



Hartog Baer Zabronsky

TRUST AND ESTATE LAW

A Professional Corporation

CONFIDENTIAL

ESTATE PLANNING QUESTIONNAIRE

Date: _____

All information provided is ***strictly confidential***.

Please return your completed questionnaire to our office
BEFORE your appointment.

**PART I
PERSONAL PROFILE**

Full legal name: (first, middle, last)	
Other name(s) used	
How would you like your name to appear on your documents?	
Social Security Number	
Date of birth and birthplace	
Citizenship	
Driver's License number & state of Issuance (<i>Please provide a copy of photo ID</i>)	
Email address	

Home Address: _____

Home Telephone number: _____ Home Fax: _____

Second Residence: _____

Telephone number: _____ Cell: _____

Business Address: _____

Telephone number: _____ Business Email: _____

MARITAL INFORMATION

Do you plan to marry in the near future? Yes No

Former Spouse

Marriage Prior to Former Spouse

Name

Name

Ended by death or divorce? Date?

Ended by death or divorce? Date?

CHILDREN

Child's Full Name: _____

Gender: _____ Citizenship: _____

Date of Birth Adoption: _____ Date of Death (if applicable): _____

Address: _____

Telephone: _____

Name of Other Legal Parent: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Child's Full Name: _____

Gender: _____ Citizenship: _____

Date of Birth Adoption: _____ Date of Death (if applicable): _____

Address: _____

Telephone: _____

Name of Other Legal Parent: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Child's Full Name: _____

Gender: _____ Citizenship: _____

Date of Birth Adoption: _____ Date of Death (if applicable): _____

Address: _____

Telephone: _____

Name of Other Legal Parent: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Child's Full Name: _____

Gender: _____ Citizenship: _____

Date of Birth Adoption: _____ Date of Death (if applicable): _____

Address: _____

Telephone: _____

Name of Other Legal Parent: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Child's Full Name: _____

Gender: _____ Citizenship: _____

Date of Birth Adoption: _____ Date of Death (if applicable): _____

Address: _____

Telephone: _____

Name of Other Legal Parent: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Who do you trust to raise your children if you could not raise them yourself?

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

PARENTS

Parent #1 Name: _____ Date of Birth: _____

Address: _____

Date of Death: _____

Parent #2 Name: _____ Date of Birth: _____

Address: _____

Date of Death: _____

SIBLINGS

Sibling's Name: _____

Date of Birth: _____ Date of Death: _____

Sibling's Name: _____

Date of Birth: _____ Date of Death: _____

Sibling's Name: _____

Date of Birth: _____ Date of Death: _____

Sibling's Name: _____

Date of Birth: _____ Date of Death: _____

Sibling's Name: _____

Date of Birth: _____ Date of Death: _____

Current Estate Planning

(Please check "Yes" or "No" for your answer)		Yes	No
1.	Have you completed a previous will, trust, or other estate planning document? <i>If so, please furnish copies of these documents.</i>		
2.	Are you currently the beneficiary of anyone else's trust? <i>If so, please explain:</i> _____ _____		
3.	Are you expecting an inheritance? <i>If so, please explain:</i> _____ _____		
4.	Have you ever filed federal or state gift tax returns? <i>If so, please furnish copies of these returns.</i>		
5.	Do you have a safe deposit box? <i>If so, please tell us the name and branch of the bank and identify all persons with access to the box:</i> _____ _____		
6.	Have you made any pledges to charity, promising future gifts? <i>If so, please explain:</i> _____ _____		
7.	Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain:</i> _____ _____		
8.	Do you have a prepaid burial, cremation, or funeral plan?		
9.	Do you or any of your descendants have sperm or ovum on deposit at a laboratory or in vitro fertilization clinic?		
10.	Do you keep a list of your passwords? If reluctant to disclose, who knows where you keep a list of your passwords? <i>Please identify the person below:</i> _____		

Additional Information

Professional Advisors

Your accountant: _____

Name of Firm / Contact Info: _____

Your financial planner / stock broker: _____

Name of Firm/ Contact Info: _____

Part II FINANCIAL PROFILE

**For every parcel of real property you own, please provide an address and list any co-owners.
If available, please provide a copy of your title insurance.**

Property address: _____

Amount of Loan Outstanding: _____

Estimated Fair Market Value: _____

Property address: _____

Amount of Loan Outstanding: _____

Estimated Fair Market Value: _____

Property address: _____

Amount of Loan Outstanding: _____

Estimated Fair Market Value: _____

Please provide a copy of your MOST RECENT statement for the following accounts:

Checking and Savings Accounts

Brokerage Accounts

401K/403B

IRA

Keogh

529

Other: _____

Please list every life insurance policy that you own and provide a current annual statement.

Insurer and Policy Number: _____

Name of Insured: _____

Owner of Policy: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Insurer and Policy Number: _____

Name of Insured: _____

Owner of Policy: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Insurer and Policy Number: _____

Name of Insured: _____

Owner of Policy: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Insurer and Policy Number: _____

Name of Insured: _____

Owner of Policy: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Please list any retirement plans that you have through a current or former employer.

Participant's Name: _____

Name of Plan: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Approximate Value: _____

Participant's Name: _____

Name of Plan: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Approximate Value: _____

Participant's Name: _____

Name of Plan: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Approximate Value: _____

Participant's Name: _____

Name of Plan: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Approximate Value: _____

For any IRA or other retirement account please provide:

Owner: _____

Name of Institution and Account No: _____

Type of Account: _____ Approximate Value: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Owner: _____

Name of Institution and Account No: _____

Type of Account: _____ Approximate Value: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Owner: _____

Name of Institution and Account No: _____

Type of Account: _____ Approximate Value: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Owner: _____

Name of Institution and Account No: _____

Type of Account: _____ Approximate Value: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Please describe all closely held businesses in which you own an interest, including LLCs, LLPs, general partnerships and corporations. Please provide a copy of the Articles of Incorporation, Bylaws, Articles of Organization, Operating Agreement, Partnership Agreement, Buy-sell agreement, as applicable.

Name, Address and Type of Business: _____
(Corp./Inc., LLC, Partnership)

Your Percentage Ownership Interest: _____

Approximate Value of Your Interest: _____

Name, Address and Type of Business: _____
(Corp./Inc., LLC, Partnership)

Your Percentage Ownership Interest: _____

Approximate Value of Your Interest: _____

Name, Address and Type of Business: _____
(Corp./Inc., LLC, Partnership)

Your Percentage Ownership Interest: _____

Approximate Value of Your Interest: _____

Name, Address and Type of Business: _____
(Corp./Inc., LLC, Partnership)

Your Percentage Ownership Interest: _____

Approximate Value of Your Interest: _____

Debts

Do you have any unsecured debt? Yes No

Does anyone owe you money? Yes No

Other debts _____

Please provide a copy of any Promissory Note(s) in your possession.

Part III

FIDUCIARIES: PERSONS TO ACT FOR YOUR FINANCIAL DOCUMENTS

Your choice of a fiduciary is a very important decision. Please start considering who you think would be a good choice, and you can discuss this topic more when you meet with us.

Do you want to have a co-fiduciary after your death? Yes No

If yes, who do you wish to name as your co-fiduciary? _____

Who do you wish to name as successor fiduciaries, when you are no longer able to act?

	Name	Street Address	Relationship to you
First:	_____	_____	_____
	Phone Number	Email Address	
	_____	_____	
Second:	Name	Street Address	Relationship to you
	_____	_____	_____
	Phone Number	Email Address	
	_____	_____	
Third:	Name	Street Address	Relationship to you
	_____	_____	_____
	Phone Number	Email Address	
	_____	_____	

Do any of your children have special educational, medical, or physical needs? Yes No

Do any of your children receive governmental support or benefits? Yes No

Are you concerned about the financial responsibility of any of your beneficiaries? Yes No

OTHER ITEMS TO INCLUDE OR DISCUSS

Please list any other items you want included or want to discuss.

If you would like to include a statement of legacy, please add it here.