

DEDICATED PROFESSIONALS

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POFF & WEBER LLC

Estate Planning Questionnaire

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Confidential

The following questionnaire is designed to help you organize the information that you need to develop an estate plan. With this information, we can prepare documents which are appropriate for your particular situation so that assets can be passed to beneficiaries in the manner that you want. In addition, when completed, it can provide the information necessary to address your elder care and guardianship concerns so that they can be handled the way that you want. Please do not hesitate to call us if you have any questions while completing this form.

This form can either be printed and completed in ink or you can download it to your computer, complete it on line and then print it. In either case should you have more information than space allows on the form, you can either put the additional information in the space provided at the end of the questionnaire or you can simply attach additional sheets of paper.

If you have any questions about completing this questionnaire, please do not hesitate to call our office at 973-636-9770.

Note: We are happy to provide this Estate Planning Questionnaire for your convenience. However, please be aware that completing this questionnaire and submitting it to our office does not create an attorney-client relationship. After you submit this questionnaire to our office, we will schedule an appointment to discuss your estate-planning needs and at that time a legal representation agreement can be signed by you and our office.

General Information:

Date Completed:

Client 1:

Full Legal Name:		Other/Maiden/Former Name:	
Date of Birth:	Social Security Number:	U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Street Address:			
City:	State:	Zip Code:	
Home Phone: ()	Office Phone: ()	Cell Phone: ()	
Employer:		E-Mail Address:	
Occupation:		Salary:	
Resident of the state of:		For how long:	
Legally Blind? Yes <input type="checkbox"/> No <input type="checkbox"/> Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have an executed will?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, location of present will:
Do you have a power of attorney?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, location of power of attorney:
Do you have a living will?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, location of living will:
Do you have a health care proxy?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, location of the health care proxy:

Relationship of Client 2 to Client 1:**If Married, Date of Marriage:****Client 2:**

Full Legal Name: _____ Other/Maiden/Former Name: _____

Date of Birth: _____ Social Security Number: _____ U.S. Citizen: Yes No

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Office Phone: () _____ Cell Phone: () _____

Employer: _____ E-Mail Address: _____

Occupation: _____ Salary: _____

Resident of the state of: _____ For how long: _____

Legally Blind? Yes No Disabled: Yes No Do you have an executed will? Yes No If yes, location of present will: _____Do you have a power of attorney? Yes No If yes, location of power of attorney: _____Do you have a living will? Yes No If yes, location of living will: _____Do you have a health care proxy? Yes No If yes, location of the health care proxy: _____**Children of Clients 1 and 2:**

1. Name: _____

Date of Birth: _____ Social Security Number: _____

Street Address: _____ E-Mail Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Office Phone: () _____ Cell Phone: () _____

Married? Yes No Separated? Yes No Divorced? Yes No Widowed? Yes No Children? Yes No Domestic Partnership? Yes No

2. Name: _____

Date of Birth: _____ Social Security Number: _____

Street Address: _____ E-Mail Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Office Phone: () _____ Cell Phone: () _____

Married? Yes No Separated? Yes No Divorced? Yes No Yes No Children? Yes No Domestic Partnership? Yes No

3. Name: _____

Date of Birth: _____ Social Security Number: _____

Street Address: _____ E-Mail Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () Office Phone: () Cell Phone: ()

Married? Yes No Separated? Yes No Divorced? Yes No

Yes No Children? Yes No Domestic Partnership? Yes No

Children of Client 1 Only:

1. Name: _____

Date of Birth: _____ Social Security Number: _____

Street Address: _____ E-Mail Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () Office Phone: () Cell Phone: ()

Married? Yes No Separated? Yes No Divorced? Yes No

Yes No Children? Yes No Domestic Partnership? Yes No

2. Name: _____

Date of Birth: _____ Social Security Number: _____

Street Address: _____ E-Mail Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () Office Phone: () Cell Phone: ()

Married? Yes No Separated? Yes No Divorced? Yes No

Yes No Children? Yes No Domestic Partnership? Yes No

3. Name: _____

Date of Birth: _____ Social Security Number: _____

Street Address: _____ E-Mail Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () Office Phone: () Cell Phone: ()

Married? Yes No Separated? Yes No Divorced? Yes No

Yes No Children? Yes No Domestic Partnership? Yes No

Children of Client 2 Only:

1. Name: _____

Date of Birth: _____

Social Security Number: _____

Street Address: _____

E-Mail Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: () _____

Office Phone: () _____

Cell Phone: () _____

Married? Yes No

Separated? Yes No

Divorced? Yes No

Yes No

Children? Yes No

Domestic Partnership? Yes No

2. Name: _____

Date of Birth: _____

Social Security Number: _____

Street Address: _____

E-Mail Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: () _____

Office Phone: () _____

Cell Phone: () _____

Married? Yes No

Separated? Yes No

Divorced? Yes No

Yes No

Children? Yes No

Domestic Partnership? Yes No

2. Name: _____

Date of Birth: _____

Social Security Number: _____

Street Address: _____

E-Mail Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: () _____

Office Phone: () _____

Cell Phone: () _____

Married? Yes No

Separated? Yes No

Divorced? Yes No

Yes No

Children? Yes No

Domestic Partnership? Yes No

Proposed Guardian for Minor Children:

Please list, in order of preference, the proposed guardian for minor children to be named in the Will.
(Include names, relationships, addresses and phone numbers.)

Guardian for Children of Clients - After Client 2:

1. Name: _____ Relationship: _____
Street Address: _____ E-Mail Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () Office Phone: () Cell Phone: ()

2. Name: _____ Relationship: _____
Street Address: _____ E-Mail Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () Office Phone: () Cell Phone: ()

3. Name: _____ Relationship: _____
Street Address: _____ E-Mail Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () Office Phone: () Cell Phone: ()

Client 1's Children from a Prior Marriage:

1. Name: _____ Relationship: _____
Street Address: _____ E-Mail Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () Office Phone: () Cell Phone: ()

2. Name: _____ Relationship: _____
Street Address: _____ E-Mail Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () Office Phone: () Cell Phone: ()

3. Name: _____ Relationship: _____
Street Address: _____ E-Mail Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () Office Phone: () Cell Phone: ()

Proposed Guardian for Minor Children: (continued)

Client 2's Children from a Prior Marriage:

1. Name:	Relationship:
Street Address:	E-Mail Address:
City: State:	Zip Code:
Home Phone: () Office Phone: ()	Cell Phone: ()

2. Name:	Relationship:
Street Address:	E-Mail Address:
City: State:	Zip Code:
Home Phone: () Office Phone: ()	Cell Phone: ()

3. Name:	Relationship:
Street Address:	E-Mail Address:
City: State:	Zip Code:
Home Phone: () Office Phone: ()	Cell Phone: ()

Proposed Executor:

Please list, in order of preference, the proposed Executor to be named in the Will. (Include names, relationships, addresses and phone numbers. Add a contact name if any institution is proposed.)

For Client 1's Will - After Client 2:

1. Name:	Relationship:
Street Address:	E-Mail Address:
City: State:	Zip Code:
Home Phone: () Office Phone: ()	Cell Phone: ()

2. Name:	Relationship:
Street Address:	E-Mail Address:
City: State:	Zip Code:
Home Phone: () Office Phone: ()	Cell Phone: ()

3. Name:	Relationship:
Street Address:	E-Mail Address:
City: State:	Zip Code:
Home Phone: () Office Phone: ()	Cell Phone: ()

Proposed Executor: (continued)

For Client's Will - After Client 2:

1. Name:	Relationship:
Street Address:	E-Mail Address:
City: State:	Zip Code:
Home Phone: () Office Phone: ()	Cell Phone: ()

2. Name:	Relationship:
Street Address:	E-Mail Address:
City: State:	Zip Code:
Home Phone: () Office Phone: ()	Cell Phone: ()

3. Name:	Relationship:
Street Address:	E-Mail Address:
City: State:	Zip Code:
Home Phone: () Office Phone: ()	Cell Phone: ()

Proposed Trustee:

Please list in order of preference the proposed Trustee or Trustees manager of funds for children etc.
(Include names, relationships, addresses and phonenumber.)

Client 1:

1. Name:	Relationship:
Street Address:	E-Mail Address:
City: State:	Zip Code:
Home Phone: () Office Phone: ()	Cell Phone: ()

2. Name:	Relationship:
Street Address:	E-Mail Address:
City: State:	Zip Code:
Home Phone: () Office Phone: ()	Cell Phone: ()

3. Name:	Relationship:
Street Address:	E-Mail Address:
City: State:	Zip Code:
Home Phone: () Office Phone: ()	Cell Phone: ()

Proposed Trustee: (continued)

Client 2:

1. Name: _____ Relationship: _____
Street Address: _____ E-Mail Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () Office Phone: () Cell Phone: ()

2. Name: _____ Relationship: _____
Street Address: _____ E-Mail Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () Office Phone: () Cell Phone: ()

3. Name: _____ Relationship: _____
Street Address: _____ E-Mail Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () Office Phone: () Cell Phone: ()

Financial Advisors:

Accountant Name: _____ Office Phone: ()
Street Address: _____ E-Mail Address: _____
City: _____ State: _____ Zip Code: _____

Broker Name: _____ Office Phone: ()
Street Address: _____ E-Mail Address: _____
City: _____ State: _____ Zip Code: _____

Broker Name: _____ Office Phone: ()
Street Address: _____ E-Mail Address: _____
City: _____ State: _____ Zip Code: _____

Insurance Representative Name: _____ Office Phone: ()
Street Address: _____ E-Mail Address: _____
City: _____ State: _____ Zip Code: _____

Proposed Health Care Agents:

Should you be unable to make medical decisions on our own behalf, please list the individual(s) you would want to speak to medical providers and make medical decisions for you. ((Include names, relationships, addresses and phone numbers.)

Client 1:

1. Name:	Relationship:
Street Address:	E-Mail Address:
City: State:	Zip Code:
Home Phone: () Office Phone: ()	Cell Phone: ()

2. Name:	Relationship:
Street Address:	E-Mail Address:
City: State:	Zip Code:
Home Phone: () Office Phone: ()	Cell Phone: ()

3. Name:	Relationship:
Street Address:	E-Mail Address:
City: State:	Zip Code:
Home Phone: () Office Phone: ()	Cell Phone: ()

Client 2:

1. Name:	Relationship:
Street Address:	E-Mail Address:
City: State:	Zip Code:
Home Phone: () Office Phone: ()	Cell Phone: ()

2. Name:	Relationship:
Street Address:	E-Mail Address:
City: State:	Zip Code:
Home Phone: () Office Phone: ()	Cell Phone: ()

3. Name:	Relationship:
Street Address:	E-Mail Address:
City: State:	Zip Code:
Home Phone: () Office Phone: ()	Cell Phone: ()

Would you instruct your Agent(s) to seek aggressive treatment to prolong your life?

Client 1:

Client 2:

Yes No

Yes No

Do you wish to be an organ donor?

Client 1:

Client 2:

Yes No

Yes No

Funeral Instructions:

At the time of your death, your preference would be:

Client 1: (Please check all that apply)

- Cremation
- Memorial Service
- Calling Hours
- Open Casket
- Closed Casket
- Mausoleum

Client 2: (Please check all that apply)

- Cremation
- Memorial Service
- Calling Hours
- Open Casket
- Closed Casket
- Mausoleum

Client 1: (Please check all that apply)

- Service at Funeral Home
- Service/Mass in Church with casket
- Interment Service at Cemetery
- Other

Client 2: (Please check all that apply)

- Service at Funeral Home
- Service/Mass in Church with casket
- Interment Service at Cemetery
- Other

Client 1:

Name of Funeral Home:

Pre-planned funeral: Yes No

Cemetery Plot: _____

Crypt #: _____

Client 2:

Name of Funeral Home:

Pre-planned funeral: Yes No

Cemetery Plot: _____

Crypt #: _____

Other Questions:

Client 1: Please answer the following questions in as much detail as possible.

Is any person (other than minor children) partially or wholly dependent on you for support now or possibly in the future?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list: <hr/> <hr/>
Do any of your children have special needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list: <hr/> <hr/>
Do either of you have any especially important or unusual estate planning objectives?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list: <hr/> <hr/>
Are there special provisions you would like for your pets?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list: <hr/> <hr/>
Do you have a prenuptial agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list: <hr/> <hr/>
Do you have a postnuptial agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list: <hr/> <hr/>
Do you have a prior marriage(s) with no children?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide the date the marriage ended.
Do you have a Divorce/Separation Agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide a copy.
Have you ever served in the military?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide details: <hr/> <hr/>
Have you ever lived in a "community property" state or territory? (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Puerto Rico)	Yes <input type="checkbox"/> No <input type="checkbox"/>	<hr/> <hr/>
Do you have long-term care insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Other Questions:

Client 2: Please answer the following questions in as much detail as possible.

<p>Is any person (other than minor children) partially or wholly dependent on you for support now or possibly in the future?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, please list:</p> <hr/> <hr/>
<p>Do any of your children have special needs?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, please list:</p> <hr/> <hr/>
<p>Do either of you have any especially important or unusual estate planning objectives?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, please list:</p> <hr/> <hr/>
<p>Are there special provisions you would like for your pets?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, please list:</p> <hr/> <hr/>
<p>Do you have a prenuptial agreement?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, please list:</p> <hr/> <hr/>
<p>Do you have a postnuptial agreement?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, please list:</p> <hr/> <hr/>
<p>Do you have a prior marriage(s) with no children?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, please provide the date the marriage ended.</p>
<p>Do you have a Divorce/Separation Agreement?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, please provide a copy.</p>
<p>Have you ever served in the military?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, please provide details:</p>
<p>Have you ever lived in a "community property" state or territory? (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Puerto Rico)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Do you have long-term care insurance?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

Specific Asset Information:

Real Estate:

Please list Real Estate information for Client 1 or Client 2 and provide a copy of each deed and time share.

1. Owners listed on each Deed and Time Share Street Address for all properties (Please include City and State)

--	--

Date Purchased for all properties:

Present Market Value for all properties:

--	--

2. Owners listed on each Deed and Time Share Street Address for all properties (Please include City and State)

--	--

Date Purchased for all properties:

Present Market Value for all properties:

--	--

3. Owners listed on each Deed and Time Share Street Address for all properties (Please include City and State)

--	--

Date Purchased for all properties:

Present Market Value for all properties:

--	--

Life Insurance:

Client 1: Please list Life Insurance information for all policies.

1. Policy Owner: Insured Person: Insurance Company: Type of Insurance:

			<input type="checkbox"/> Whole Life <input type="checkbox"/> Term
--	--	--	---

Cash Surrender Value: Beneficiary(ies): Death Benefit:

--	--	--

2. Policy Owner: Insured Person: Insurance Company: Type of Insurance:

			<input type="checkbox"/> Whole Life <input type="checkbox"/> Term
--	--	--	---

Cash Surrender Value: Beneficiary(ies): Death Benefit:

--	--	--

3. Policy Owner: Insured Person: Insurance Company: Type of Insurance:

			<input type="checkbox"/> Whole Life <input type="checkbox"/> Term
--	--	--	---

Cash Surrender Value: Beneficiary(ies): Death Benefit:

--	--	--

Client 2: Please list Life Insurance information for all policies.

1. Policy Owner:	Insured Person:	Insurance Company:	Type of Insurance:
			<input type="checkbox"/> Whole Life <input type="checkbox"/> Term

Cash Surrender Value:	Beneficiary(ies):	Death Benefit:

2. Policy Owner:	Insured Person:	Insurance Company:	Type of Insurance:
			<input type="checkbox"/> Whole Life <input type="checkbox"/> Term

Cash Surrender Value:	Beneficiary(ies):	Death Benefit:

3. Policy Owner:	Insured Person:	Insurance Company:	Type of Insurance:
			<input type="checkbox"/> Whole Life <input type="checkbox"/> Term

Cash Surrender Value:	Beneficiary(ies):	Death Benefit:

Retirement Plans:

Please list Pensions, IRAs and Work Connected Benefits.

Client 1:

1. List Company for each Plan:	List Beneficiaries for each Plan:	Current Value for each Plan:
<input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> 401(k) <input type="checkbox"/> TSA/403(b) <input type="checkbox"/> Pension <input type="checkbox"/> Other		

2. List Company for each Plan:	List Beneficiaries for each Plan:	Current Value for each Plan:
<input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> 401(k) <input type="checkbox"/> TSA/403(b) <input type="checkbox"/> Pension <input type="checkbox"/> Other		

3. List Company for each Plan:	List Beneficiaries for each Plan:	Current Value for each Plan:
<input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> 401(k) <input type="checkbox"/> TSA/403(b) <input type="checkbox"/> Pension <input type="checkbox"/> Other		

4. List Company for each Plan:	List Beneficiaries for each Plan:	Current Value for each Plan:
<input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> 401(k) <input type="checkbox"/> TSA/403(b) <input type="checkbox"/> Pension <input type="checkbox"/> Other		

Retirement Plans: (continued)

Client 2:

1. List Company for each plan:	List Beneficiaries for each Plan:	Current Value for each Plan:
<input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> 401(k) <input type="checkbox"/> TSA/403(b) <input type="checkbox"/> Pension <input type="checkbox"/> Other		

2. List Company for each Plan:	List Beneficiaries for each Plan:	Current Value for each Plan:
<input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> 401(k) <input type="checkbox"/> TSA/403(b) <input type="checkbox"/> Pension <input type="checkbox"/> Other		

3. List Company for each Plan:	List Beneficiaries for each Plan:	Current Value for each Plan:
<input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> 401(k) <input type="checkbox"/> TSA/403(b) <input type="checkbox"/> Pension <input type="checkbox"/> Other		

4. List Company for each Plan:	List Beneficiaries for each Plan:	Current Value for each Plan:
<input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> 401(k) <input type="checkbox"/> TSA/403(b) <input type="checkbox"/> Pension <input type="checkbox"/> Other		

Specific Asset Information:

Please list Interests in Businesses.

Client 1:

1. Name of Business:	Percent of Interest:	Value:

Is Business interest subject to a Buy-Sell Agreement?	If yes, How is the Buy-out funded?
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Type of Entity:	<input type="checkbox"/> Inc.	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
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Specific Asset Information: (continued)

Client 1: (continued)

2. Name of Business:	Percent of Interest:	Value:

Is Business interest subject to a Buy-Sell Agreement?	If yes, How is the Buy-out funded?
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Type of Entity:	<input type="checkbox"/> Inc.	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
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Client 2:

1. Name of Business:	Percent of Interest:	Value:

Is Business interest subject to a Buy-Sell Agreement?	If yes, How is the Buy-out funded?
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Type of Entity:	<input type="checkbox"/> Inc.	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
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2. Name of Business:	Percent of Interest:	Value:

Is Business interest subject to a Buy-Sell Agreement?	If yes, How is the Buy-out funded?
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Type of Entity:	<input type="checkbox"/> Inc.	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
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Please list Trusts Created for Your Benefit By Others.

Created by (please list all):	Name of Trust (please list all)	Date of each Trust	Value of Interest	For Benefit of (for each trust)
				Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>
				Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>
				Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>
				Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>

Specific Asset Information: (continued)

Please list Expected Inheritances and/or Gifts for Client 1 or Client 2.

Source (please list all)	Date of Each	Estimated Amount (list all)	For Benefit of (for each)

Estimated Value of:			
Furniture	Antiques	Jewelry	Other Personal Property

Make of Automobile	Value	Titled
		Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>
		Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>
		Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>
		Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>

Gifts and Other Transfers:

Have gift tax returns ever been filed? Yes No If yes, please attach copies of the returns.

Please list previous Gifts made (exceeding \$14,500 per year, per recipient)

Type	Date	Value	Recipient

Summary of Assets and Liabilities:

Please answer the following questions in as much detail as possible. Attach additional paper if necessary.

ASSETS	Client 1 Individually	Client 2 Individually	Jointly Held Between Client 1 and Client 2	TOTAL
Cash (Checking/ Savings/CDs)	\$	\$	\$	\$
Personal Residence	\$	\$	\$	\$
Other Real Estate	\$	\$	\$	\$
Life Insurance (Cash Value)	\$	\$	\$	\$
Life Insurance (Death Benefit)	\$	\$	\$	\$
Pension, 401(k), IRA Roth IRA, TSA/403(b)	\$	\$	\$	\$
Stocks and Bonds	\$	\$	\$	\$
Business Interests	\$	\$	\$	\$
Personal Property (Furniture/Automobiles)	\$	\$	\$	\$
Interest in Oil/Gas	\$	\$	\$	\$
Other Assets	\$	\$	\$	\$
TOTAL ASSETS	\$	\$	\$	\$
LIABILITIES	Client 1 Individually	Client 2 Individually	Jointly Held Between Client 1 and Client 2	TOTAL
Mortgage on Residence	\$	\$	\$	\$
Mortgage on Other Real Estate	\$	\$	\$	\$
Other Loans and Notes	\$	\$	\$	\$
Charge Accounts	\$	\$	\$	\$
Taxes Due	\$	\$	\$	\$
Loans on Insurance Policies	\$	\$	\$	\$
Other Liabilities	\$	\$	\$	\$
TOTAL LIABILITIES	\$	\$	\$	\$
NET WORTH	Client 1 Individually	Client 2 Individually	Jointly Held	TOTAL
(Assets Less Liabilities)	\$	\$	\$	\$

