

PLEASE FILL OUT ALL INFORMATION COMPLETELY, INCLUDING FULL NAMES AND FULL ADDRESSES

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PLEASE FILL OUT ALL INFORMATION COMPLETELY, INCLUDING FULL NAMES AND FULL ADDRESSES

Name _____

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. Please note that NJRPC 1.6 requires disclosure by an attorney of any information learned by that attorney to each client who may be planning their estate together.

A. PERSONAL DATA

(Client)

(Partner)

Full Name _____

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Borough _____ Township or _____ City (PLEASE CIRCLE ONE) _____ COUNTY _____

Birth Date _____ Birth Date _____

U.S. Citizen? Yes No U.S. Citizen? Yes No

Do you have a prenuptial agreement? _____ If so, please provide a copy.

Annual Income _____ Annual Income _____

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. CHILDREN (if applicable)

Child's Name	Address (including zip code)	Home Phone Number	Work Phone Number	Date of Birth

Does the Client have any children by a previous marriage? If yes, please Yes No
Provide a copy of any judgment and/or settlement agreements.

Does the Partner have any children by a previous marriage? If yes, please Yes No
Provide a copy of any judgment and/or settlement agreements.

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

Have all of your children completed their education? Yes No

Are any of your children receiving SSI or other form of government entitlement?
i.e., disability awards or VA benefits? 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

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Do you have any pets?

_____Yes

_____No

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D. GRANDCHILDREN

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

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 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35 or immediate)

2. GRANDCHILDREN

Do you want 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 distribution to your grandchildren? _____

(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)

3. CHARITIES

Do you want to leave a specific amount of money or other assets to any charity?

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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 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 _____

(Name and Full Address)

Third Choice _____

(Name and Full Address)

(Partner)

First Choice: Partner Other _____

Second Choice _____

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(Name and Full Address)

Third Choice _____

(Name and Full Address)

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G. TRUSTEE

Whom do you want to serve as your Trustee?

(Client)

First Choice _____
(Name and Full Address)

Second Choice _____
(Name and Full Address)

(Partner)

First Choice _____
(Name and Full Address)

Second Choice _____
(Name and Full Address)

H. GUARDIAN

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

First Choice _____
(Name and Full Address)

Second Choice _____
(Name and Full Address)

I. LIVING WILL

(Client)

Do you want your Living Will to provide for withdrawal of extraordinary and heroic efforts to maintain you and to withdraw artificial food and fluid if you have no chance of recovery? ___ 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? _____

Do you have any specific burial instructions? _____

Name of Proposed Health Care Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate Health Care Agent _____

Street Address _____

City _____ State _____ Zip _____

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(Partner)

Do you want your Living Will to provide for withdrawal of extraordinary and heroic efforts to maintain you and to withdraw artificial food and fluid if you have no chance of recovery? 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 are the name and address of each 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 _____

Effective Only on Disability Yes No

Name of Proposed Alternate Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

(Partner)

Name of Proposed Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

Effective Only on Disability Yes No

Name of Proposed Alternate Financial Agent _____

Street Address _____

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City_____ State_____ Zip_____

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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? Name of Bank _____

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

Do you expect any inheritances? Yes No

L. Real Property.

Personal Residence:

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

Addresses of real property other than personal residence:

(1) City _____ State _____ Zip _____

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

(2) City _____ State _____ Zip _____

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

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Trusts _____

Business Interests _____

Mortgages and other loans and amounts _____

Insurance _____

O. Additional Information you may think we should know _____

P. CERTIFICATION

The undersigned hereby represents to DAVISON, EASTMAN, MUÑOZ, LEDERMAN & PAONE, P.A 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(s):
