

PESSIN KATZ LAW, P.A.
Attorneys At Law
Client Information Questionnaire
Estate Planning

Present at Meeting: _____

Date: _____ How were you referred to us: _____

Name of Client: _____ D/O/B: _____ SS#: _____

Client's Partner: _____ D/O/B: _____ SS#: _____

Client Citizenship: _____ Partner Citizenship: _____

Other names that Client or Partner are known by: _____

Has either client or client's partner ever served in the armed forces? _____

Home Address: _____ Suite/Apt. #: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: (____) _____ Business Phone: (____) _____

E-mail address: _____ Cell Phone: (____) _____

Employer: Client: _____ Partner: _____

Health Problems: Client: _____ Partner: _____

Accountant: _____ Financial Advisor: _____

Insurance Agent: _____ May we speak to your advisors directly? _____

* _____ I/we hereby authorize the law firm of Pessin Katz Law, P.A. to communicate with me/us via e-mail and/or other electronic means, including correspondence, newsletters and other related communications. Your e-mail address will not be shared with any other person or entity.

PLEASE COMPLETE IF YOU ARE ACTING FOR SOMEONE ELSE

Your Name: _____ D/O/B: _____ SS#: _____

Address: _____

City: _____ County: _____ Zip: _____

Home Phone: (____) _____ Business Phone: (____) _____

E-mail address: _____ *

Relationship to Client: _____ Health Status: _____

* _____ I/we hereby authorize the law firm of Pessin Katz Law, P.A. to communicate with me/us via e-mail and/or other electronic means, including correspondence, newsletters and other related communications. Your e-mail address will not be shared with any other person or entity.

The undersigned understands that there is a _____ initial consultation fee charged for the meeting with one of the attorneys of the Law Firm of Pessin Katz Law, P.A., which shall be paid at the time of the meeting, unless this fee has been waived in writing by the attorney.

Client's Signature

Married Clients

1. Date of Marriage: _____
2. Has Client been married before? _____ If so, did prior marriage end in divorce? _____
3. Has Partner been married before? _____ If so, did prior marriage end in divorce? _____
4. Is there a prenuptial agreement in effect? _____ If so, please provide a copy
5. Circle any of the following where you have lived or acquired property while married:
Arizona Idaho Nevada Texas California Louisiana
New Mexico Washington State Canada

Children

List names as you would like them to appear in your documents (i.e. middle initial or middle name of child and/or spouse). We recommend you identify them as they typically sign their name.

<u>Children's Name/Marital Status</u>	<u>Occupation</u>	<u>Place of Residence</u>	<u>Age</u>
1. _____ Spouse: _____	_____ _____	_____ _____	_____ _____
2. _____ Spouse: _____	_____ _____	_____ _____	_____ _____
3. _____ Spouse: _____	_____ _____	_____ _____	_____ _____
4. _____ Spouse: _____	_____ _____	_____ _____	_____ _____
5. _____ Spouse: _____	_____ _____	_____ _____	_____ _____
6. _____ Spouse: _____	_____ _____	_____ _____	_____ _____

Are any children named above not adopted by or born to both client and partner? _____ If so, please identify the child and who the natural parent is _____

Any Deceased Children: _____ Y _____ N

<u>Name of Deceased Child</u>	<u>Date of Death</u>	<u>Deceased Child's Surviving Children</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Grandchildren's Names</u>	<u>Parent</u>	<u>Place of Residence</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Living Parents and Other Family Members</u>	<u>Relationship/Comment</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe family problems (if any):

If any family members require special schooling, medical treatment, or other special attention, please provide name of the family member and describe:

Does Client or Partner have any legal obligations of support to a former spouse or child? _____
If so, describe:

Has Client or Partner ever filed a gift tax return? _____ If so, please provide a copy.

Asset Information

Real Estate

<u>Address/Location</u>	<u>Owner(s)</u>	<u>Cost</u>	<u>Current Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

When Did You Purchase Your Residence? _____

Mortgages: _____

Property Tax Number(s): _____

Bank Accounts (Checking, Savings, CD's, Money Market Accounts)

<u>Name of Bank</u>	<u>Type of Account</u>	<u>Account Owner(s)</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Stocks Or Brokerage House Where Assets Are Located

<u>Name of Company</u>	<u>Number Shares</u>	<u>Name of Shareholder(s)</u>	<u>When Acquired</u>	<u>Current Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SUB-TOTAL:

Bonds Or Brokerage House Where Assets Are Located

<u>Name of Company</u>	<u>Number Shares</u>	<u>Owner(s)</u>	<u>When Acquired</u>	<u>Current Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Mutual Funds

<u>Name of Company</u>	<u>Number Shares</u>	<u>Owner(s)</u>	<u>When Acquired</u>	<u>Current Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Annuities, Tax Deferred Annuities, Deferred Compensation

<u>Owner/Policy No.</u>	<u>Annuitant</u>	<u>Beneficiary</u>	<u>Value</u>	<u>Comment</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Intellectual Property

- Owned a business logo? Yes No Published a book? Yes No
- Written any music? Yes No Own any patents? Yes No
- Have you invented any device? Yes No Created any software? Yes No
- Own a website or other intellectual property? Yes No

If yes to any of the above, describe:

Life Insurance

Whole Life

Company/Policy No. _____

<u>Date of Issue</u>	<u>Owner/Insured</u>	<u>Beneficiary</u>	<u>Face and Cash Value</u>	<u>Death Benefit</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Term Insurance

<u>Company/Policy #</u>	<u>Owner/Insured</u>	<u>Beneficiary</u>	<u>Death Benefits</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SUB-TOTAL:

IRA 's, 401(k), 403(b) plan, other Retirement Plans

<u>Description</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Amount/Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does Client or Partner own any collectibles (such as coins, books, stamps) _____

Other Assets

<u>Description</u>	<u>Value/Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Client's Potential Inheritance: _____

Partner's Potential Inheritance: _____

TOTAL ASSETS: _____

Burial Plots: _____

Prepaid Funeral Expenses: _____

Income – Monthly

	<u>Client</u>	<u>Spouse</u>	<u>Both</u>
Pension:	\$ _____	\$ _____	\$ _____
Salary:	\$ _____	\$ _____	\$ _____
Social Security:	\$ _____	\$ _____	\$ _____
Annuity:	\$ _____	\$ _____	\$ _____
Rental Property:	\$ _____	\$ _____	\$ _____
Investments:	\$ _____	\$ _____	\$ _____
Other:	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

Other Insurance

Description/Benefits

Medical/Health _____
Medicare _____
Supplemental Medicare/Medigap _____
Catastrophic _____
Long Term Care _____

Other _____

Debts/Liabilities

<u>Description</u>	<u>Name(s) of Debtor(s)</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL DEBTS:		=====

<u>Potential Indebtedness - Description</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

Prior Documents

	<u>Date</u>	<u>Power Holder(s)</u>
Living Will	_____	_____
Medical Power of Attorney	_____	_____
General Power of Attorney	_____	_____
Trust (describe)	_____	_____

Will (describe)	_____	_____

Paralegal collecting information:	_____	
Attorney conducting initial consult:	_____	

Issues to Consider Prior to Meeting

- 1) Do you desire burial or cremation or other disposition such as anatomical gifts?
- 2) Who should handle administration of your estate? Who is the alternative?
- 3) Who should be Trustee of any trusts established at your death? Who is the alternative?
- 4) If you have minor children, who should be guardian? Is there an alternative?
- 5) Who should make health care decisions for you in the event you are unable to? Is there an alternative?