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CONFIDENTIAL

ESTATE PLANNING QUESTIONNAIRE

This questionnaire is designed to help us gather the information necessary to properly plan to protect your assets. Whether you are a new or an established client, we have found this questionnaire extremely helpful and we ask your indulgence in completing it fully. Those questions that do not apply to you, your family, or your financial situation may simply be ignored. Please feel free to attach additional pages where space is insufficient, or to provide other information you feel is relevant.

DATE:

**SECTION 1. NAME AND CONTACT INFORMATION**

 Person Completing Form:

 (first) (middle) (last)

 Home Address:

 Relationship to Client:

 Client’s Full Name:

 (first) (middle) (last)

 Home Address:

Telephone Numbers:

 (home)

 (cell) (work)

 Date of Birth:

 Former/Maiden Names:

 US Citizen?: [ ] Yes [ ] No Email:

 Military Service:

 **SECTION 2. MARITAL INFORMATION**

**Client’s Former Spouses:**

**1.**

 (name of former spouse) (date of marriage) (place of marriage)

 [ ] Death [ ] Divorce

 (year terminated) (how terminated)

 [ ] Yes [ ] No

 (still living?) (if still living, describe relationship)

**2.**

 (name of former spouse) (date of marriage) (place of marriage)

 [ ] Death [ ] Divorce

 (year terminated) (how terminated)

 [ ] Yes [ ] No

 (still living?) (if still living, describe relationship)

**SECTION 3. CHILDREN**

List all children. Copy and attach additional pages, if needed. Total number of children: \_\_\_\_\_

**1.**

 (name of child) (date of birth)

 Other Parent:

 (current address) (phone number)

 [ ] Adopted

 (date of adoption) (court granting adoption)

 [ ] Deceased [ ] Yes [ ] No

 (date of death) (child has surviving children?)

 (Describe this child -- does he or she have “special needs”? Consider health and general financial status, including needs and abilities)

 (Use additional pages, if needed)

**2.**

 (name of child) (date of birth) (single or married)

 Other Parent:

 (current address) (phone number)

 [ ] Adopted

 (date of adoption) (court granting adoption)

 [ ] Deceased [ ] Yes [ ] No

 (date of death) (child has surviving children?)

 (Describe this child -- does he or she have “special needs”? Consider health and general financial status, including needs and abilities)

 (Use additional pages, if needed)

**3.**

 (name of child) (date of birth) (single or married)

 Other Parent:

 (current address) (phone number)

 [ ] Adopted

 (date of adoption) (court granting adoption)

 [ ] Deceased [ ] Yes [ ] No

 (date of death) (child has surviving children?)

 (Describe this child -- does he or she have “special needs”? Consider health and general financial status, including needs and abilities)

 (Use additional pages, if needed)

**4.**

 (name of child) (date of birth) (single or married)

 Other Parent:

 (current address) (phone number)

 [ ] Adopted

 (date of adoption) (court granting adoption)

 [ ] Deceased [ ] Yes [ ] No

 (date of death) (child has surviving children?)

 (Describe this child -- does he or she have “special needs”? Consider health and general financial status, including needs and abilities)

 (Use additional pages, if needed)

**SECTION 4. DISPOSITIVE PLANNING**

In general, to whom and how do you want your property distributed upon your death? Think about your family members, friends, and charities, such as public benefit nonprofit organizations, educational or religious organizations. ***Please note that we expect that this will be completed during our first conference with you regarding estate planning. You may want to use this section as items to consider before our conference.***

Consider to whom your property should go if your first-choice beneficiaries do not survive you, or - if your property is left in Trust - if they do not survive until complete distribution is made (i.e., charities, other siblings, spouse of child, etc.).

**A.** First-choice beneficiaries: [ ] Children [ ] Other

**B.** Second-choice beneficiaries: [ ] Children [ ] Other

**C.** Third-choice beneficiaries: [ ] Children [ ] Other

**D.** Any specific disposition of your residence?

**E.** Any specific gifts of special articles, such as art or jewelry?

**F.** Any specific disposition of household and personal effects?

**G.** Other information you think is important to your estate planning:

**SECTION 5. FIDUCIARIES**

 Please consider the who you want to handle your affairs when you cannot. ***We will discuss this section at our conference and will assist you with the completion.***

**A. PERSONAL REPRESENTATIVES (formerly known as Executors)** A personal representative (formerly known as executor) is a person you choose to carry out your wishes in distributing your property, paying your debts, filing tax returns, and other administrative matters. A personal representative is not responsible for paying your debts with his/her own funds, but only with your funds. Please provide the name of your personal representative and a second person whom you would wish to serve as an alternate if the first person is unable to do so.

