ESTATE PLANNING QUESTIONNAIRE
(SINGLE)

Date ______________________ File Number ______________________
Home Phone No. ______________________ Business Phone No. ______________________
Cell No. ______________________ Beeper No. ______________________
E-mail address ______________________ Fax No. ______________________

This form is extremely important. Your accuracy and completeness in responding will help me best represent you. Please bring this information with you to the appointment.

A. PERSONAL DATA

Full Name ______________________
(print name as shown on your checks)

Street Address ______________________

City ______________________ State ______________________ Zip ______________________

Birth Date ______________________ Social Security No. ______________________

U.S. Citizen? ___ Yes ___ No Annual Income ______________________

If widowed, please list date of death of spouse ______________________

B. REFERRAL

By whom were you referred to this office?

Name ______________________

Street Address ______________________

City ______________________ State ___________ Zip ___________

Have you visited our Website? Yes ☐ No ☐

Do you have any ideas for improving our Website? If so, please discuss.

____

____

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C. <u>CHILDREN</u> (if applicable)

Child's Name	Address (including zip code)	Date of Birth

Are all of your children in good health? ___ Yes ___ No

Are any of your children blind? ___ Yes ___ No

Are any of your children disabled? ___ Yes ___ No

Are any of your children receiving SSI or other form of government entitlement? ___ Yes ___ No

Do any of your family members have any problems with:

Aids? ___ Yes ___ No
Drug Addiction? ___ Yes ___ No
Alcoholism? ___ Yes ___ No
Spendthrift? ___ Yes ___ No

D. <u>GRANDCHILDREN</u> (if applicable)

Grandchild's Name	Address (including zip code)	Date of Birth

E. DISPOSITIVE INTENTIONS

1. CHILDREN

If you have children, do you wish to treat all of your children equally? ___ Yes ___ No

If not, why not? ____________________

After your death, at what age do you want distribution to your children? ____________________
(e.g. a typical plan provides for 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35 or immediate)

2. GRANDCHILDREN

If you have grandchildren, do you wish to leave a specific amount of money or a percentage of your estate to your grandchildren? ___ Yes ___ No

Do you wish to treat all of your grandchildren equally? ___ Yes ___ No

If not, why not? ____________________

How much do you want to leave your grandchildren? ____________________

At what age do you want distributions to your grandchildren? ____________________
(e.g., a typical plan provides for 1/3 at age 25, 1/3 at age 30, 1/3 at age 35 or immediate)

3. CHARITIES

Do you want to leave a specific amount of money or other assets to any charity? ___ Yes ___ No

If yes, please list:

Name of Charity	Address of Charity	Dollar Amount

4. OTHER BENEFICIARIES

Do you want your Will to benefit anyone other than children, grandchildren or a charity? ___ Yes ___ No

If yes, please list:

Name of Beneficiary	Address of Beneficiary	Relationship	Dollar Amount

F. EXECUTOR

Whom do you wish to serve as your Executor?

First Choice ____________________

Second Choice ____________________

G. TRUSTEE

Whom do you want to serve as your Trustee?

First Choice ____________________

Second Choice ____________________

H. GUARDIAN

If you have **minor** or **disabled** child/children, whom do you want to act as Guardian?

First Choice ____________________

Second Choice ____________________

I. LIVING WILL

[IL ONLY - DO NOT INCLUDE SENTENCE WITHDRAWAL OF ARTIFICIAL FOOD & FLUID]

Do you want your Living Will to provide for withdrawal of artificial food and fluid? ___ Yes ___ No

Do you want to donate your eyes or organs? ___ Yes ___ No

Do you want your Health Care Agent to consult with any other person prior to acting? ___ Yes ___ No

If yes, with whom? ____________________

Name of Proposed Health Care Agent ____________________

Street Address ____________________

City ____________________ State ________ Zip ________

Name of Proposed Alternate Health Care Agent ______________________________

Street Address ______________________________

City ______________________________ State __________ Zip __________

What is the name and address of your primary care physician?

