

ESTATE PLANNING QUESTIONNAIRE

Date _____ File Number _____

Home Phone No. _____ Business Phone No. _____

E-mail address _____ Fax No. _____

This form is extremely important. Your accuracy and completeness in responding will help me best represent you. Please bring this information with you to the appointment.

A. PERSONAL DATA

(Husband)
Full Name _____
(print name as shown on your checks)

(Wife)
Full Name _____
(print name as shown on your checks)

Street Address _____

City _____

State _____ Zip _____

Birth Date _____

Birth Date _____

Social Security No. _____

Social Security No. _____

U.S. Citizen? Yes No

U.S. Citizen? Yes No

Annual Income \$ _____

Annual Income \$ _____

B. REFERRAL

By whom were you referred to this office?

Name _____

Street Address _____

City _____ State _____ Zip _____

Referral is a: Attorney
 Financial Planner
 Previous Client of Firm
 Other _____

C. **CHILDREN** (if applicable)

Name of Child _____ Gender Male
 Female

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Social Security Number _____

E-mail Address _____

Relationship to Husband: Natural Child Adopted
 Stepchild Child born out of wedlock

Relationship to Wife: Natural Child Adopted
 Stepchild Child born out of wedlock

Name of Child _____ Gender Male
 Female

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Social Security Number _____

E-mail Address _____

Relationship to Husband: Natural Child Adopted
 Stepchild Child born out of wedlock

Relationship to Wife: Natural Child Adopted
 Stepchild Child born out of wedlock

Name of Child _____ Gender Male
 Female

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Social Security Number _____

E-mail Address _____

Relationship to Husband: Natural Child Adopted
 Stepchild Child born out of wedlock

Relationship to Wife: Natural Child Adopted
 Stepchild Child born out of wedlock

Name of Child _____ Gender Male
 Female

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Social Security Number _____

E-mail Address _____

Relationship to Husband: Natural Child Adopted
 Stepchild Child born out of wedlock

Relationship to Wife: Natural Child Adopted
 Stepchild Child born out of wedlock

D. GRANDCHILDREN (if applicable)

Name of Grandchild _____ Gender Male
 Female

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Social Security Number _____

E-mail Address _____

Relationship to your child: Natural Child Adopted
 Stepchild Child born out of wedlock

Name of Grandchild _____ Gender Male
 Female

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Social Security Number _____

E-mail Address _____

Relationship to your child: Natural Child Adopted
 Stepchild Child born out of wedlock

Name of Grandchild _____ Gender Male
 Female

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Social Security Number _____

E-mail Address _____

Relationship to your child: Natural Child Adopted
 Stepchild Child born out of wedlock

Name of Grandchild _____ Gender Male
 Female

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Social Security Number _____

E-mail Address _____

Relationship to your child: Natural Child Adopted
 Stepchild Child born out of wedlock

Name of Grandchild _____ Gender Male
 Female

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Social Security Number _____

E-mail Address _____

Relationship to your child: Natural Child Adopted
 Stepchild Child born out of wedlock

Name of Grandchild _____ Gender Male
 Female

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Social Security Number _____

E-mail Address _____

Relationship to your child: Natural Child Adopted
 Stepchild Child born out of wedlock

E. DISPOSITIVE INTENTIONS

1. SPOUSE AND CHILDREN

Do you wish to provide primarily for your spouse and secondarily for your children?

Yes No

Do you wish to treat all of your children equally?

Yes No

If not, why not? _____

After your spouse's death, at what age do you want distribution to your children (e.g. a typical plan provides for 1/2 at age 30 and 1/2 at age 35)? _____

2. OTHER BENEFICIARIES

Do you want your Will or Trust to benefit anyone other than your spouse, children, grandchildren or a charity?

Yes No

If so, please list:

Name of Beneficiary	Address of Beneficiary	Relationship	Dollar Amount

F. EXECUTOR

Whom do you want to serve as your Executor?

(Husband)

First Choice: Spouse

Other _____

Second Choice _____

Third Choice _____

(Wife)

First Choice: Spouse
 Other _____

Second Choice _____

Third Choice _____

G. TRUSTEE

Whom do you want to serve as your Trustee?

