

ESTATE PLANNING QUESTIONNAIRE
for the

FAMILY

[Date Completed]



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I. GENERAL INFORMATION

	<u>Husband</u>	<u>Wife</u>
Full name:	_____	_____
Other names used:	_____	_____
Date of birth:	_____	_____
Citizenship:	_____	_____
Soc. Sec. No.:	_____	_____
Present employer:	_____	_____
Phone numbers: (O)	_____	_____
(H)	_____	_____
(C)	_____	_____
Preferred email address:	_____	
Home address:	_____	

II. MARRIAGE INFORMATION

Marriage date: _____

Is this your first marriage? Yes / No

If no, please explain: _____

Do you have any pre- or post-marital agreements? _____

States in which you have resided while married: _____

III. FAMILY INFORMATION

A. Your Children (and Grandchildren)

<i>Name</i>	<i>Date of Birth</i>	<i>Phone No.</i>	<i>Address¹</i>	<i>Child's Children</i>

Special Circumstances²: _____

¹ Include address only if different from yours.
² Please explain any circumstances which you believe may be relevant to your estate planning (e.g. if a child is from a previous marriage, is disabled, has special needs, has credit problems, etc.)

B. Husband's Family

<u>Name</u>	<u>Address</u>	<u>Age (or date of death)</u>
PARENTS:		
_____	_____	_____
_____	_____	_____
SIBLINGS:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Wife's Family

<u>Name</u>	<u>Address</u>	<u>Age (or date of death)</u>
PARENTS:		
_____	_____	_____
_____	_____	_____
SIBLINGS:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. FINANCIAL INFORMATION

Please provide estimated total values for each of the following assets. Place the value in the appropriate column to indicate whether the asset is owned by the husband, the wife, or jointly.

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
<u>PERSONAL PROPERTY</u> (e.g., jewelry, household furnishings, cars)			
<u>REAL ESTATE</u> ³			
Primary residence			
Other			
<u>INVESTMENTS</u>			
Savings accounts ⁴			
Certificates of Deposit			
Mutual Funds			
Brokerage Accounts			
Stocks & Bonds			
Tax Shelters			
Loans Receivable			
Annuities			
Other			

³ Please indicate the amount of any mortgage in the “Liabilities” section on the next page.

⁴ If a “paid on death” account or “in trust for” account, please indicate the name of the beneficiary.

(Cont'd)

Husband

Wife

Joint

EMPLOYEE BENEFITS

IRAs

Retirement or Pension Plan

Profit Sharing Plan

Other

LIFE INSURANCE⁵

Policy #1

Type of Policy⁶

Cash value:

Death benefit:

Current beneficiary:

Policy #2

Type of Policy:

Cash value:

Death benefit:

Current beneficiary:

Policy #3

Type of Policy:

Cash value:

Death benefit:

Current beneficiary:

BUSINESS INTERESTS

(Describe)⁷

MISCELLANEOUS

(Describe)

TOTAL ASSETS: _____

(Cont'd)

⁵ Please include both individual and group policies (including those provided by your employer) as well as any policies you own on someone else's life.

⁶ (E.g., term, whole life, universal life, variable life).

⁷ Please indicate the type of entity (e.g. LLC, C corp., S corp., partnership, sole proprietorship) and the percentage owned as well as the fair market value of your interest.

Husband

Wife

Joint

LIABILITIES

Mortgages:

Other:
(Describe)

**TOTAL
LIABILITIES:**

NET ASSETS⁸:

⁸ Total Assets (from p. 6) less Total Liabilities (from above).

V. MISCELLANEOUS

Have you ever filed a gift tax return? Husband: Yes / No

Wife: Yes / No

(If yes, please provide a copy of the return.)

Are any inheritances likely to be received by either of you in the future?

If so, please indicate the source and the expected amount of the inheritance:

Are any persons (other than your children) partially or wholly dependent upon you for support now or possibly in the future?

If so, please explain:

VI. PROFESSIONAL ADVISORS

ACCOUNTANT

Name: _____

Company: _____

Telephone: _____

INSURANCE AGENT

Name: _____

Company: _____

Telephone: _____

INVESTMENT ADVISOR

Name: _____

Company: _____

Telephone: _____