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*Also admitted in New Jersey

Estate Planning Questionnaire

Client Information (Person(s) receiving the Bill):

Spouse (if applicable):

Name: _____ Name: _____

Birth Date: _____ Birth Date: _____

Social Security #: _____ - _____ - _____ Social Security #: _____ - _____ - _____

Principal Address: _____ Principal Address: _____

City: _____ State: _____ ZIP: _____ City: _____ State: _____ ZIP: _____

Phone: Home: _____ Work: _____ Phone: Home: _____ Work: _____

Fax: _____ E-Mail: _____ Fax: _____ E-Mail: _____

Additional Residence: _____ Additional Residence: _____

Please check if any of the following documents were prepared, and if so list their location:

Will: _____ Will: _____

Trust: _____ Trust: _____

(include any Trust created by yourself or another where you have an interest as a Trustee or beneficiary)

Power of Attorney: _____ Power of Attorney: _____

Health Care Proxy: _____ Health Care Proxy: _____

Living Will: _____ Living Will: _____

Please provide copies of all Wills, Trusts, Power of Attorneys, Health Care Proxies, and Living Wills.

Medical Information:

Your Primary Care Physician:

Name: _____ Telephone: _____

Address: _____

Health Care Needs that Require Special Attention: _____

Your financial advisor/broker:

Name: _____ Telephone: _____

Address: _____

Your Accountant/tax preparer

Name: _____ Telephone: _____

Address: _____

Marriage Information:

Current Marital Status: Single () Married () Widowed () Divorced ()

Date and location of present marriage: _____

Prior marriage(s): Please list name of prior spouse, date of marriage, how and when terminated:

Spouse's prior marriage(s): Please list name of prior spouse, date of marriage, how and when terminated:

Family Information:

Children (either natural or adopted) of present marriage: Name, sex, age, residence and marital status:

Children (either natural or adopted) of prior marriage(s): Name, sex, age, parentage, residence and marital status:

Grandchildren: Name, sex, age, parentage, residence and marital status:

Parents' Names: _____ Spouse's Parents: _____

Address: _____ Address: _____

Age: _____ Age: _____

Siblings' Name (include deceased siblings): _____ Spouse's Siblings: _____

Please complete this page only if you are not married and do not have any children or grandchildren (add additional pages or write on the back, if necessary):

Please list each of **your siblings** by name, followed by the names of each of their children (continue on back, if necessary):

1. _____

2. _____

3. _____

4. _____

Total Number of Siblings: _____

Total Number of Nieces and Nephews: _____

Please list each of **your mother's siblings** by name, followed by the names of each of their children (continue on back, if necessary):

1. _____

2. _____

3. _____

Total Number of Aunts and Uncle's on Mother's Side: _____

Total Number of Cousins on Mother's Side: _____

Please list each of **your father's siblings** by name, followed by the names of each of their children (continue on back, if necessary):

1. _____

2. _____

3. _____

Total Number of Aunts and Uncle's on Father's Side: _____

Total Number of Cousins on Father's Side: _____

Maternal Grandparents: _____

Paternal Grandparents: _____

Special Needs:

If necessary, please list yourself, spouse, or any dependents with a description of any special medical or financial need:

1. _____

2. _____

If necessary, please list the names of any other beneficiaries with a description of any special medical or financial need:

1. _____

2. _____

Gifts Made During Life: (Please attach copies of gift tax returns, if none are attached we assume that you filed no gift tax returns)

1. Donee (name and relationship): _____

Type of Property Given: _____ Value of gift \$ _____

Outright or Trust gift: _____ Date of gift: _____

2. Donee (name and relationship): _____

Type of Property Given: _____ Value of gift \$ _____

Outright or Trust gift: _____ Date of gift: _____

3. Donee (name and relationship): _____

Type of Property Given: _____ Value of gift \$ _____

Outright or Trust gift: _____ Date of gift: _____

4. Donee (name and relationship): _____

Type of Property Given: _____ Value of gift \$ _____

Outright or Trust gift: _____ Date of gift: _____

Power of Appointment:

Describe any powers of appointment currently held by you or your spouse (provide a copy of the instrument conferring such power):

Stocks/ Investment Accounts:

Company Name	Number of Shares	Account Name	Account Number	Present Value	Date of Purchase

Bonds/ Funds:

Company Name	Maturation Date	Account Name	Account Number	Present Value	Date of Purchase

Real Property Information:

Primary Residence: () House: () Single Family, () Multiple Family Purchase Date: _____

() Co-op, () Condominium, () Other: _____

() Own: Mortgage Payment: _____ Purchase Price: _____ Market Value: _____

() Rent: Monthly Rent: _____ Lease: _____ Years: _____

Address: _____

Second Residence: () House: () Single Family, () Multiple Family Purchase Date: _____

() Co-op, () Condominium, () Other: _____

Mortgage Payment: _____ Purchase Price: _____ Market Value: _____

Address: _____

Other Comments: _____

Other Real Estate: *Please specify the location, general description, date of purchase, record owners, cost plus improvements, outstanding mortgage, current balance, and whether the property is residential or investment.*

1. _____

2. _____

3. _____

Business Affiliations (closely held corporations, partnership interests):

Briefly describe business, value of interest, percentage of interest.

1. _____
2. _____
3. _____

Personal Effects (including furs, jewelry, art, cash on hand, and other items of substantial value):

1. _____
2. _____
3. _____
4. _____

Annuities: *Please specify the owner, joint, and survivor, current income, value of annuity, and beneficiary(ies)*

1. _____
2. _____
3. _____
4. _____

Life Insurance:

Company	Policy Number	Face Value	Cash Value	Owner	Beneficiary

Expectancies: *(Inheritances and Gifts)*

1. _____
2. _____
3. _____
4. _____

Safe Deposit Box: *(Location and How Registered)*

1. _____
2. _____
3. _____

Liabilities: *(Description and Value)*

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Gross Estate:

Estimated gross assets held by self: \$ _____ Estimated gross assets held by spouse: \$ _____
Estimated gross assets held joint with other: \$ _____ Estimated gross assets held joint with spouse: \$ _____
Estimated gross assets held joint by spouse with other: \$ _____

Burial Instructions:

Funeral, burial, monument, services, grave care, etc.: _____

Additional Information:

