

CONFIDENTIAL QUESTIONNAIRE
FOR THE ESTATE PLANNING OF

The information that is provided in this questionnaire is held in complete confidence and is used for the purpose of determining your estate planning needs. The questionnaire also serves the purpose of helping you to organize in one place much of the important information concerning your personal affairs.

Today's Date: _____

PERSONAL INFORMATION

CLIENT'S NAME _____

SPOUSE'S NAME _____

HOME ADDRESS _____

_____ ZIP _____

HOME TELEPHONE () _____ TOWNSHIP/BORO _____

CLIENT

SPOUSE

DATE OF BIRTH _____

SOCIAL SECURITY # _____

OCCUPATION _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

BUSINESS PHONE () _____ () _____

UNITED STATES CITIZEN YES__ NO__ YES__ NO__

CHILDREN

NAME	SEX	DATE OF BIRTH	MARITAL STATUS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GRANDCHILDREN

NAME	AGE	PARENTS
_____	_____	_____
_____	_____	_____
_____	_____	_____

ATTORNEY

NAME _____

FIRM _____
ADDRESS _____
_____ PHONE _____

ACCOUNTANT

NAME _____
FIRM _____
ADDRESS _____
_____ PHONE _____

FINANCIAL ADVISOR

NAME _____
FIRM _____
ADDRESS _____
_____ PHONE _____

GUARDIAN(S) OF THE PERSON OF MINOR CHILDREN

NAME _____ RELATIONSHIP (if any) _____
ADDRESS _____
_____ PHONE _____

ALTERNATE GUARDIAN(S) OF THE PERSON OF MINOR CHILDREN

NAME _____ RELATIONSHIP (if any) _____
ADDRESS _____
_____ PHONE _____

EXECUTOR(S) OF THE WILL

NAME _____ RELATIONSHIP (if any) _____
ADDRESS _____
_____ PHONE _____

ALTERNATE EXECUTOR(S) OF THE WILL

NAME _____ RELATIONSHIP (if any) _____

ADDRESS _____
_____ PHONE _____

NAME _____ RELATIONSHIP (if any) _____
ADDRESS _____
_____ PHONE _____

TRUSTEE(S) OF ANY TRUSTS

NAME _____ RELATIONSHIP (if any) _____
ADDRESS _____
_____ PHONE _____

ALTERNATE TRUSTEE(S) OF ANY TRUSTS

NAME _____ RELATIONSHIP (if any) _____
ADDRESS _____
_____ PHONE _____

AGENT(S) OF DURABLE FINANCIAL POWER OF ATTORNEY

NAME _____ RELATIONSHIP (if any) _____
ADDRESS _____
_____ PHONE _____

NAME _____ RELATIONSHIP (if any) _____
ADDRESS _____
_____ PHONE _____

ALTERNATE AGENT(S) OF DURABLE FINANCIAL POWER OF ATTORNEY

NAME _____ RELATIONSHIP (if any) _____
ADDRESS _____
_____ PHONE _____

NAME _____ RELATIONSHIP (if any) _____
ADDRESS _____
_____ PHONE _____

AGENT(S) OF DURABLE MEDICAL POWER OF ATTORNEY

NAME _____ RELATIONSHIP (if any) _____
ADDRESS _____

DATE OF BIRTH _____
PHONE (h) _____ (w) _____ (c) _____

NAME _____ RELATIONSHIP (if any) _____
ADDRESS _____

DATE OF BIRTH _____
PHONE (h) _____ (w) _____ (c) _____

ALTERNATE AGENT(S) OF DURABLE MEDICAL POWER OF ATTORNEY

NAME _____ RELATIONSHIP (if any) _____
ADDRESS _____

DATE OF BIRTH _____
PHONE (h) _____ (w) _____ (c) _____

NAME _____ RELATIONSHIP (if any) _____
ADDRESS _____

DATE OF BIRTH _____
PHONE (h) _____ (w) _____ (c) _____

AGES OF DISTRIBUTION: If you do establish a trust to allow a third party to manage assets for beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary his/her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as 1/2 at age 25 and the balance at age 30, or 1/3 at age 21,

1/3 at age 30, and 1/3 at age 35. You can use whatever combination of ages you feel would be appropriate for your situation.

BROTHERS AND SISTERS OF CLIENT

BROTHERS AND SISTERS OF SPOUSE

DATE	MAJOR ILLNESS/SURGERY	ATTENDING PHYSICIAN
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

BRANCH OF MILITARY SERVICE _____ SERIAL # _____
ENLISTMENT DATE _____ DISCHARGE DATE _____ RANK _____

Do you have a Durable Financial Power Of Attorney? _____
Do you have an Advanced Medical Directive or Living Will? _____
Do you have Long Term Care Insurance? _____

What are your primary reasons for initiating estate planning at this time?

Stocks and Bonds (Current Value) _____
 Accounts, Loans, and Notes Receivable _____
 Retirement Plan (Current Retrievable Funds) _____
 Other Assets _____
 Real Estate _____
 Autos/Boats _____
 Life Insurance (Cash Value) Add to determine net worth now _____
 Life Insurance (Face Value) Add to determine net worth at death _____
 Household Furnishings _____
 Other _____

TOTAL ASSETS _____

LIABILITIES
 Notes Payable to Banks _____
 Accounts and Notes Payable to Others _____
 Credit Card Balances _____
 Mortgages _____
 Taxes Due _____
 Other _____

TOTAL LIABILITIES _____

TOTAL ASSETS _____
 [less] _____
 TOTAL LIABILITIES _____
 [=] _____

NET WORTH TODAY _____
 NET WORTH AT DEATH _____

INCOME
 Salary _____
 Commissions and Bonuses _____
 Dividends and Interest _____
 Other _____

TOTAL ANNUAL INCOME _____