(Please answer the following questions and provide details if the answer is affirmative.)

A. Do you or any intended beneficiaries have health problems or any other special needs?

B. Do you expect to receive substantial property by gift or inheritance?

C. Are you a beneficiary of a trust or hold a Power of Appointment?

D. Have you made gifts in excess of \$11,000 in a prior year? If so, please list the amount of the gift, and whether a federal gift tax was paid.

E. Do you spend a substantial amount of time in any state other than Illinois?

F. Name and telephone number of Stock Broker/Financial Planner:

G. Name and telephone number of Insurance Agent:

H. Name and telephone number of Accountant:

I. Have you ever lived and/or owned real property in the following states: Wisconsin, California, Washington, Arizona, Texas or any other community property state?

Documentation

A. Please provide copies of any existing wills, trusts or other estate planning documents, divorce decrees, prenuptial or post nuptial agreements, or any other documents or information that you believe will be helpful.

B. Please provide copies of all Department of Treasury Internal Revenue Service Form 709 "U.S. Gift Tax Return" ever filed.

signed

date