

SAPIRO GOTTLIEB & KROLL

ATTORNEYS AT LAW

Williamsburg Commons

One Auer Court

East Brunswick, New Jersey 08816

(732) 613-8000

Alan J. Gottlieb*

David M. Sapiro†

Lawrence C. Kroll**

Fax: (732) 613-8005

www.sgklegal.com

larry@sgklegal.com

* MEMBER OF N.J., N.Y. &
U.S. SUPREME COURT BARS

† MEMBER OF N.J., CALIF. & N.Y. BARS

** MEMBER OF N.J., & N.Y. BARS

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Date: _____

A. PERSONAL

	Husband	Wife
1. Name	_____	_____
2. Other Names	_____	_____
3. Addresses		
a. Home	_____	_____
	_____	_____
b. Mailing	_____	_____
	_____	_____
4. Telephone		
a. Home	_____	_____
b. Work	_____	_____
5. Birth Date	_____	_____
6. Place of Birth	_____	_____
7. Social Security No.	_____	_____
8. Marriage Date	_____	_____
9. Marriage Place	_____	_____
10. Citizenship	_____	_____
11. Other	_____	_____

B. PRIOR MARRIAGES (In the event of divorce, please provide a copy of the Decree of Dissolution and any related agreements.)

	Husband	Wife
1. Former Spouse	_____	_____
2. Marriage Date	_____	_____
3. Date Marriage Terminated:		
a. by Divorce	_____	_____
b. by Death	_____	_____
4. Obligations to or from former spouse	_____	_____
5. Child Support	_____	_____
6. Separate Maintenance/Alimony	_____	_____

C. CHILDREN Please indicate if child is of prior marriage. All of your children, and all children of any deceased child must be named in your Will, even though you leave them nothing.

	Husband	Wife
1. Living Children:		
a. Name	_____	_____
Birth Date	_____	_____
b. Name	_____	_____
Birth Date	_____	_____
c. Name	_____	_____
Birth Date	_____	_____
d. Name	_____	_____
Birth Date	_____	_____
e. Name	_____	_____
Birth Date	_____	_____
2. Deceased Children (If you have any deceased children with surviving children, please list)	_____	_____
	_____	_____
	_____	_____

D. DEPENDENTS

Are there any persons (other than minor children) who are partially or wholly dependent upon either husband or wife for support now or possibly in the future? If yes, please list.

E. INTERSPOUSAL AGREEMENTS

1. Have you ever executed a Prenuptial Agreement? _____
2. Have you ever executed a Property or Marital Settlement Agreement? _____
3. Have you ever executed any other spouses agreements regarding your property? _____

If so, please furnish a copy of any agreements.

F. TRUSTS

1. Does any member of your family receive income for any trust? _____
If yes, who created the trust?

2. Has husband or wife ever created a trust, except as part of a Will? _____
If yes, please describe.

3. Does any family member expect to be named a beneficiary or remainder man of a trust?
If yes, please describe.

4. Please furnish copies of all instruments relating to the trusts, as well as a current list of assets and statement of income.

G. INSURANCE (Please list any life insurance policies in existence on the life of either spouse.)

1. Company _____
Type of insurance _____
Amount and Cash Surrender Value _____

Insured _____
Beneficiaries _____
2. Company _____
Type of insurance _____
Amount and Cash Surrender Value _____

Insured _____
Beneficiaries _____
3. Company _____
Type of insurance _____
Amount and Cash Surrender Value _____

Insured _____
Beneficiaries _____
4. Company _____
Type of insurance _____
Amount and Cash Surrender Value _____

Insured _____
Beneficiaries _____

H. JOINT TENANCY ASSETS

Do you own any real or personal property as joint tenants with each other or third parties?

If yes, please describe.

I. RETIREMENT BENEFITS

Is either spouse a participant in a retirement plan? _____

If yes, please provide information regarding type of plan, current value, beneficiary designation, etc.

J. GIFTS AND/OR INHERITANCES

1. Is husband, wife or children likely to receive any gifts or inheritances? _____

2. Does either husband or wife make, or intend to make regular gifts to any person? _____

If yes, please describe. _____

K. PLANNING OBJECTIVES AND PRIORITIES

Please describe any significant planning objectives or priorities you may have.

Do you want to make gifts of specific items or dollar amounts to any family members or to other beneficiaries?

If so, please describe:

L. CHARITABLE ORGANIZATIONS

Please list the charitable organizations that you currently support:

What organizations or programs would you like to continue supporting after your death?

Do you want to include gifts to any of these organizations in your Will? _____

Are you interested in learning about other ways to continue your support of these or other charitable organizations after your death? _____

M. ASSET SCHEDULE

This information may be approximate, but it is necessary to enable us to determine whether estate and gift taxes should be considered as part of your estate plan.

	Separate Property of Husband	Separate Property of Wife	Joint
1. Real Property	\$ _____	\$ _____	\$ _____
2. Stocks and Bonds	\$ _____	\$ _____	\$ _____
3. Checking/Savings	\$ _____	\$ _____	\$ _____
4. Life Insurance	\$ _____	\$ _____	\$ _____
5. Miscellaneous Property: (Furniture, furnishings, antiques, automobiles, boats, collectibles, etc.)	\$ _____	\$ _____	\$ _____
6. Retirement Programs:			
	\$ _____	\$ _____	\$ _____
Subtotals	\$ _____	\$ _____	\$ _____

7. LESS Liabilities: (Notes payable, other debts, income tax payable)

\$ _____ \$ _____ \$ _____

8. NET WORTH (approximate)

\$ _____ \$ _____ \$ _____

N. TENTATIVE WILL PROVISION TO BE DISCUSSED WITH ATTORNEY.

HUSBAND

WIFE

1. Personal Representative(s) (administers Will during probate).

First Choice: _____

Second Choice: _____

Third Choice: _____

2. Trustee(s) (manages estate for the benefit of beneficiaries).

First Choice: _____

Second Choice: _____

Third Choice: _____

3. Guardian(s) of Minor(s) (raises children who are not yet age 18).

First Choice: _____

Second Choice: _____

Third Choice: _____

4. Distribution of Trust Estate

a. Age of youngest child before distribution: _____

b. Age for distribution:

(a) First portion: _____

(b) Second portion: _____

(c) Third portion: _____

5. Specific Bequests:

6. Funeral/Burial Arrangements.

(Note: We do not recommend that this provision be included in the Will because the contents of the Will are not always known to the person in charge at the time the arrangements are being made. It is suggested that if the client has specific wishes, that they be made known to the persons who would be in charge at the time of his/her death.)

7. Other specific provisions or information to be included in Will, such as operation or provision for family business, etc.

O. DURABLE POWER OF ATTORNEY

The Durable Power of Attorney is a document which is either effective upon signing or can become effective upon the proven incompetency of an individual to handle his or her own affairs. The value of this document is that it would hopefully avoid the necessity of a guardianship in the event of incompetency.

1. Have you executed a power of attorney?
If you have done so, please provide a copy.

2. Effective on signing or incapacity? _____

P. DIRECTIVE TO PHYSICIANS (LIVING WILL)

The purpose of the Directive to Physicians is to make known the desire of the person signing the document of his/her wish not to have his/her life “artificially prolonged” in the case of any injury, disease or terminal condition.

Do you wish to have such a document prepared or discuss this further?