**1.**

 (name) (relationship)

 (current address) (phone number)

**2.**

 (name) (relationship)

 (current address) (phone number)

**3.**

 (name) (relationship)

 (current address) (phone number)

**B. TRUSTEES (Co-Trustees Act: [ ] Separately or [ ] Jointly)** A child under 18 cannot directly inherit property so it goes to someone who acts on the child's behalf until the child is of age. If you pass away, you will want your property managed for the benefit of your children until they reach a designated age. You should designate a trustee or co-trustees, and alternate trustee for your child or children.

This person will be responsible for any money or other property that you leave the children through your Will. This can be the same person as the guardian but does not have to be. You may name more than one trustee. If so, the trustees will share decision-making responsibilities as to investment and expenditures for your child(ren).

**1.**

 (name) (relationship)

 (current address) (phone number)

**2.**

 (name) (relationship)

 [ ] Co-Trustee with Previous Name (May surviving Co-Trustee act alone? [ ] Yes [ ] No)

 or [ ] Successor Trustee

 (current address) (phone number)

**3.**

 (name) (relationship)

 [ ] Co-Trustee with Previous Name (May surviving Co-Trustee act alone? [ ] Yes [ ] No)

 or [ ] Successor Trustee

 (current address) (phone number)

**C. GUARDIANS OF MINOR CHILDREN (Co-Guardians Act: [ ] Separately or [ ] Jointly)** If you have children under age 18, you should designate a person and alternate to serve as the child's or children's guardian. The guardian may be one person, or a couple where either, or both, may serve.

**1.**

 (name) (relationship)

 (current address) (phone number)

**2.**

 (name) (relationship)

 [ ] Co-Guardian with Previous Name (May surviving Co-Guardian act alone? [ ] Yes [ ] No)

 or [ ] Successor Guardian

 (current address) (phone number)

**3.**

 (name) (relationship)

 [ ] Co-Guardian with Previous Name (May surviving Co-Guardian act alone? [ ] Yes [ ] No)

 or [ ] Successor Guardian

 (current address) (phone number)

**D. AGENTS UNDER POWER OF ATTORNEY** If you were to become incapacitated for any reason, whom you would like to control your business and financial affairs? That is, someone who could write checks on your accounts to pay bills, deal with insurance, landlords, etc.

**1.**

 (name) (relationship)

 (current address) (phone number)

**2.**

 (name) (relationship)

 (current address) (phone number)

**3.**

 (name) (relationship)

 (current address) (phone number)

**E. AGENTS UNDER HEALTH CARE PROXY** If you should become incapacitated for any reason, a Health Care Proxy allows you to appoint a person to control your medical affairs. That person deals with physicians, makes decisions as to treatment, withholding of treatment, visitor access, etc.

Please indicate the persons to be appointed to make health care decisions for you should be unable to do so:

**1.**

 (name) (relationship)

 (current address) (phone number)

**2.**

 (name) (relationship)

 (current address) (phone number)

**3.**

 (name) (relationship)

 (current address) (phone number)

**SECTION 6. RESIDENCE -- OWNED**

**A.** Owners:

**B.** How is title held?

**PLEASE PROVIDE A COPY OF THE DEED AND MOST RECENT TAX BILL IF AVAILABLE**

**C.** Fair Market Value: $

**D.** Mortgage Balance: $

 Is it a Reverse Annuity Mortgage (RAM)? [ ] Yes [ ] No

 Basic Mortgage Terms:

**E.** Single Family Residence? [ ] Yes [ ] No

**F.** If the property is rental property, please provide the following:

 1. Number of units:

 2. Currently being rented? [ ] Yes [ ] No

 3. Are tenants under lease? [ ] Yes [ ] No

**G.** If the property was purchased, please provide the following:

 1. Date of Purchase:

 2. Purchase Price: $

**H.** If the property was inherited, please provide the following:

 1. Month/Year Inherited:

 2. Value when Inherited: $

**I.** If improvements have been made to the property, please detail the value and nature of them:

**SECTION 7. RESIDENCE -- RENTED**

**A.** Monthly Rent: $

**B.** Type of Rental: [ ] Single Family [ ] Apartment [ ] Residential Care

 [ ] Life Care [ ] Senior Housing

**C.** Rental/Lease Agreement? [ ] Yes [ ] No

**D.** Is Rent Subsidized? [ ] Yes [ ] No

 If so, by whom and amount?

**SECTION 8. DEBT**

Enter the outstanding balance of debt. Please include any obligations where you are a joint obligor or co-signer.

Description/Type of Debt Whose debt? Creditor Balance

Credit card John and Jane’s US Bank $ xx,xxx.xx

(sample)

 $

 $

 $

 $

 $

 $

**SECTION 9. INCOME**

**A. FIXED MONTHLY INCOME**

 **Client**

 **1.** Social Security: $

 **2.** R.R. Retirement: $

 **3.** Pension: $

 **4.** : $

 **5.** : $

 **6.** : $

**B. NON-FIXED MONTHLY INCOME**

 **Client**

 **1.** Interest: $

 **2.** Dividends: $

 **3.** : $

 **4.** : $

 **5.** : $

**C. TOTALS (A thru B): $**

**SECTION 10. ASSETS AND RESOURCES**

**A. CASH AND BANK ACCOUNTS (CDs, Checking, Savings, etc.)**

Name of Bank/Branch Account No. Type of Account Balance/Value How Title Held

 Big Bank/Main St. xxx-xxxx Savings $ xx,xxx.xx Jointly w/ son

(sample)

 $

 $

 $

 $

 $

**B. SECURITIES (Bonds, Marketable Securities, etc.)**

Name of Company Type of Sec. # Shares/Face Val. Cost Current Val. How Title Held

 Acme Corp. Common xx Shares $ x,xxx.xx $ x,xxx.xx Sole owner

(sample) (or Preferred)

 $ $

 $ $

 $ $

 $ $

 $ $

**C. RETIREMENT ACCOUNTS (IRAs, Keoghs, etc.)**

Name of Institution Account No. Owner Beneficiary Date Est. Current Value

 Big Broker xxx-xxxx Client Child Jan, 1970 $ xx,xxx.xx

(sample)

 $

 $

 $

 $

 $

**D. REAL ESTATE**

Description (Location) Cost (Basis) Market Value Mortgage Bal. How Title Held

 123 Know Way $ xxx,xxx.xx $ xxx,xxx.xx $ xx,xxx.xx Joint tenant

(sample)

 $ $ $

 $ $ $

 $ $ $

 $ $ $

 $ $ $

**E. PERSONAL PROPERTY**

 Market Value How Title Held

 Home Furnishings: $

 Cars, RVs, Boats, etc.: $

 Jewels, Furs, etc.: $

 : $

(other: collectibles, etc.)

 : $

 : $

**F. BUSINESS INTERESTS**

If you have any business interests, please provide a short description giving the name, location, percentage owned, names and relationship of co-owners, and the form of ownership (i.e., sole proprietorship, closely held corporation, partnership, etc.). Please bring a copy of any agreements, financial statements, etc.

**G. RIGHTS OR INTERESTS IN TRUSTS, ESTATES, OR PROSPECTIVE INHERITANCES**

Briefly describe or give the name of any Trust in which you have an interest. Please provide a copy of the instrument which creates the interest, if available. If not, please advise how we may obtain a copy.

**H. MISCELLANEOUS**

Please describe any property interests not described above.

**SECTION 11. ASSETS AND RESOURCES**

 If you have Long-Term Care Insurance, please provide the following information:

Name of Insurer Policy No. Type of Policy Monthly Prem. If LTC, Daily Benefit

 Acme Insurance 123-45-6789 Long-term care $ 3,000 $ 300.00 per day

(sample)

 $ $

 $ $

 $ $

**SECTION 12. LIFE INSURANCE**

 If you have life insurance, please provide the following information:

Name of Insurer Policy No. Type of Policy Monthly Prem. Cash Surrender Value

 Acme Insurance 123-45-6789 Whole Life $ 1,000 $ 10,000

(sample)

 $ $

 $ $

 $ $

**SECTION 13. PLANNING AND OTHER DOCUMENTS**

Please provide a copy of each document.

 **Client**

 Will: [ ] Yes [ ] No

 Revocable Living Trust: [ ] Yes [ ] No

 Pour-Over Will: [ ] Yes [ ] No

 General Durable Power of Attorney: [ ] Yes [ ] No

 Health Care Power of Attorney (or Proxy): [ ] Yes [ ] No

 Living Will: [ ] Yes [ ] No

 : [ ] Yes [ ] No

 : [ ] Yes [ ] No

 : [ ] Yes [ ] No

(specify)

**SECTION 14. CLIENT’S GOALS**

What are your goals?

 **DO NOT DELETE this paragraph -- it is hidden text and will not print. To add content to the end of this document, do so by placing your cursor at the end of the above paragraph (before the paragraph mark) and pressing ENTER to start a new paragraph. DO NOT DELETE the Section Break adjacent to this paragraph; it is there to help the footer maintain its format.**