

KELLNER HERELIHY GETTY & FRIEDMAN, LLP
ESTATE PLANNING QUESTIONNAIRE

Date: _____

1. Husband's Full Name: _____
Date of Birth: _____ Place of Birth: _____
Social Security No. _____ U.S. Citizen: Yes No
Other Names known by: _____
Are you presently employed? Yes No For how long? ____
Occupation (former if retired): _____
Employer: _____
Business Address: _____
Office Telephone No.: _____ Email Address: _____
Mobile Phone No. _____ Fax No.: _____
2. Wife's Full Name: _____
Date of Birth: _____ Place of Birth: _____
Social Security No. _____ U.S. Citizen: Yes No
Other Names known by: _____
Are you presently employed? Yes No For how long? _____
Occupation (former if retired): _____
Employer: _____
Business Address: _____
Office Telephone No.: _____ Email Address: _____
Mobile Phone No. _____ Fax No.: _____
3. Home Address: _____ Resident Since: _____
Street Address/P.O. Box: _____
City: _____ State: _____ Zip Code: _____
County: _____ Home Telephone Number: _____
Other Residences: _____
4. Advisors:
Accountant: _____
Trust Officer: _____
Insurance Agent: _____
Investment Advisor: _____
5. Date of Marriage: _____ Where Living When Married: _____
6. Prior Marriages: Husband: Yes No Wife: Yes No

7. Names of children of present marriage, whether natural or adopted:

A. _____ Phone No.: _____
Date of Birth: _____ SSN: _____
Name of Child's Spouse (if any): _____
Address: _____
Grandchild: _____ Date of Birth: _____ SSN: _____
Grandchild: _____ Date of Birth: _____ SSN: _____
Grandchild: _____ Date of Birth: _____ SSN: _____

B. _____ Phone No.: _____
Date of Birth: _____ SSN: _____
Name of Child's Spouse (if any): _____
Address: _____
Grandchild: _____ Date of Birth: _____ SSN: _____
Grandchild: _____ Date of Birth: _____ SSN: _____
Grandchild: _____ Date of Birth: _____ SSN: _____

C. _____ Phone No.: _____
Date of Birth: _____ SSN: _____
Name of Child's Spouse (if any): _____
Address: _____
Grandchild: _____ Date of Birth: _____ SSN: _____
Grandchild: _____ Date of Birth: _____ SSN: _____
Grandchild: _____ Date of Birth: _____ SSN: _____

8. Names of children of prior marriage (indicate whether husband's or wife's);

A. _____ Phone No.: _____
Date of Birth: _____ SSN: _____
Name of Child's Other Parent: _____
Name of Child's Spouse (if any): _____
Address: _____
Grandchild: _____ Date of Birth: _____ SSN: _____
Grandchild: _____ Date of Birth: _____ SSN: _____
Grandchild: _____ Date of Birth: _____ SSN: _____

B. _____ Phone No.: _____
Date of Birth: _____ SSN: _____
Name of Child's Other Parent: _____
Name of Child's Spouse (if any): _____
Address: _____
Grandchild: _____ Date of Birth: _____ SSN: _____

Grandchild: _____ Date of Birth: _____ SSN: _____

Grandchild: _____ Date of Birth: _____ SSN: _____

C. _____ Phone No.: _____

Date of Birth: _____ SSN: _____

Name of Child's Other Parent: _____

Name of Child's Spouse (if any): _____

Address: _____

Grandchild: _____ Date of Birth: _____ SSN: _____

Grandchild: _____ Date of Birth: _____ SSN: _____

Grandchild: _____ Date of Birth: _____ SSN: _____

9. Do you have any other relatives dependent upon you for support? Yes No

(If yes, give names and relationships): _____

10. Names and addresses of other or alternate persons to receive property: _____

11. Please list any specific items or amounts that you wish to give to any individuals or organizations:

NAME

GIFT

12. All other tangible personal property (automobiles, clothing, furniture, pictures, etc.) to be distributed to: (check one)

Spouse; if spouse predeceased, to children equally

Children equally

Other (specify): _____

13. Do you have a present Will: Yes No (If yes, attach a copy)

14. Have you ever created a trust? Yes No

If yes, attach a copy and list approximate value: \$ _____

15. Do you have a prenuptial agreement in effect? Yes No (If yes, attach a copy)

16. Do you have any obligations under a divorce decree from a prior marriage? Yes No

(If yes, attach a copy)

17. Have you ever received a substantial amount by inheritance? Yes No

If yes, when? _____ Approximate Amount: \$ _____

18. Are you a beneficiary of a trust that was created by someone else? Yes No
If yes, attach a copy and list approximate value: \$ _____

19. Do you anticipate receiving an inheritance? Yes No
If yes, give approximate amount: \$ _____

20. Have you given away more than the annual gift tax exclusion, in money or property, to any person in any single year? (Annual exclusion was \$3,000 until 1982, then \$10,000, with modest increases beginning in 2002.)
Yes No

If Yes, list amounts by years below or on the reverse side:

Year _____ Amount: \$ _____ Husband Wife Both

Year _____ Amount: \$ _____ Husband Wife Both

Year _____ Amount: \$ _____ Husband Wife Both

21. Are you receiving or will you receive an annuity? Yes No
If yes, to who will the payments be made? _____

Is this a Life Annuity? Yes No

Will the amounts continue after your death? Yes No

For how long? _____ What will the amount of each payment be? _____

22.a. Do you now or have you ever participated in a plan maintained by an employer that will provide benefits in the event of your retirement and/or death?

Yes No Not sure

b. If yes, have you made any elections with respect to beneficiary designations, survivor benefits, spousal rights, waivers, or forms of payment under your employer's plan(s)?

Yes No

23. Do you presently have, or were you ever a participant in a Qualified Plan or an IRA?

Yes No

24. Please attach copies of your designation of beneficiary form and your most recent IRA and/or retirement plan benefit statements.

25. Who will serve as your personal representative? (Indicate relationship to you.)

Each spouse for the other? Yes No Someone else? _____

Alternate (if above person(s) unable to serve): _____

26. Your choice to act as guardian of your minor children (if applicable): _____

City and state of residence: _____

Alternate(s): _____

City and state of residence: _____

27. Do you have a safe deposit box? Yes No

If yes, where is it located: _____

Name(s) deposit box is listed under: _____

28. Do either of you have any medical issues we should be aware of for planning purposes?
 Husband Wife Both Neither
29. Do you have long term care insurance? Husband Wife Both Neither
Do you have disability insurance? Husband Wife Both Neither
Do you have liability insurance? Yes No
30. Please circle any of the following states in which you have lived or acquired property while married:
Arizona Louisiana Texas
California Nevada Washington
Idaho New Mexico Wisconsin
None
31. Do you own any real estate in joint names acquired before 1977? Yes No
32. Do you own any property in a foreign country? Yes No
33. Have you received or do you anticipate receiving any gifts or bequests from someone who expatriated from the US? Yes No
34. Are you concerned that one or more of your children or grandchildren will not behave responsibly with money that you give them? Yes No
35. Are any of your children or grandchildren attending private school, college, or graduate school?
Yes No
36. Do you have any relative who regularly incurs significant medical bills? Yes No
37. Is there any member of your family disabled or receiving medical benefits from State or Federal government? Yes No
38. How did you first learn about our firm?

LIST OF ASSETS

(Attach additional sheets if necessary)

REAL ESTATE

Residence:

(Approximate mortgage balance):

Estimated value of furnishings:

Other real estate :

(give location or briefly describe)

STOCKS

Publicly traded stock. Name of corporation and type of shares and exchange on which traded:

Closely-held stock. Name of corporation, number of shares, and shareholders:

Approximate Values		
Husband	Wife	Joint

BONDS AND MUTUAL FUNDS

Bonds:

issuer, face value, interest rate, and maturity date.

Mutual Funds:

name of fund, fund group, and number of units:

**BANK ACCOUNTS, CERTIFICATES OF DEPOSIT,
MONEY MARKET FUNDS, ETC.**

Please give name of bank or institution, type of
account, and approximate balance or value:

Approximate Values		
Husband	Wife	Joint

MORTGAGES, NOTES, OR DEBTS
(owed to you by someone else)

Please list debtor's name, date acquired, and approximate balance remaining:

OTHER BUSINESS INTERESTS (NON-CORPORATE)

Name of Partnership, Limited Liability Company, or sole proprietorship, percentage of ownership interest in business, and number of other partners or members in business

RETIREMENT ACCOUNTS
(list balances)

IRAs

Pension or Profit Sharing

Other
(indicate type)

Approximate Values		
Husband	Wife	Joint

ANNUITIES

(Value to be filled in by attorney)

Please list debtor's name, date acquired, and approximate balance remaining:

Approximate Values		
Husband	Wife	Joint

MISCELLANEOUS PROPERTY

Motor vehicles (including boats, etc.)
List total value:

Jewelry and Art:

Other valuable items (describe):

DEBTS

List any mortgages or other substantial debts owed by you that are not shown above:

Approximate Values		

Life Insurance

Company	Policy Number	Type*	Issue or Effective Date	Face Value	Cash Value	Person Insured	Policy Owner	Beneficiary	Annual Premium	Loan Against Policy

* Type means: Individual, Group, etc.