

**ESTATE PLANNING QUESTIONNAIRE
(SINGLE)**

Date: _____ File Number: _____
Phone: (_____) _____ Business Phone: (_____) _____
Cell Phone: (_____) _____ Beeper Phone: (_____) _____
Email: _____ Fax Number: (_____) _____

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 CODE: _____

BIRTHDATE (MM/DD/YYYY): _____ US CITIZEN? YES NO

SOCIAL SECURITY NUMBER: _____ 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 CODE: _____

Have you visited our website? YES NO

Do you have any ideas for improving our website? If so, please describe.

C. CHILDREN (If applicable)

Child's Name	Address with Zip Code	Date of Birth

- Does the Husband have any children by a previous marriage? YES NO
- Does the Wife have any children by a previous marriage? YES NO
- Are all 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 your children completed their education? YES NO
- Are any of your children receiving SSI or other forms 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. GRANDCHILDREN (If applicable)

Grandchild's Name	Address with Zip Code	Date of Birth

E. DISPOSITIVE INTENTIONS

1. CHILDREN

If you have children, do you wish to treat all your children equally? YES NO

If not, why not? _____

After your death, at what age do you want to distribute to your children? _____

(e.g. a typical plan provides for 1/3 at age 25, 1/3 at age 30, 1/3 at age 35 or immediate)

2. GRANDCHILDREN

If you have 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 your children equally? YES NO

If not, why not? _____

How much do you want to leave your grandchildren? _____

At what age do you want to distribute to your children? _____

(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 with Zip Code	Amount \$

4. OTHER BENEFICIARIES

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

YES NO

If so, please list:

Name of Beneficiary	Address	Relationship	Amount \$

F. EXECUTOR

Whom do you want to serve as your Executor?

First Choice: _____

Second Choice: _____

G. TRUSTEE

Whom do you want to serve as your Trustee?

First Choice: _____

Second Choice: _____

Third Choice: _____

H. GUARDIAN

If you have a **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 another person prior to acting? YES NO

If yes, with whom? _____

Name of Proposed Health Care Agent: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Name of Alternate Health Care Agent: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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

Full Name of Physician: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

J. POWER OF ATTORNEY

Name of Proposed Financial Agent: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Name of Proposed Alternate Financial Agent: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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 <i>Attach Copies of Statements</i>	\$	\$
Real Estate (Residence) <i>Attach a Copy of Deed</i>	\$	\$
Real Estate (Other) <i>Attach Copies of All Deeds</i>	\$	\$
Certificates of Deposits (CDS) <i>Attach Copy of Statements</i>	\$	\$
Stocks – Non Mutual Funds (Not Held by Broker) <i>Attach Copies of All Certificates</i>	\$	\$
Stocks – Non Mutual Funds (Held by Broker) <i>Attach Copies of Brokerage Statements</i>	\$	\$
Bonds – Non Mutual Funds (Not Held by Broker) <i>Attach Copies of All Bonds</i>	\$	\$
Bonds – Non Mutual Funds (Held by Broker) <i>Attach Copies of Brokerage Statements</i>	\$	\$
Mutual Funds <i>Attach Copies of Statements</i>	\$	\$
Notes and Mortgage Receivables <i>Attach Copies of Notes & Mortgages</i>	\$	\$
Business Interests <i>Attach Copies of Stock Certificates, partnership agreements, and/or other documentation</i>	\$	\$
Inheritance, etc.	\$	\$
Automobiles	\$	\$
Jewelry & Collections	\$	\$
Non-IRA Tax Qualified Retirement Plans <i>Attach Copies of Statements</i>	\$	\$
IRA's <i>Attach Copies of Statements</i>	\$	\$
Life Insurance <i>Attach Copies of all policies</i>	\$	\$



Annuities <i>Attach Copies of All Policies</i>	\$	\$
Other Assets <i>Attach copies of documentation pertaining to such assets</i>	\$	\$
TOTALS	\$	\$

Personal Residence:

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

Address of real property other than personal residence:

(1) Street _____

City: _____ State: _____ Zip Code: _____

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

(2) Street _____

City: _____ State: _____ Zip Code: _____

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

M. CERTIFICATION

The undersign hereby represents to Rothkoff Law Group, 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:

ASSETS

(What you own as of today)

Type of Account	Name of Account	Bank Name	Account Number	Balances
Check/Sav/Money				
Check/Sav/Money				
Check/Sav/Money				
CD/US Bond				
CD/US Bond				
IFT Accounts				
IFT Accounts				
Stock/Bond/Mutual				
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				
Other				

(Please use additional pages if needed)

LIABILITIES

(What you owe as of today)

Type of 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