



CONFIDENTIAL
ESTATE PLANNING QUESTIONNAIRE

The following questionnaire is designed to expedite our efforts to plan your estate. Whether you are a new or an established client, we have found this questionnaire extremely helpful, and therefore ask your indulgence in completing it fully. Those questions that do not apply to your family or financial situation may simply be ignored. Please feel free to attach additional pages where space is insufficient or to provide other information you feel is relevant.

DATED: _____

I. CLIENT & FAMILY

Client Name: _____

Address: _____

_____ US Citizen: Yes _____ No _____

Tel No.: Home: _____ Wk: _____ Cell: _____

Social Security No.: _____ Date of Birth: _____

E-Mail Address: _____

Employer: _____ Annual Income: _____

Spouse/Partner Name: _____

Date of Marriage or Domestic Partnership: _____ State: _____

Address: _____

_____ US Citizen: Yes _____ No _____

Tel No.: Home: _____ Wk: _____ Cell: _____

Social Security No.: _____ Date of Birth: _____

E-Mail Address: _____

Employer: _____ Annual Income: _____

Client - Prior Marriages

Name of Former Spouse: _____ Date of Marriage: _____

Place of Marriage: _____ Year Terminated: _____

Spouse/ Partner - Prior Marriages

Name of Former Spouse: _____ Date of Marriage: _____

Place of Marriage: _____ Year Terminated: _____

Have you ever resided in a "community property" state: Yes No

(Ex. Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin and Puerto Rico)

BENEFICIARIES: CHILDREN, GRANDCHILDREN AND/OR RELATIVES

1. Name: _____ **Relation:** _____

Address: _____

_____ US Citizen: Yes _____ No _____

Tel No.: Home: _____ Wk: _____ Cell: _____

Social Security No.: _____ Date of Birth: _____

E-Mail Address: _____

2. Name: _____ **Relation:** _____

Address: _____

_____ US Citizen: Yes _____ No _____

Tel No.: Home: _____ Wk: _____ Cell: _____

Social Security No.: _____ Date of Birth: _____

E-Mail Address: _____

3. Name: _____ **Relation:** _____

Address: _____

_____ US Citizen: Yes _____ No _____

Tel No.: Home: _____ Wk: _____ Cell: _____

Social Security No.: _____ Date of Birth: _____

E-Mail Address: _____

4. Name: _____ **Relation:** _____

Address: _____

_____ US Citizen: Yes _____ No _____

Tel No.: Home: _____ Wk: _____ Cell: _____

Social Security No.: _____ Date of Birth: _____

E-Mail Address: _____

5. Name: _____ **Relation:** _____

Address: _____

_____ US Citizen: Yes _____ No _____

Tel No.: Home: _____ Wk: _____ Cell: _____

Social Security No.: _____ Date of Birth: _____

E-Mail Address: _____

Do you specifically intend on disinherit anyone? If so, please provide their name and relationship.

Name: _____ **Relation:** _____

II. BUSINESS INTERESTS:

Name: _____ **Value:** _____

Address: _____

Tel No.: Office _____ Fax: _____

Succession Planning (check all that are applicable):

Public or Private Sale Buy & Sell Agreement Insurance Family Continuation

Gifts & Transfers Key Man Consulting Agreement ESOP

Other _____

III. PROFESSIONALS & ADVISORS

ATTORNEY NAME: _____

Address: _____

Tel. No. Office: _____ Fax: _____

E-Mail Address: _____

ACCOUNTANT NAME: _____

Address: _____

Tel. No. Office: _____ Fax: _____

E-Mail Address: _____

BANK or TRUST COMPANY NAME: _____

Address: _____

Tel. No. Office: _____ Fax: _____

E-Mail Address: _____

FINANCIAL ADVISOR NAME: _____

Address: _____

Tel. No. Office: _____ Fax: _____

E-Mail Address: _____

LIFE INSURANCE AGENT NAME: _____

Address: _____

Tel. No. Office: _____ Fax: _____

E-Mail Address: _____

STOCK & INVESTMENT BROKER NAME: _____

Address: _____

Tel. No. Office: _____ Fax: _____

E-Mail Address: _____

IV. ASSETS & LIABILITIES

Safe Deposit Box Number & Location: _____

Cash, CDs and Bank Balances:

<u>Name of Bank/Branch</u>	<u>Account No.</u>	<u>Type of Account</u>	<u>Balance</u>	<u>How Title Held</u>

Securities (Bonds, Marketable Securities, etc.): (Or attach stock brokerage account statement)

<u>Company/Insurer</u>	<u>Type</u> (Common/ Preferred)	<u>No. of Shares/ Face Value</u>	<u>Cost</u>	<u>Value</u>	<u>How Title Held</u>

IRA, Keogh, and/or Other Retirement Plans:

(provide copies of plan documents and beneficiary designations)

<u>Where Held</u>	<u>In Whose Name</u>	<u>When Begun</u>	<u>Amount</u>

Life and Accident Insurance & Annuities: *(provide copies of policy documents)*

<u>Description</u> (Company & Contract Type)	<u>Policy No.</u>	<u>Owner</u>	<u>Primary & Contingent Beneficiary</u>	<u>Present Cash Value</u>	<u>Face Amount of Death Benefit</u>

Real Estate: *(Please provide us with a copy of the deed and most recent tax bill)*

Primary Residence

<u>Description (Location)</u>	<u>Title Held</u>	<u>Cost/Basis</u>	<u>Encumbrances</u>	<u>Est. Market Value</u>

Mortgage:

Maturity _____

Original Amount \$ _____

Current Amount \$ _____

Additional Real Estate *(If Applicable)*

<u>Description (Location)</u>	<u>Title Held</u>	<u>Cost/Basis</u>	<u>Encumbrances</u>	<u>Est. Market Value</u>

Mortgage:

Maturity _____

Original Amount \$ _____

Current Amount \$ _____

Personal Property: *(Indicate how ownership is held)*

	<u>Value</u>	<u>How Held</u>
Home Furnishings:	\$ _____	
Automobiles, Boats, etc.	\$ _____	
Precious Metals, Jewelry, Furs:	\$ _____	
Other (collections, etc.)	\$ _____	

V. FAMILY INCOME: MONTHLY PAYMENTS

Description	Client Value	Spouse/Partner Value
1. WAGES	\$ _____	\$ _____
2. INTEREST AND DIVIDENDS	\$ _____	\$ _____
3. SOCIAL SECURITY	\$ _____	\$ _____
4. RETIREMENT	\$ _____	\$ _____
5. OTHER	\$ _____	\$ _____

Do you or your spouse anticipate receiving an inheritance in the near future? YES

Amount: _____ Source: _____

Please complete the portions of following paragraphs that provide for the names of personal representatives and alternates below.

(Attach additional sheets or notes where necessary)

VI. LAST WILL AND TESTAMENT:

A. PERSONAL PROPERTY

(1) Specific Bequests to Family/ Friends _____

(2) Spouse, then children, or their issue in equal shares

(3) Refer to list provided to Personal Representative of Estate

(4) Other: _____

B. RESIDUARY / REMAINING ESTATE ASSETS

To spouse, then children

To children

Other: _____

If a beneficiary predeceases you, how should their share be distributed?

To His/ Her Heirs Evenly Among Other Beneficiaries Other _____

If no beneficiaries listed above survive you, please describe how you would like your estate distributed: _____

If a child or grandchild is a beneficiary and is a minor at the time of your death, at what age or ages do you want them to receive the principal? _____

C. GIFTS TO CHARITY : (Optional)

Name:	Amount/ Item:	Address:
(1) _____,	_____	_____
(2) _____,	_____	_____
(3) _____,	_____	_____

D. GUARDIAN: (If Children are under 18 years old or disabled. If desired, separate Guardians can be appointed for physical care and administration of the estate.)

Name:	Address:
(1) _____,	_____
(2) _____,	_____
(3) _____,	_____

E. EXECUTOR: (To carry out Terms of the Will.)

Name:	Address:
(1) _____,	_____
(2) _____,	_____
(3) _____,	_____

F. TRUSTEE: (Responsible to Administer the Trust.)

Name:	Address:
(1) _____,	_____
(2) _____,	_____
(3) _____,	_____

VII. HEALTH CARE PROXY: (To make medical decisions on your behalf if you are unable.)

Name:	Address:	Phone:
(1) _____,	_____	_____
(2) _____,	_____	_____
(3) _____,	_____	_____

Note: New York recognizes alternative forms and process for patients to provide their end of life care preferences and to donate tissue and organs. They include Medical Orders for Life Sustaining Treatment (MOLST), Non Hospital Order Not to Resuscitate Form (DNR) and the Donate Life Registry Enrollment Form. Please see your physician if you would like to include such declarations as part of your estate plan.

VIII. DURABLE POWER OF ATTORNEY: (To make financial decisions if you are unable.)

Note: A Separate Power of Attorney can be made for Business matters.

Springing General Durable

Name:	Address:	Phone:
(1) _____,	_____	_____
(2) _____,	_____	_____
(3) _____,	_____	_____

Agents to act: TOGETHER or SEPARATELY?

Agent(s) to be given Gifting Authority: Yes No

Successor Agent(s): (If your Primary Agent(s) above is unable or refuse to serve)

Successor Agent Name: _____

Address: _____

IX. DISPOSITION OF REMAINS APPOINTMENT: (Designated to handle one’s remains and final arrangements once deceased.)

Name:	Address:	Phone:
(1) _____,	_____	_____
(2) _____,	_____	_____
(3) _____,	_____	_____

Funeral Instructions: (If any – Check Applicable)

Cremation Memorial Service Calling Hours Open casket Closed casket

Service at Funeral Home Service/Mass in Church With casket Interment service at Cemetery

Other: _____

Funeral Home: _____ **Pre-Planned:** Yes No

Cemetery Plot: _____

CHECKLIST OF ITEMS TO BRING TO OUR OFFICE

Check if you have any of the following instruments, and provide copies if available.

Client	Spouse/Significant Other	
<input type="checkbox"/>	<input type="checkbox"/>	Prior Will
<input type="checkbox"/>	<input type="checkbox"/>	Any existing Trust documents where listed as donor or beneficiary
<input type="checkbox"/>	<input type="checkbox"/>	Power of Attorney ⁷
<input type="checkbox"/>	<input type="checkbox"/>	Living Will and/or Health Care Proxy
<input type="checkbox"/>	<input type="checkbox"/>	<u>Business Agreements (Partnership/Shareholder)</u>
<input type="checkbox"/>	<input type="checkbox"/>	Pre-Nuptial Agreement
<input type="checkbox"/>	<input type="checkbox"/>	Waiver of Right of Election
<input type="checkbox"/>	<input type="checkbox"/>	Deeds to Real Property
<input type="checkbox"/>	<input type="checkbox"/>	Recent Tax Bill Associated with Deeds
<input type="checkbox"/>	<input type="checkbox"/>	Real Property Appraisals
<input type="checkbox"/>	<input type="checkbox"/>	Qualified Plan/IRA/ 401(k) Documents
<input type="checkbox"/>	<input type="checkbox"/>	Bank Account / CD Statements
<input type="checkbox"/>	<input type="checkbox"/>	Investment Statements (Stocks, Bonds, Mutual Funds)
<input type="checkbox"/>	<input type="checkbox"/>	Funeral Pre-Planning / Cemetery Plot
<input type="checkbox"/>	<input type="checkbox"/>	Life Insurance Policies
<input type="checkbox"/>	<input type="checkbox"/>	Long-Term Care Insurance Policy
<input type="checkbox"/>	<input type="checkbox"/>	Any Current Beneficiary Elections
<input type="checkbox"/>	<input type="checkbox"/>	Prior Gift Tax Returns
<input type="checkbox"/>	<input type="checkbox"/>	Last Federal Income Tax Return

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