

Date: _____

The Law Offices of Nancy M. Rice
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ESTATE PLANNING QUESTIONNAIRE

(Please Print Legibly)

CLIENT NAME:

First MI Last

Also Known As (if any)

DATE OF BIRTH:

SOCIAL SECURITY #

HOME ADDRESS:

HOME TELEPHONE:

OCCUPATION:

EMPLOYER NAME:

ADDRESS:

WORK TELEPHONE:

CHILDREN (if applicable):

CHILD #1

Name

Address

Age DOB Marital Status

Born of this Marriage or prior Marriage?

CHILD #2

Name _____

Address _____

Age _____ DOB _____ Marital Status _____

Born of this Marriage or prior Marriage? _____

CHILD #3

Name _____

Address _____

Age _____ DOB _____ Marital Status _____

Born of this Marriage or prior Marriage? _____

CHILD #4

Name _____

Address _____

Age _____ DOB _____ Marital Status _____

Born of this Marriage or prior Marriage? _____

CHILD #5

Name _____

Address _____

Age _____ DOB _____ Marital Status _____

Born of this Marriage or prior Marriage? _____

GRANDCHILDREN (if applicable):

GRANDCHILD #1

Name _____

Address _____

Age _____ DOB _____ Marital Status _____

Name of Parent _____

GRANDCHILD #2

Name _____

Address _____

Age _____ DOB _____ Marital Status _____

Name of Parent _____

GRANDCHILD #3

Name _____

Address _____

Age _____ DOB _____ Marital Status _____

Name of Parent _____

GRANDCHILD #4

Name _____

Address _____

Age _____ DOB _____ Marital Status _____

Name of Parent _____

GRANDCHILD #5

Name _____

Address _____

Age _____ DOB _____ Marital Status _____

Name of Parent _____

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 ___

HAVE YOU EVER BEEN MARRIED? Yes ___ NO ___

If yes, please list any applicable date(s) and method of termination (death, divorce, annulment) of prior marriages, including names of former spouse(s): _____

Have you entered into any prenuptial, postnuptial or property settlement agreement with your spouse regarding division of property upon divorce or death? Yes ___ No ___

ARE YOU A UNITED STATES CITIZEN? Yes ___ No ___

If no, please indicate country of citizenship: _____

ARE YOU IN GOOD HEALTH? Yes ___ No ___

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

HOW WERE YOU REFERRED TO OUR FIRM? _____

WHAT TYPE OF SERVICE ARE YOU INTERESTED IN US PROVIDING FOR YOU?

- Estate Planning: Will, Trust, Power of Attorney, Living Will
- Estate or Trust Administration
- Medicaid Planning
- Estate Litigation: Will Contests, etc.
- Guardianship

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	In Your Name Only	In Your Name - With beneficiary listed or Payable on Death (POD) or ITF	Joint with Someone Else	Loans/Mortgages against - Liabilities
Checking Account(s)					
Savings Account(s)					
Money Market Account(s)					
CD's					
Residence					
Other Real Estate					
(State: _____)					
(State: _____)					
Time Share Interests					
Business Interests					
(Name: _____)					
Mutual Funds					
Stocks					
Bonds					
Automobiles					
Personal Effects					
Anticipated Inheritances					
Pending Litigation					
Other					
TOTALS					

Name: _____

Date: _____

Assets:

ASSETS (Fill in Amounts/Values)					
	✓ if None	OWNER	INSURED/ ANNUITANT	BENEFICIARY	VALUE/ DEATH BENEFIT
QUALIFIED FUNDS					
IRA's (including rollovers)					
401(K's)					
401(B's)					
TIAA/CREF					
Savings Plans					
Qualified Annuities					
NON-QUALIFIED ANNUITIES OR IRA's					
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

MONTHLY INCOME	
Net Salary or Wages	\$
Social Security	\$
Pension	\$
Other Income	\$
TOTAL INCOME	\$

GIFTS		
<p>Gifts made in excess of \$5,000 per <u>month</u> to someone other than your spouse within the past 36 months (<u>including</u> transfers of real estate(eg.adding a child's name to a Deed):</p>		
RECIPIENT	DATE	AMOUNT

ANTICIPATED MONTHLY NURSING HOME EXPENSE (if applicable)	
Name of Nursing Home/Assisted Living Facility	
Date of Admission	
Average Monthly Bill	\$