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ESTATE PLANNING INFORMATION SHEET

General Information

Date: _____

Name: _____

Date of Birth: _____

Social Security Number: _____

Marital Status: _____

Street Address: _____

City, State and Zip: _____

County: _____ Home Phone Number: _____

SPOUSE

Name of Spouse: _____

Date of Birth: _____ Social Security Number: _____

Address (if different from above):

FAMILY INFORMATION

Children:

Name: _____

DOB _____

Address: _____

Phone _____

Name: _____

DOB _____

Address: _____

Phone _____

Name: _____

DOB _____

Address: _____

Phone _____

Name: _____

DOB _____

Address: _____

Phone _____

Grandchildren:

Name: _____

DOB _____

Address: _____

Phone _____

Name: _____

DOB _____

Address: _____

Phone _____

Name: _____

DOB _____

Address: _____

Phone _____

Name: _____

DOB _____

Address: _____

Phone _____

INFORMATION SHEET

NAME: _____ SS#: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK PHONE: _____

NAME OF SPOUSE: _____

NAMES OF CHILDREN	DOB
_____	_____
_____	_____
_____	_____
_____	_____

GUARDIAN OF CHILDREN'S PERSON

1st _____
2nd _____
3rd _____

GUARDIAN OF CHILDREN'S ESTATE

1st _____
2nd _____
3rd _____

AGES TO RECEIVE DISTRIBUTION OF PRINCIPAL _____

POWER OF ATTORNEY (**HEALTH**)

1st _____
2nd _____
3rd _____

POWER OF ATTORNEY (**DURABLE**)

1st _____
2nd _____
3rd _____

EXECUTOR/TRUSTEE/LTD TRANS POWER

1st _____
2nd _____
3rd _____

SPECIAL CONSIDERATIONS: _____