INDIVIDUALS OR ORGANIZATIONS FOR YOUR ESTATE PLAN

Parents of Client 1:

1. Name: _____ Age: _____
Street Address: _____ Health: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () Office Phone: () Cell Phone: ()

2. Name: _____ Age: _____
Street Address: _____ Health: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () Office Phone: () Cell Phone: ()

Parents of Client 2:

1. Name: _____ Age: _____
Street Address: _____ Health: _____
City: _____ State: _____ Zip Code: _____
Home Phone () Office Phone: () Cell Phone: ()

2. Name: _____ Age: _____
Street Address: _____ Health: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () Office Phone: () Cell Phone: ()

Client 1: List all siblings even if they will not be included in your estate plan or authorizations.

1. Name: _____ Relationship: _____
Street Address: _____ E-Mail Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () Office Phone: () Cell Phone: ()

To receive a bequest? Yes No

2. Name: _____ Relationship: _____
Street Address: _____ E-Mail Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () Office Phone: () Cell Phone: ()

To receive a bequest? Yes No

3. Name: _____ Relationship: _____
Street Address: _____ E-Mail Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () Office Phone: () Cell Phone: ()

To receive a bequest? Yes No

Client 2: List all siblings even if they will not be included in your estate plan or authorizations.

1. Name: _____ Relationship: _____
Street Address: _____ E-Mail Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () Office Phone: () Cell Phone: ()

To receive a bequest? Yes No

2. Name: _____ Relationship: _____
Street Address: _____ E-Mail Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () Office Phone: () Cell Phone: ()

To receive a bequest? Yes No

3. Name: _____ Relationship: _____
Street Address: _____ E-Mail Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () Office Phone: () Cell Phone: ()

To receive a bequest? Yes No

INDIVIDUALS OR ORGANIZATIONS TO RECEIVE A BEQUEST

Please list information about relatives, individuals, or charities that will be included in your will.

Name:	Relationship:	
Street Address:	E-Mail Address:	
City:	State:	Zip Code:
Home Phone: ()	Office Phone: ()	Cell Phone: ()

Name:	Relationship:	
Street Address:	E-Mail Address:	
City:	State:	Zip Code:
Home Phone: ()	Office Phone: ()	Cell Phone: ()

Name:	Relationship:	
Street Address:	E-Mail Address:	
City:	State:	Zip Code:
Home Phone: ()	Office Phone: ()	Cell Phone: ()

Name:	Relationship:	
Street Address:	E-Mail Address:	
City:	State:	Zip Code:
Home Phone: ()	Office Phone: ()	Cell Phone: ()

Name:	Relationship:	
Street Address:	E-Mail Address:	
City:	State:	Zip Code:
Home Phone: ()	Office Phone: ()	Cell Phone: ()

Name:	Relationship:	
Street Address:	E-Mail Address:	
City:	State:	Zip Code:
Home Phone: ()	Office Phone: ()	Cell Phone: ()

Name: _____ Relationship: _____
Street Address: _____ E-Mail Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () Office Phone: () Cell Phone: ()

Name: _____ Relationship: _____
Street Address: _____ E-Mail Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () Office Phone: () Cell Phone: ()

Name: _____ Relationship: _____
Street Address: _____ E-Mail Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () Office Phone: () Cell Phone: ()

Name: _____ Relationship: _____
Street Address: _____ E-Mail Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () Office Phone: () Cell Phone: ()

Please bring this questionnaire and the following documents to the initial Estate Planning Appointment with your attorney:

- Previously executed will, power of attorney, living will and health care proxy
- Any existing trust documents where you are listed as donor or beneficiary
- Business Agreements (Partnership/Shareholder/Member)
- Pre or Post-Nuptial Agreements
- Separation and/or Divorce Papers
- Waiver of Right of Election
- Deeds to Real Property
- Real Property Appraisals
- Qualified Plan/IRA/401(k)/TSA/403(b) Documents
- Investment Statements (Stocks, Bonds, Mutual Funds)
- Life Insurance Annual Statement (Latest)

Additional Information:

