

DAVISON, EASTMAN, MUÑOZ,
LEDERMAN & PAONE, P.A.

ESTATE PLANNING QUESTIONNAIRE

Robert F. Muñoz, Esq.
rmunoz@demlplaw.com

Christina D. Hardman-O'Neal, Esq.
chardman@demlplaw.com

Blake R. Laurence, Esq.
blaurence@demlplaw.com

Anne Marie Mazzu, Esq.
amazzu@demlplaw.com

Douglas J. Widman, Esq.
dwidman@demlplaw.com

Christopher D. Olszak, Esq.
colszak@demlplaw.com

Daniel D. Olszak, Esq.
dolszak@demlplaw.com

100 Willow Brook Road
Suite 100
Freehold NJ 07728
Tel. No. (732)462-7170
Fax No. (732)462-0498

680 Hooper Avenue
Bldg. A, Suite 101
Toms River, NJ 08753
Tel. No. (732)505-4411
Fax No. (732)462-0498

CLIENT NAME:

1. FULL NAMES:

Client: _____

Spouse: _____

If the name given for either client or spouse is not the usual name used, (e.g., name used on checking account), indicate usual name here:

Person for whom planning is sought: _____

Spouse of Person : _____

2. BIRTH DATES: Client: _____ Spouse: _____

3. CITIZENSHIP: Client: _____ Spouse: _____

4. RESIDENCE ADDRESS: _____

5. OCCUPATIONS AND EMPLOYERS: _____

Client: _____

Spouse: _____

6. BUSINESS ADDRESS: _____

Client: _____ Spouse: _____

7. TELEPHONE NUMBERS:

Home: _____

Office: Client: _____ Spouse: _____

MISCELLANEOUS INFORMATION (ESTATE PLANNING -ELDER CARE)

Describe General Situation

Does the Person Who Needs Planning have:

Living Will? Yes _____ No _____

Power of Attorney? Yes _____ No _____

Who is named in the power of attorney? _____

Last Will and Testament Yes _____ No _____

8. CHILDREN:

Full Name	Age	Married	Address (City & State)	Number & Ages of Grandchildren By Each Child
a) _____	_____	_____	_____	_____
b) _____	_____	_____	_____	_____
c) _____	_____	_____	_____	_____
d) _____	_____	_____	_____	_____
e) _____	_____	_____	_____	_____
f) _____	_____	_____	_____	_____

If you/person needing planning is in a nursing home or are concerned about entering a nursing home, set forth the following:

Diagnosis _____

Prognosis _____

Course of Treatment _____

If you are in a nursing home, set forth the name of the nursing home and the date first entered on a continuous basis:

9. FINANCIAL DATA OF THE PERSON FOR WHOM PLANNING IS SOUGHT

**If the person for whom planning is sought is different from the client,
insert their asset information under “client” heading (insert their name)**

	<u>Type of Property</u>	<u>Present Value</u>		
		<u>Client’s Separate Property</u>	<u>Spouse’s Separate Property</u>	<u>Joint Property</u>
ASSETS				
a)	Checking Accounts _____			
b)	Savings Accounts _____			
c)	Money Market Accounts _____			
d)	Certificates of Deposits, etc. _____			
e)	Potential Inheritances _____			
f)	U.S. Savings Bonds _____			
g)	Government Securities _____			
h)	Corporate/Municipal Bonds _____			
i)	Stocks (Publicly Traded) _____			
j)	Mutual Funds _____			
k)	Face Value of Life Insurance _____			
l)	IRA Plans _____			
m)	Keogh Plans _____			
n)	Company Benefit Plans (Qualified) _____			
o)	Company Benefit Plans (Non-qualified) _____			
p)	Business Interests (closely-held) _____			
q)	Partnership Interests _____			
r)	Trusts _____			

11. LIFE INSURANCE

	1	2	3	4	5	6
Insured (Client or Spouse)	<hr/>					
Who is Owner?	<hr/>					
Insurance Company	<hr/>					
Policy Number	<hr/>					
Type of Policy (Whole Life or Term)	<hr/>					
Face Value	<hr/>					
Outstanding Loan	<hr/>					
Present Beneficiary	<hr/>					
Comments:	<hr/>					
	<hr/>					
	<hr/>					
	<hr/>					

12. EMPLOYEE BENEFIT PLANS:

Employee (Client or Spouse	Type of Plan (IRA, Keogh, Pension, Profit-Sharing Thrift	Survivor's Benefit When Employee Dies	Amount	Percent of Survivor's Benefit Attributable to Employer Contributions
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- a) _____
- b) _____
- c) _____
- d) _____

Comments: _____

13. DEBTS AND LIABILITIES (OTHER THAN MORTGAGES)

Institution	Collateral	Interest Rate	Term	Purpose of Loan
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- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

14. MORTGAGES

Institution	Collateral	Interest Rate	Term	Purpose Mortgage
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- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

15. INCOME DATA

	<u>Client</u>	<u>Spouse</u>	<u>Jointly</u>
a) Salary or Wage	\$ _____	\$ _____	\$ _____
b) Interest Income	_____	_____	_____
c) Dividends	_____	_____	_____
d) Rental Income	_____	_____	_____
e) Pension	_____	_____	_____
f) Social Security	_____	_____	_____
g) Partnership Share	_____	_____	_____
h) Capital Gains	_____	_____	_____
i) Other (identify)			
(1)_____	_____	_____	_____
(2)_____	_____	_____	_____
j) TOTAL	\$ _____	\$ _____	\$ _____

16. GIFT TAX DATA

Please supply us with Xerox copies of your federal gift tax returns for the last three years.

17. COMMUNITY PROPERTY

Have you ever lived in any of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin? If so, please indicate when.

Are you the beneficiary of any trusts? If so, please provide a copy of the trust instrument.

18. GENERAL COMMENTS

If you have any specific estate-planning objectives, if any of your intended beneficiaries have special needs or problems, or if there is anything else you feel we should be aware of, please discuss below:

I UNDERSTAND THAT THE RECOMMENDATIONS AND ADVICE WHICH YOU WILL GIVE, AND ANY DOCUMENTS YOU PREPARE, WILL BE BASED ON THE ACCURACY AND COMPLETENESS OF THE DISCLOSURES MADE HEREIN.

Dated:

Dated: