



GOLDSTEIN LAW FIRM, LLC
ATTORNEYS AT LAW
92 EAST MAIN STREET
SUITE 408
SOMERVILLE, NJ 08876
(908) 450-7250

**ESTATE PLANNING QUESTIONNAIRE
(MARRIED)**

Date _____

File Number _____

Home Phone No. _____

Husband's Work Phone No. _____

Husband's Cell No. _____

Husband's Beeper No. _____

E-mail Address _____

Wife's Work Phone No. _____

Wife's Cell No. _____

Wife's Beeper No. _____

Fax No. _____

This form is extremely important. Your accuracy and completeness in responding will help me best represent you. Please bring this information with you to the appointment.

A. PERSONAL DATA

(Husband)

Full Name

(print name as shown on your checks)

(Wife)

Full Name

(print name as shown on your checks)

Street Address

City State

Zip

Birth Date _____

Birth Date _____

Social Security No. _____

Social Security No. _____

U.S. Citizen? ___ Yes ___ No U.S. Citizen? ___ Yes ___ No

Annual Income _____ Annual Income _____

B. REFERRAL

By whom were you referred to this office?

Name _____

Street Address _____

City _____ State _____ Zip _____

Have you visited our Website? ___ Yes ___ No

Do you have any ideas for improving our Website? If so, please discuss.

C. CHILDREN (if applicable)

Child's Name	Address (including zip code)	Date of Birth

Does the Husband have any children by a previous marriage? ___ Yes ___ No

Does the Wife have any children by a previous marriage? Yes No

Are all of your children in good health? Yes No

Are any of your children blind? Yes No

Are any of your children disabled? Yes No

Have all of your children completed their education? Yes No

Are any of your children receiving SSI or other form of government entitlement? Yes No

Do any of your family members have any problems with:

Aids?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drug Addiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alcoholism?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spendthrift?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

D. GRANDCHILDREN (if applicable)

Grandchild's Name	Address (including zip code)	Date of Birth

E. DISPOSITIVE INTENTIONS

1. SPOUSE AND CHILDREN

Do you wish to provide primarily for your spouse and secondarily for your children? Yes No

Do you wish to treat all of your children equally? Yes No

If not, why not? _____

After your spouse's death, at what age do you want distribution to your children? _____

(e.g. a typical plan provides for 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35 or immediate)

2. GRANDCHILDREN

Do you want to leave a specific amount of money or a percentage of your estate to your grandchildren?

___ Yes ___ No

Do you wish to treat all of your grandchildren equally?

___ Yes ___ No

If not, why not? _____

How much do you want to leave your grandchildren? _____

At what age do you want distribution to your grandchildren? _____

(e.g. a typical plan provides for 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35 or immediate)

3. CHARITIES

Do you want to leave a specific amount of money or other assets to any charity? ___ Yes ___ No

If yes, please list:

Name of Charity	Address of Charity	Dollar Amount

4. OTHER BENEFICIARIES

Do you want your Will to benefit anyone other than children, grandchildren or a charity? ___ Yes ___ No

If so, please list:

Name of Beneficiary	Address of Beneficiary	Relationship	Dollar Amount

--	--	--	--

F. EXECUTOR

Whom do you want to serve as your Executor?

(Husband)

First Choice: ___ Spouse ___ Other _____

Second Choice _____

Third Choice _____

(Wife)

First Choice: ___ Spouse ___ Other _____

Second Choice _____

Third Choice _____

G. TRUSTEE

Whom do you want to serve as your Trustee?

(Husband)

First Choice _____

Second Choice _____

(Wife)

First Choice _____

Second Choice _____

H. GUARDIAN

If you have **minor** or **disabled** child/children, whom do you want to act as Guardian?

First Choice _____

Second Choice _____

I. LIVING WILL

(Husband)

Do you want your Living Will to provide for withdrawal of artificial food and fluid? ___ Yes ___ No

Do you want to donate your eyes or organs? ___ Yes ___ No

Do you want your Health Care Agent to consult with any other person prior to acting? ___ Yes ___ No

If yes, with whom? _____

Name of Proposed Health Care Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate Health Care Agent _____

Street Address _____

City _____ State _____ Zip _____

(Wife)

Do you want your Living Will to provide for withdrawal of artificial food and fluid? ___ Yes ___ No

Do you want to donate your eyes or organs? ___ Yes ___ No

Do you want your Health Care Agent to consult with any other person prior to acting? ___ Yes ___ No

If yes, with whom? _____

Name of Proposed Health Care Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate Health Care Agent _____

Street Address _____

City _____ State _____ Zip _____

What are the name and address of each of your primary care physician?

Full Name of Physician _____

Street Address _____

City _____ State _____ Zip _____

J. POWER OF ATTORNEY

(Husband)

Name of Proposed Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

(Wife)

Name of Proposed Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

K. MISCELLANEOUS

Do you have any other legal issues which I should be aware of? Yes No

If yes, please explain _____

What is the location of your important papers? _____

Do you have a Safe Deposit Box? Yes No

If yes, please indicate the name and address of the location _____

Have you ever made gifts to any one person in excess of \$10,000 in any one calendar year?

Yes No

Have you ever filed a Federal Gift Tax Return? Yes No

L. FINANCIAL SUMMARY

		<u>ASSETS</u>		<u>LIABILITIES</u>
	Husband	Wife	Joint	
Bank Accounts [attach copies of statements]	\$ _____	\$ _____	\$ _____	\$ _____
Real Estate (residence) [attach copy of deed or title policy]	\$ _____	\$ _____	\$ _____	\$ _____
Real Estate (other) [attach copies of all deeds]	\$ _____	\$ _____	\$ _____	\$ _____
Savings Certificates (CDS) [attach copies of statements]	\$ _____	\$ _____	\$ _____	\$ _____
Stocks - Non Mutual Funds (Not Held by Broker) [attach copies of all certificates]	\$ _____	\$ _____	\$ _____	\$ _____
Stocks - Non Mutual Funds (Held by Broker) [attach copies of brokerage statements]	\$ _____	\$ _____	\$ _____	\$ _____
Bonds - Non Mutual Funds (Not Held by Broker) [attach copies of all bonds]	\$ _____	\$ _____	\$ _____	\$ _____
Bonds - Non Mutual Funds (Held by Broker) [attach copies of brokerage statements]	\$ _____	\$ _____	\$ _____	\$ _____
Mutual Funds [attach copies of statements]	\$ _____	\$ _____	\$ _____	\$ _____
Note and Mortgages Receivables [attach copies of Notes & Mortgages]	\$ _____	\$ _____	\$ _____	\$ _____
Business Interests [attach copies of stock certificates, partnership agreement and/or other documentation]	\$ _____	\$ _____	\$ _____	\$ _____
Inheritance, etc.	\$ _____	\$ _____	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____	\$ _____	\$ _____
Jewelry & Collections	\$ _____	\$ _____	\$ _____	\$ _____
Non-IRA Tax Qualified Retirement Plans [attach copies of statements]	\$ _____	\$ _____	\$ _____	\$ _____
IRAs [attach copies of statements]	\$ _____	\$ _____	\$ _____	\$ _____
Life Insurance [attach copies of all policies]	\$ _____	\$ _____	\$ _____	\$ _____
Annuities [attach copies of all policies]	\$ _____	\$ _____	\$ _____	\$ _____
Other Assets [attach copies of documentation pertaining to such assets]	\$ _____	\$ _____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____

Personal Residence:

Tax Block # _____, Lot # _____ (Can be obtained from Tax Bill)

Addresses of real property other than personal residence:

(1) Street _____ City _____ State _____ Zip _____

Tax Block # _____, Lot # _____ (Can be obtained from Tax Bill)

(2) Street _____ City _____ State _____ Zip _____

Tax Block # _____, Lot # _____ (Can be obtained from Tax Bill)

M. CERTIFICATION

The undersigned hereby represents to Goldstein Law Firm, LLC, and each of its attorneys, that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information, but will **not** independently verify its accuracy. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client or Client Representative:
