

Date: _____

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ESTATE PLANNING QUESTIONNAIRE - MARRIED

(Please Print Legibly)

HUSBAND'S NAME:

First MI Last

Also Known As (if any) Date of Birth

SOCIAL SECURITY #:

WIFE'S NAME:

First MI Last

Also Known As (if any) Date of Birth

SOCIAL SECURITY #:

HOME ADDRESS:

HOME TELEPHONE:

HUSBAND: CELL: _____ EMAIL: _____

WIFE: CELL: _____ EMAIL: _____

HUSBAND'S OCCUPATION:

EMPLOYER NAME:

ADDRESS:

WORK TELEPHONE:

WIFE'S OCCUPATION:

EMPLOYER NAME:

ADDRESS:

WORK TELEPHONE:

GRANDCHILDREN (if any):

GRANDCHILD #1

Name _____
Address _____
Age _____ DOB _____ Marital Status _____
Born of this Marriage or prior Marriage? _____

GRANDCHILD #2

Name _____
Address _____
Age _____ DOB _____ Marital Status _____
Born of this Marriage or prior Marriage? _____

GRANDCHILD #3

Name _____
Address _____
Age _____ DOB _____ Marital Status _____
Born of this Marriage or prior Marriage? _____

GRANDCHILD #4

Name _____
Address _____
Age _____ DOB _____ Marital Status _____
Born of this Marriage or prior Marriage? _____

GRANDCHILD #5

Name _____
Address _____
Age _____ DOB _____ Marital Status _____
Born of this Marriage or prior Marriage? _____

ARE ALL YOUR CHILDREN AND GRANDCHILDREN IN GOOD HEALTH? Yes ___ No ___

ARE ANY OF YOUR CHILDREN OR GRANDCHILDREN RECEIVING SSI OR OTHER FORM OF GOVERNMENT ASSISTANCE? Yes _____ No _____

DATE OF MARRIAGE: _____

IS THIS HUSBAND'S FIRST MARRIAGE? Yes ___ No ___

If no, please list date(s) and method of termination (death, divorce, annulment) of prior marriages including names(s) of former spouse(s): _____

IF DIVORCED, indicate whether you entered any property settlement agreements with a former spouse.

IS THIS WIFE'S FIRST MARRIAGE? Yes ___ No ___

If no, please list date(s) and method of termination (death, divorce, annulment) of prior marriages including names(s) of former spouse(s): _____

IF DIVORCED, indicate whether you entered any property settlement agreements with a former spouse.

ARE YOU BOTH UNITED STATES CITIZENS? Yes _____ No _____

If no, please indicate which spouse is not a U.S. citizen and country of citizenship:

ARE YOU BOTH IN GOOD HEALTH? Yes _____ No _____

If no, please indicate the diagnosis of your ailment(s): _____

PLEASE INDICATE IF EITHER OF YOU HAVE HAD RECENT HOSPITALIZATIONS:

Yes _____ No _____

DO EITHER OF YOU HAVE LONG TERM CARE INSURANCE? Yes ___ No ___

If yes, please indicate from which company, what the monthly or daily benefit is and the terms:

HOW WERE YOU REFERRED TO OUR FIRM? _____

PLEASE LIST NAME, ADDRESS AND TELEPHONE NUMBER OF THE FOLLOWING:

Family/Corporate Attorney _____

Accountant _____

Financial Planner/Broker _____

Banker _____

Insurance Agent _____

Homeowners _____

Auto _____

Life _____

Assets:

Name: _____

Date: _____

ASSETS (Fill in Amounts/Values in boxes; check left column if no such asset)					
	✓ if None	HUSBAND	WIFE	JOINT	LIABILITIES
Checking Account(s)					
Savings Account(s)					
Money Market Account(s)					
CD					
CD					
CD					
Residence					
Other Real Estate					
(State: _____)					
(State: _____)					
Time Shares					
Businesses					
(Name: _____)					
(Name: _____)					
Mutual Funds					
Stocks					
Bonds					
Automobiles					
Personal Effects					
Anticipated Inheritances					
Pending Litigation					
Other					
TOTALS					

Assets:

Name: _____

Date: _____

ASSETS (Fill in Amounts/Values in boxes; check left column if no such asset)					
	✓ if None	OWNER	INSURED / ANNUITANT	BENEFICIARY	VALUE/DEATH BENEFIT
QUALIFIED FUNDS					
IRA'S (including rollovers)					
401(K)					
403(b)					
TIAA/CREF					
Savings Plans					
Qualified Annuities					
NON-QUALIFIED ANNUITIES					
LIFE INSURANCE					
TOTALS					

DO YOU HAVE A POWER OF APPOINTMENT IN A TRUST CREATED BY ANOTHER PERSON OR IN ANOTHER PERSON'S ESTATE? _____ Yes _____ No