DATE: _____

POKORNY & ASSOCIATES, LIMITED
DATA SHEET FOR ESTATE PLANNING

WHO owns an asset - or **HOW** the asset is **TITLED**, is as important as how much it is worth. Please take the time to check title or ownership information - to your home, insurance, retirement benefits, stock, etc. You may be in for some surprises. Further, **WHO** is the **beneficiary** of an asset can be crucial - with respect to insurance and retirement assets. Substantial **income tax**, as well as **estate tax**, consequences can result depending on ownership and beneficiary status (and successor beneficiary status) of these assets. We have made the Estate Planning Data Sheet as complete as possible to "jog" your memory regarding special assets, but if we have neglected a category of assets that you own, please add that information to the Data Sheet. We are relying on you to do a complete and accurate job of making sure just what it is you own.

PERSONAL INFORMATION

A. Full Name and Address (Client) | Employer Address & Position Held | Birth Date | Social Security Number | Health

_____ _____ _____ _____ _____

_____ _____

_____ _____ H Cell:

Telephone: Residence Tel: _____ Office Tel _____ Office FAX: _____

Email: Residence email: _____ Office email: _____

B. Full Name of Spouse (& Address If Different) | Employer & Position Held | Birth Date | Social Security Number | Health

_____ _____ _____ _____ _____

_____ _____

_____ _____ W Cell:

Telephone: Residence Tel: _____ Office Tel: _____ Office FAX: _____

Email: Residence email: _____ Office email: _____

NOTE: WE WILL ASSUME THAT BOTH SPOUSES ARE CITIZENS OF THE UNITED STATES unless you advise us to the contrary.

C. Names of Children and Grandchildren. If None, Other Nearest Relatives

Name	Relationship	Birth Date	Social Security Number	Name of Spouse (if any)	Health

(Enter Additional Comments, If Any, On Page 6)

ASSETS

I. GENERAL

	CLIENT (Enter Value)			SPOUSE (Enter Value)		
	Individually Owned	Jointly Owned W/Spouse	W/Other	Individually Owned	Jointly Owned W/Spouse	W/Other Than Client
A. CASH AND ACCOUNTS:						
1. Bank Deposits: Checking	$	$	$	$	$	$
2. Bank Deposits: All Others	$	$	$	$	$	$
B. MARKETABLE SECURITIES						
1. Stocks	$	$	$	$	$	$
2. Bonds	$	$	$	$	$	$
C. REAL ESTATE: ILLINOIS						
(Please identify real estate acquired before 1977)						
1. Personal Residence	$	$	$	$	$	$
2. Other						
(a) Farm	$	$	$	$	$	$
(b) Non-Farm	$	$	$	$	$	$
D. REAL ESTATE: OUTSIDE ILLINOIS						
(Please identify real estate acquired before 1977)						
1. Personal Residence	$	$	$	$	$	$
2. Other						
(a) Farm	$	$	$	$	$	$
(b) Non-Farm	$	$	$	$	$	$

(Enter Additional Comments, If Any, On Page 6)

	CLIENT (Enter Value) Individually Owned	Jointly Owned W/Spouse	W/Other	SPOUSE (Enter Value) Individually Owned	Jointly Owned W/Other Than Client
E. RECEIVABLES					
1. Notes	$	$	$	$	$
2. Other	$	$	$	$	$
F. PERSONAL PROPERTY					
1. Autos, Boats, etc.	$	$	$	$	$
2. Jewelry & Furs	$	$	$	$	$
3. Art Objects	$	$	$	$	$
4. Collections (stamps, etc.)	$	$	$	$	$
5. Furniture, Household Effects, Apparel & Miscl.	$	$	$	$	$
G. BUSINESS INTERESTS					
1. Proprietorships	$	$	$	$	$
2. Partnerships	$	$	$	$	$
3. LLC's	$	$	$	$	$
4. Corporations (a) Regular	$	$	$	$	$
(b) Subchapter S	$	$	$	$	$
H. INTERESTS IN TRUSTS AND ESTATES					
1. Trusts	$	$	$	$	$
2. Estates	$	$	$	$	$
I. TAX SHELTERS (COST)	$	$	$	$	$
J. ASSETS OUTSIDE U.S.	$	$	$	$	$

(Enter Additional Comments, If Any, On Page 6)

II. INSURANCE AND ANNUITIES

	Client-Owned			Spouse-Owned			Other-Owned		
A. ON CLIENT'S LIFE	Proceed	Value Spouse	Beneficiary Other	Proceed	Value Spouse	Beneficiary Other	Proceed	Value Spouse	Beneficiary Other
1. Personal Life									
(a) Permanent	$			$			$		
(b) Term	$			$			$		
(c) Accident	$			$			$		
2. Group Life									
(a) Permanent	$			$			$		
(b) Term	$			$			$		
(c) Accident	$			$			$		
3. Annuities	$			$			$		

B. ON SPOUSE'S LIFE	Proceed	Value Spouse	Beneficiary Other	Proceed	Value Spouse	Beneficiary Other	Proceed	Value Spouse	Beneficiary Other
1. Personal Life									
(a) Permanent	$			$			$		
(b) Term	$			$			$		
(c) Accident	$			$			$		
2. Group Life									
(a) Permanent	$			$			$		
(b) Term	$			$			$		
(c) Accident	$			$			$		
3. Annuities	$			$			$		

(Enter Additional Comments, If Any, On Page 6)

III. RETIREMENT BENEFITS

	Client				Spouse			
	Account Balance	Contributor	(Beneficiary) Spouse	Other	Account Balance	Contributor	(Beneficiary) Spouse	Other
A. PENSION	$				$			
B. PROFIT SHARING	$				$			
C. IRA OR KEOGH	$				$			
D. DEFERRED COMP	$				$			
E. OTHER	$				$			

IV. LIABILITIES

	Client			Spouse		
	Amount	Check If Jointly Liable W/Spouse	W/Other	Amount	Check If Jointly Liable W/Other Than Client	
A. REAL ESTATE MORTGAGES	$			$		
B. NOTES PAYABLE	$			$		
C. LOANS ON INSURANCE POLICIES	$			$		
D. PLEDGES TO CHARITIES	$			$		
E. OTHER	$			$		

V. MISCELLANEOUS

	Client	Spouse
Expectancies, if any, such as by inheritance or gift		
1. Outright	$	$
2. In Trust or Otherwise Restricted	$	$

(Enter Additional Comments, If Any, On Page 6)

VI. ADDITIONAL COMMENTS

Signed: _____ _____
Client Client

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