Full Name of Physician ______________________________

Street Address ______________________________

City ______________________________ State __________ Zip __________

J. POWER OF ATTORNEY

Name of Proposed Financial Agent ______________________________

Street Address ______________________________

City ______________________________ State __________ Zip __________

Name of Proposed Alternate Financial Agent ______________________________

Street Address ______________________________

City ______________________________ State __________ Zip __________

K. MISCELLANEOUS

Do you have any other legal issues which I should be aware of? ___ Yes ___ No

If yes, please explain ______________________________

What is the location of your important papers? ______________________________

Do you have a Safe Deposit Box? ___ Yes ___ No

If yes, please indicate the name and address of the location ______________________________

____

Have you ever made gifts to any one person in excess of $10,000 in any one calendar year?
Yes ___ No ___

Have you ever filed a Federal Gift Tax Return? ___ Yes ___ No

L. FINANCIAL SUMMARY

	ASSETS	LIABILITIES
Bank Accounts [attach copies of statements]	$__________	$__________
Real Estate (residence) [attach copy of deed]	$__________	$__________
Real Estate (other) [attach copies of all deeds]	$__________	$__________
Certificates of Deposit (CDS) [attach copies of statements]	$__________	$__________
Stocks - Non Mutual Funds (Not Held by Broker) [attach copies of all certificates]	$__________	$__________
Stocks - Non Mutual Funds (Held by Broker) [attach copies of brokerage statements]	$__________	$__________
Bonds - Non Mutual Funds (Not Held by Broker) [attach copies of all bonds]	$__________	$__________
Bonds - Non Mutual Funds (Held by Broker) [attach copies of brokerage statements]	$__________	$__________
Mutual Funds [attach copies of statements]	$__________	$__________
Note and Mortgage Receivables [attach copies of Notes & Mortgages]	$__________	$__________
Business Interests [attach copies of stock certificates, partnership agreements and/or other documentation]	$__________	$__________
Inheritance, etc. $__________		$__________
Automobiles	$__________	$__________
Jewelry & Collections	$__________	$__________
Non-IRA Tax Qualified Retirement Plans [attach copies of statements]	$__________	$__________
IRAs [attach copies of statements]	$__________	$__________
Life Insurance [attach copies of all policies]	$__________	$__________
Annuities [attach copies of all policies]	$__________	$__________
Other Assets [attach copies of documentation pertaining to such assets]	$__________	$__________
TOTALS	$__________	$__________

Personal Residence:

Tax Block #____________________, Lot #____________________ (Can be obtained from Tax Bill)

Addresses of real property other than personal residence:

(1)Street________________________________City______________State__________ Zip ____________

Tax Block #____________________, Lot #____________________ (Can be obtained from Tax Bill)

(2)Street________________________________City______________State__________ Zip ____________

Tax Block #____________________, Lot #____________________ (Can be obtained from Tax Bill)

M. CERTIFICATION

The undersigned hereby represents to [Name of Law Firm], and each of its attorneys that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client or Client Representative:

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ASSETS
(What you own as of today)

Type of Account	Names(s) of Account	Bank	Account Number	Balances
Check/Sav/Money				
Check/Sav/Money				
Check/Sav/Money				
CD/US Bonds				
CD/US Bonds				
ITF Accounts				
ITF Accounts				
Stock/Bond/Mutual				
Stock/Bond/Mutual				
IRA/Annuity/Pens				
IRA/Annuity/Pens				
Residence				
Other Real Estate				
Life Insurance				
Life Insurance				
Cem/Funeral				
Cem/Funeral				
Other				

(Please use additional pages if needed)

LIABILITIES
(What you owe as of today)

Type Liability	To Whom Owed	Date Incurred	Present Balance

Gifts Within the Past 5 Years
(Things you transferred and did not get fair value in returns)

Type of Asset	To Whom Transferred	Date Transferred	Amount of Transfer