(Husband)

First Choice: Spouse
 Other _____

Second Choice _____

(Wife)

First Choice: Spouse
 Other _____

Second Choice _____

H. GUARDIAN

If you have **minor** or **disabled** child/children, whom do you want to act as Guardian?

First Choice _____

Second Choice _____

I. LIVING WILL

(Husband)

Do you want your Living Will to provide for withdrawal of artificial food and fluid? Yes No

Do you want to donate your eyes or organs? Yes No

Do you want your Health Care Agent to consult with any other person prior to acting? Yes No

If yes, with whom? _____

Name of Proposed Health Care Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate Health Care Agent _____

Street Address _____

City _____ State _____ Zip _____

What is the name and address of your primary care physician?

Full Name of Physician _____

Street Address _____

City _____ State _____ Zip _____

(Wife)

Do you want your Living Will to provide for withdrawal of artificial food and fluid?
 Yes No

Do you want to donate your eyes or organs?
 Yes No

Do you want your Health Care Agent to consult with any other person prior to acting?
 Yes No

If yes, with whom? _____

Name of Proposed Health Care Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate Health Care Agent _____

Street Address _____

City _____ State _____ Zip _____

What is the name and address of your primary care physician?

Full Name of Physician _____

Street Address _____

City _____ State _____ Zip _____

J. POWER OF ATTORNEY

(Husband)

Name of Proposed Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

(Wife)

Name of Proposed Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

K. MISCELLANEOUS

Do you have any other legal issues which I should be aware of? Yes No

If yes, please explain _____

What is the location of your important papers? _____

Do you have a Safe Deposit Box?

Yes No

If yes, please indicate the name and address of the location _____

Have you ever made gifts to any one person in excess of \$12,000 in any one calendar year?

Yes No

Have you ever filed a Federal Gift Tax Return?

Yes No

L. FINANCIAL SUMMARY

ASSET/LIABILITY	<u>ASSETS</u>			<u>LIABILITIES</u>
	HUSBAND	WIFE	JOINT	
CHECKING (attach copies of statements)				
SAVINGS (attach copies of statements)				
MONEY MARKET (attach copies of statements)				
CERTIFICATE OF DEPOSIT (attach copies of statements)				

RESIDENCE (attach copy of deed)				
OTHER REAL ESTATE (attach copy of deeds)				
Street Address:				
Street Address:				
BROKERAGE ACCOUNT (attach copies of statements)				
MUTUAL FUNDS (attach copies of statements)				
STOCKS NOT HELD BY BROKER (attach copies of certificates)				
BONDS - NON MUTUAL FUNDS HELD BY BROKER (attach copies of statements)				

BONDS - NON MUTUAL FUNDS NOT HELD BY BROKER (attach copies of bonds)				
NOTES & MORTGAGES RECEIVABLE (attach copies of Notes & Mortgages)				
BUSINESS INTERESTS (attach copies of stock certificates, partnership agreements and/or other documentation)				
Name of Business:				
Name of Business:				
NON-IRA TAX QUALIFIED RETIREMENT PLAN (attach copies of statements)				
TRADITIONAL IRA PLAN (attach copies of statements)				
ROTH IRA (attach copies of statements)				

ANNUITIES (attach copies of all contracts)				
LIFE INSURANCE (attach copies of the front page of all policies)				
INHERITANCE, ETC.				
AUTOMOBILES				
JEWELRY COLLECTIONS				
OTHER ASSET (attach copies of documentation pertaining to such assets)				
Description:				
Description:				
Description:				
TOTALS				

Are you a contributor to a 529 Plan?

Yes No

If yes, please attach a statement of the 529 account.

Personal Residence:

Tax Block # _____ Lot # _____ (Can be obtained from Tax Bill)

Addresses of real property other than personal residence:

(1) Street Address _____

City _____ State _____ Zip _____

Tax Block # _____ Lot # _____ (Can be obtained from Tax Bill)

(2) Street Address _____

City _____ State _____ Zip _____

Tax Block # _____ Lot # _____ (Can be obtained from Tax Bill)

M. CERTIFICATION

The undersigned hereby represents that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client or Client Representative:
