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Estate Planning Questionnaire

Primary Client Information (Person(s) questionnaire for Legal Services)			
Name:			
Birth Date:		Social Security # (last 4 digits):	
Principal Address:			
Mailing address (if different):			
Phone	Home:	Work:	Cell:
Email address(es):			

Partner/Spouse (if applicable)			
Name:			
Birth Date:		Last 4 digits of Social Security only:	
Principal Address:			
Mailing address (if different):			
Phone	Home:	Work:	Cell:
Email address(es):			

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

Will: yes no *Location:*

Trust: yes no *Location:*

Power of Attorney: yes no *Location:*

Health Care Proxy: yes no *Location:*

Living Will: yes no *Location:*

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

Marriage Information

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

Date and location of present marriage:

Family Information

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

Name #1: male female non-binary

Marital Status: single married divorced widowed

Address:

Age:

Name #2: male female non-binary

Marital Status: single married divorced widowed

Address:

Age:

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Name #3: male female non-binary

Marital Status: single married divorced widowed

Address:

Age:

Please use additional pages if NEEDED

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

Name: _____ male female non-binary

Age: _____

Parent: _____

Marital Status: single married divorced widowed

Name: _____ male female non-binary

Age: _____

Parent: _____

Marital Status: single married divorced widowed

Name: _____ male female non-binary

Age: _____

Parent: _____

Marital Status: single married divorced widowed

Name: _____ male female non-binary

Age: _____

Parent: _____

Marital Status: single married divorced widowed

Complete this section only if you do not have a spouse or children.

Parents' Names -- Father:

Age:

Address:

Parents' Names -- Mother:

Age:

Address:

Partner/Spouse's Parents' Names -- Father:

Age:

Address:

Partner/Spouse's Parents' Names -- Mother:

Age:

Address:

Siblings' Name (include deceased siblings):

Medical Information

Your Primary Care Physician's Name:

Email address:

Phone:

Address:
Specialty if applicable:
Health Care Needs that Require Special Attention:

Gifts Made During Life		
1. Donee (name and relationship):		
Type of Property Given:		
Outright or Trust gift:		
Value of gift \$:		<input type="checkbox"/> Gift tax return filed (date): _____
2. Donee (name and relationship):		
Type of Property Given:		
Outright or Trust gift:		
Value of gift \$:		<input type="checkbox"/> Gift tax return filed (date): _____
3. Donee (name and relationship):		
Type of Property Given:		
Outright or Trust gift:		

Value of gift \$:		<input type="checkbox"/> Gift tax return filed (date):_____
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4. Donee (name and relationship):

Type of Property Given:		
Outright or Trust gift:		
Value of gift \$:		<input type="checkbox"/> Gift tax return filed (date):_____

Financial Information**Your financial advisor/Personal Broker:**

Name:	Phone:
Email Address:	Fax:
Corporate Affiliation:	
Address:	

Your Accountant/tax preparer:

Name:	Phone:
Email Address:	Fax:
Corporate Affiliation:	
Address:	

Retirement Accounts:

Please list each retirement account, such as IRA, Keogh, 401(k) and pensions, including account and beneficiary information.

Account Owner	Value/Amount on deposit
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1. Financial Institution/account #	Value:
Beneficiary	
Type of account: <input type="checkbox"/> IRA <input type="checkbox"/> 401K <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other	
2.	Value:
Beneficiary	
Type of account: <input type="checkbox"/> IRA <input type="checkbox"/> 401K <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other	
3.	Value:
Beneficiary	
Type of account: <input type="checkbox"/> IRA <input type="checkbox"/> 401K <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other	

Partner/Spouse's Retirement Accounts:	
<i>Please list each retirement account, such as IRA, Keogh, 401(k) and pensions, including account and beneficiary information.</i>	
Account Owner	Amount on deposit
1. Financial Institution/account #	Value:
Beneficiary	
Type of account: <input type="checkbox"/> IRA <input type="checkbox"/> 401K <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other	
2.	Value:
Beneficiary	
Type of account: <input type="checkbox"/> IRA <input type="checkbox"/> 401K <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other	
3.	Value:
Beneficiary	
Type of account: <input type="checkbox"/> IRA <input type="checkbox"/> 401K <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other	

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Owner's Name:		Account Number
Registered as: () single () joint	Amount:	Beneficiary Name:
Financial Institution Name:		Type of Account: () savings () checking () CD () other
Owner's Name:		Account Number
Registered as: () single () joint	Amount:	Beneficiary Name:

Stocks / Investment Portfolio Accounts:					
Company Name	Number of Shares	Owner Name	Account Number	Present Value	Notes

Annuities: <i>(Please specify the owner, joint, and survivor, current income, value of annuity, and beneficiary(ies))</i>			
Company Name	Ownership	Value	Beneficiaries
1.			
2.			
3.			
4.			

Real Property Information:				
Primary Residence	House () Co-op ()	Single Family () Condominium ()	Multiple Family () Other:	Purchase Date:
		Mortgage Balance:	Purchase Price:	Market Value:
		Monthly Rent/maintenance:	Rental Income:	Years:
Address:				
Second Residence	House () Co-op ()	Single Family () Condominium ()	Investment Property () Other:	Value:
		Mortgage Payment:	Purchase Price:	Market Value:
Address:				
Other Comments:				

Other Real Estate:				
<i>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.</i>				
Address	Type	Ownership	Cost	Current Value
1.				
2.				
3.				

Business Affiliations (closely held corporations, partnership interests):

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

Type (LLC, LLP, S Corp, C Corp) Value

1.		
2.		
3.		

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

Value

1.	
2.	
3.	
4.	

Life Insurance:

Company	Policy Number	Face Value	Cash Value	Owner	Beneficiary

Expectancies: *(Inheritances and gifts)*

1.
2.
3.

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 partner/spouse: \$
Estimated gross assets held joint with other: \$	Estimated gross assets held joint with partner/spouse: \$
Estimated gross assets held joint by partner/spouse with other: \$	

Notes:

Burial Instructions:

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

Additional Information: