

Date: _____

Rice & Quattrone, PC
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Cherry Hill, NJ 08034
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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:

CELL:

EMAIL:

OCCUPATION:

EMPLOYER NAME:

ADDRESS:

WORK TELEPHONE:

CHILDREN (if any, include deceased):

CHILD #1

<hr/>				
Name				
<hr/>				
Address				
<hr/>				
Telephone No.	Email	Age	DOB	Marital Status
<hr/>				
Born of this Marriage or prior Marriage?				

CHILD #2

<hr/>				
Name				
<hr/>				
Address				
<hr/>				
Telephone No.	Email	Age	DOB	Marital Status
<hr/>				
Born of this Marriage or prior Marriage?				

CHILD #3

<hr/>				
Name				
<hr/>				
Address				
<hr/>				
Telephone No.	Email	Age	DOB	Marital Status
<hr/>				
Born of this Marriage or prior Marriage?				

CHILD #4

<hr/>				
Name				
<hr/>				
Address				
<hr/>				
Telephone No.	Email	Age	DOB	Marital Status
<hr/>				
Born of this Marriage or prior Marriage?				

CHILD #5

<hr/>				
Name				
<hr/>				
Address				
<hr/>				
Telephone No.	Email	Age	DOB	Marital Status
<hr/>				
Born of this Marriage or prior Marriage?				

GRANDCHILDREN (if any, include deceased):

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):

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

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):

DO YOU HAVE LONG TERM CARE INSURANCE? Yes ____ No ____

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

ARE YOU A VETERAN OF THE UNITED STATES ARMED FORCES? Yes ____ No ____

IF YOU ARE 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 Agents

Homeowners

Auto

Life

PLEASE CHECK WHETHER YOU WISH TO BE AN ORGAN DONOR: Yes_____ No _____

PLEASE INDICATE WHETHER YOU HAVE EXECUTED ANY OF THE FOLLOWING ESTATE PLANNING DOCUMENTS:

	No	Yes – Date Signed	Do you want to make changes?
Will			
Living Will (a/k/a Advance Directive or Healthcare Power of Attorney)			
Financial Power of Attorney			
Trust			

****If yes, please attach copies****

****Our attorneys will NOT review or advise with respect to any AI-generated estate planning documents or any other non-attorney-prepared form documents downloaded from the internet.**

Assets:

Name: _____

Date: _____

NON-RETIREMENT ASSETS (Fill in Amounts/Values in boxes; check left column if no such asset)					
	✓ if None	In Your Name Only (Amount)	In Your Name – With Beneficiary listed (POD or ITF) (Amount)	Joint with Someone Else (Amount)	Loans/Mortgages against – liabilities (Amount)
Checking Account(s)					
Savings Account(s)					
Money Market Account(s)					
CD(s)					
Residence					
Other Real Estate:					
(State: _____)					
Time Shares					
Businesses					
(Name: _____)					
Mutual Funds (non-retirement)					
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 (Name)	INSURED / ANNUITANT (Amount)	BENEFICIARY (Name/Names)	VALUE/DEATH BENEFIT (Amount)
IRA'S (including rollovers)					
401(K)					
403(b)					
TIAA/CREF					
Savings Plans					
Qualified Annuities					
NON-QUALIFIED ANNUITIES					
TOTALS					

HAVE YOU BEEN GIVEN 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	BENEFICIARY