



Revised 05/17
EP - Married

Date:

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ESTATE PLANNING QUESTIONNAIRE

HUSBAND'S NAME:

First Name, Middle Initial, Last Name

Also Known As (if any)

Date of Birth

SOCIAL SECURITY #:

WIFE'S NAME:

First Name, Middle Initial, Last Name

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:

CHILDREN (if any):

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 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:

ARE EITHER OF YOU A VETERAN OF THE UNITED STATES ARMED FORCES?

Yes No

IF EITHER OF YOU IS A VETERAN, ARE YOU RECEIVING TRI-CARE? Yes No

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:

NON-RETIREMENT 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:

RETIREMENT (TAX-QUALIFIED) ASSETS (Fill in Amounts/Values)					
	✓ if None	OWNER	INSURED / ANNUITANT	BENEFICIARY	VALUE/DEATH BENEFIT
IRA'S (including rollovers)					
401(K)					
403(b)					
TIAA/CREF					
Savings Plans					
Qualified Annuities					
NON-QUALIFIED ANNUITIES					
TOTALS					

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

Assets:

Name:

Date:

LIFE INSURANCE

INSURED	COMPANY	POLICY #	WHOLE LIFE OR TERM?	FACE VALUE	CASH SURRENDER VALUE	DEATH BENEFIT