

JDKATZ

ATTORNEYS AT LAW

ESTATE PLANNING QUESTIONNAIRE

Date _____ File Number _____

Home Phone No. _____ Business Phone 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 _____ (Client) Full Name _____ (Partner)
(print name as shown on your checks) (print name as shown on your checks)

Street Address _____

City _____ State _____ Zip _____

Birth Date _____ Birth Date _____

Social Security No. _____ Social Security No. _____

U.S. Citizen? Yes No U.S. Citizen? Yes No
Annual Income \$ _____ Annual Income \$ _____

B. REFERRAL

By whom were you referred to this office?

Name _____

Street Address _____

City _____ State _____ Zip _____

Referral is a: Attorney
 Financial Planner
 Previous Client
 Other _____

C. **CHILDREN** (if applicable)

Name of Child _____ Gender Male Female

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Social Security Number _____

E-mail Address _____

Relationship to Client: Natural Child Adopted
 Stepchild Child born out of wedlock

Relationship to Partner: Natural Child Adopted
 Stepchild Child born out of wedlock

Name of Child _____ Gender Male Female

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Social Security Number _____

E-mail Address _____

Relationship to Client: Natural Child Adopted
 Stepchild Child born out of wedlock

Relationship to Partner: Natural Child Adopted
 Stepchild Child born out of wedlock

Name of Child _____ Gender Male Female

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Social Security Number _____

E-mail Address _____

Relationship to Client: Natural Child Adopted
 Stepchild Child born out of wedlock

Relationship to Partner: Natural Child Adopted
 Stepchild Child born out of wedlock

Name of Child _____ Gender Male Female

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Social Security Number _____

E-mail Address _____

Relationship to Client: Natural Child Adopted
 Stepchild Child born out of wedlock

Relationship to Partner: Natural Child Adopted
 Stepchild Child born out of wedlock

D. GRANDCHILDREN (if applicable)

Name of Grandchild _____ Gender Male Female

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Social Security Number _____

E-mail Address _____

Relationship to your child: Natural Child Adopted
 Stepchild Child born out of wedlock

Name of Grandchild _____ Gender Male Female

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Social Security Number _____

E-mail Address _____

Relationship to your child: Natural Child Adopted
 Stepchild Child born out of wedlock

Name of Grandchild _____ Gender Male Female

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Social Security Number _____

E-mail Address _____

Relationship to your child: Natural Child Adopted
 Stepchild Child born out of wedlock

Name of Grandchild _____ Gender Male Female

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Social Security Number _____

E-mail Address _____

Relationship to your child: Natural Child Adopted
 Stepchild Child born out of wedlock

Name of Grandchild _____ Gender Male Female

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Social Security Number _____

E-mail Address _____

Relationship to your child: Natural Child Adopted
 Stepchild Child born out of wedlock

Name of Grandchild _____ Gender Male Female

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Social Security Number _____

E-mail Address _____

Relationship to your child: Natural Child Adopted
 Stepchild Child born out of wedlock

E. DISPOSITIVE INTENTIONS

1. PARTNER AND CHILDREN

Do you wish to provide primarily for your partner and secondarily for your children?

Yes No

Do you wish to treat all of your children equally?

Yes No

If not, why not? _____

After your partner's death, at what age do you want distribution to your children (e.g. a typical plan provides for 1/2 at age 30 and 1/2 at age 35)? _____

2. OTHER BENEFICIARIES

Do you want your Will or Trust to benefit anyone other than your partner, children, grandchildren or a charity?

Yes No

If so, please list:

Name of Beneficiary	Address of Beneficiary	Relationship	Dollar Amount

F. EXECUTOR

Whom do you want to serve as your Executor?

(Client)

First Choice: Partner

Other _____

Second Choice _____

Third Choice _____

(Partner)

First Choice: Partner
 Other _____

Second Choice _____

Third Choice _____

G. TRUSTEE

Whom do you want to serve as your Trustee?

(Client)

First Choice: Partner
 Other _____

Second Choice _____

(Partner)

First Choice: Partner
 Other _____

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

(Client)

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 _____

(Partner)

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

(Client)

Name of Proposed Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

(Partner)

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 \$14,000.00 in any one calendar year?

Yes No

Have you ever filed a Federal Gift Tax Return?

Yes No

L. FINANCIAL SUMMARY**ASSETS****LIABILITIES**

	Client	Partner	Joint	
Bank Accounts [attach copies of statements]	\$_____	\$_____	\$_____	\$_____
Real Estate (residence) [attach copy of deed]	\$_____	\$_____	\$_____	\$_____
Real Estate (other) [attach copies of all deeds]	\$_____	\$_____	\$_____	\$_____
Savings Certificates (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 [attach copies of all bonds]	\$_____	\$_____	\$_____	\$_____
Mutual Funds [attach copies of statements]	\$_____	\$_____	\$_____	\$_____
Note and Mortgages Receivables [attach copies of Notes & Mortgages]	\$_____	\$_____	\$_____	\$_____
Business Interests [attach copies of stock certificates, partnership agreement 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	\$_____	\$_____	\$_____	\$_____

Are you a contributor to a 529 Plan?

 Yes No

If yes, please attach a statement of the 529 account.

Personal Residence:

Tax Block # _____ Lot # _____ (Can be obtained from Tax Bill)

Addresses of real property other than personal residence:

(1) Street Address _____

City _____ State _____ Zip _____

Tax Block # _____ Lot # _____ (Can be obtained from Tax Bill)

(2) Street Address _____

City _____ State _____ Zip _____

Tax Block # _____ Lot # _____ (Can be obtained from Tax Bill)

CERTIFICATION

The undersigned hereby represents 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:

