

COHEN LAW, PLLC
CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Please attempt to complete all applicable questions and bring in all requested documents for the first meeting, but do not be concerned if you are unable to complete all of the questions or all of the requested documents are not readily available.

You should bring the following documents with you for the initial estate planning consultation:

1. Existing estate planning documents such as Wills, Trusts, Health Care Directives, and Powers of Attorney.
2. Information provided by employer(s), including copies of retirement plans and group life insurance policies.
3. Deeds to real estate owned by either spouse.
4. Documents indicating legal title to investments.
5. Copies of any Trust Agreements under which either spouse is a beneficiary.
6. Any gift tax returns.
7. Property settlement agreements, divorce decrees, separation agreements from prior marriages.
8. Premarital and Marital Agreements.

With respect to many of these documents, a brief review will be sufficient to obtain the required information. Therefore, it will not be necessary for you to make copies of these documents.

1. Family Information

Date Prepared: _____

Spouse #1's Full Legal Name: _____ Nickname: _____

Spouse #2's Full Legal Name: _____ Nickname: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number:(____)_____

Spouse #1's Cell Phone Number: (____)_____ Spouse #1's Work Phone Number: (____)_____

Spouse #1's E-mail Address: _____

Spouse #1's Social Security Number: _____ Spouse #1's Date of Birth: _____

Total number of marriages for Spouse #1 (counting the current marriage): _____

Date of current marriage: _____

Is Spouse #1 a United States Citizen? Yes No

Spouse #1's Occupation: _____ Spouse #1's Annual Salary: _____

Spouse #1's Employer (and address): _____

Spouse #2's Cell Phone Number: (____)_____ Spouse #2's Work Phone Number: (____)_____

Spouse #2's E-mail Address: _____

Spouse #2's Social Security Number: _____ Spouse #2's Date of Birth: _____

Total number of marriages for Spouse #2 (counting the current marriage): _____

Date of current marriage: _____

Is Spouse #2 a United States Citizen? Yes No

Spouse #2's Occupation: _____ Spouse #2's Annual Salary: _____

Spouse #2's Employer (and address): _____

Children: Full legal names and nicknames of all children (adult and minor) and all other dependents. Indicate the name of the other parent if child is not of the current marriage. Indicate if the child has any special needs such as a physical or mental handicap. Please attach an additional page if necessary.

1.	Name: _____	Date of Birth: _____
	Nickname: _____	Soc. Sec. #: _____
	Address: _____	Marital Status: _____
	_____	Home Phone: _____
	Email: _____	Cell Phone: _____
2.	Name: _____	Date of Birth: _____
	Nickname: _____	Soc. Sec. #: _____
	Address: _____	Marital Status: _____
	_____	Home Phone: _____
	Email: _____	Cell Phone: _____
3.	Name: _____	Date of Birth: _____
	Nickname: _____	Soc. Sec. #: _____
	Address: _____	Marital Status: _____
	_____	Home Phone: _____
	Email: _____	Cell Phone: _____
4.	Name: _____	Date of Birth: _____
	Nickname: _____	Soc. Sec. #: _____
	Address: _____	Marital Status: _____
	_____	Home Phone: _____
	Email: _____	Cell Phone: _____

Grandchildren: Full legal names and nicknames of all grandchildren. Indicate if the grandchild has any special needs such as a physical or mental handicap. Please attach an additional page if necessary.

1.	Name: _____	Date of Birth: _____
	Nickname: _____	Soc. Sec. #: _____
	Address: _____	Marital Status: _____
	_____	Home Phone: _____
	Email: _____	Cell Phone: _____
2.	Name: _____	Date of Birth: _____
	Nickname: _____	Soc. Sec. #: _____
	Address: _____	Marital Status: _____
	_____	Home Phone: _____
	Email: _____	Cell Phone: _____
3.	Name: _____	Date of Birth: _____
	Nickname: _____	Soc. Sec. #: _____
	Address: _____	Marital Status: _____
	_____	Home Phone: _____
	Email: _____	Cell Phone: _____
4.	Name: _____	Date of Birth: _____
	Nickname: _____	Soc. Sec. #: _____
	Address: _____	Marital Status: _____
	_____	Home Phone: _____
	Email: _____	Cell Phone: _____

Other Beneficiaries: Individuals, other than your children/grandchildren, and/or charities that you would like to include in your estate.

1.	Name: _____	Date of Birth: _____
	Address: _____	Marital Status: _____
	_____	Home Phone: _____
2.	Name: _____	Date of Birth: _____
	Address: _____	Marital Status: _____
	_____	Home Phone: _____

2. Estate Planning Considerations

Do you have current wills, trust agreements, powers of attorney, health care documents or other estate planning documents? Yes No

At your death, your **Executor** will be responsible for collecting the assets of your estate, carrying out the directions contained in your will and filing any tax returns which may be due.

Name your spouse as Executor of your estate? Yes No

Spouse #1's First Backup Executor: _____

Spouse #1's Second Backup Executor: _____

Spouse #2's First Backup Executor: _____

Spouse #2's Second Backup Executor: _____

Your **Trustee** will be responsible for investing any assets held in trust, preserving such assets for the beneficiaries of the trust and distributing such assets to the beneficiaries according to the directions contained in any trust agreement you might execute. Please indicate your preference for:

Spouse #1's Trustee: _____

Spouse #1's Backup Trustee: _____

Spouse #2's Trustee: _____

Spouse #2's Backup Trustee: _____

The **Guardian** of your minor children will assume responsibility for such children in the event that both of you die before your children become adults. Please indicate your preference for:

Guardian: _____

Backup Guardian: _____

Your **Agent** named in your Durable Power of Attorney will be allowed to make financial decisions for you.

Name your spouse as your financial Agent? Yes No

Spouse #1's First Backup Agent: _____

Spouse #1's Second Backup Agent: _____

Spouse #2's First Backup Agent: _____

Spouse #2's Second Backup Agent: _____

Your **Health Care Representative** named in your health care document will be allowed to make health care decisions for you if you are incapable of making them yourself.

Name your spouse as your Health Care Representative? Yes No

Spouse #1's First Backup Health Care Representative: _____

Spouse #1's Second Backup Health Care Representative: _____

Spouse #2's First Backup Health Care Representative: _____

Spouse #2's Second Backup Health Care Representative: _____

3. **Other Professionals with whom you do Business**

Please list the individual's name, the firm they work for and their phone number.

Accountant: _____ Phone: (____) _____

Insurance Agent: _____ Phone: (____) _____

Stockbroker: _____ Phone: (____) _____

Investment/Financial Advisor: _____ Phone: (____) _____

Trust Officer or Banker: _____ Phone: (____) _____

Other Attorney: _____ Phone: (____) _____

4. Asset Information

A. Real Estate

<u>Description and Location</u>	<u>Owner</u> (S#1, S#2, or J)	<u>Approximate Market Value</u>	<u>Mortgage</u>	<u>Equity</u>
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Total Equity \$ _____

B. Cash, Checking, Savings And Money Funds

<u>Description and Location</u>	<u>Owner</u> (S#1, S#2, or J)	<u>Amount</u>
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Total \$ _____

C. Investments (Stock, Taxable Bonds, Tax Exempt Bonds & Limited Partnership Interests)

<u>Description and Location</u>	<u>Owner</u> (S#1, S#2, or J)	<u>Cost Basis</u>	<u>Amount</u>
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Total \$ _____

D. Employee Retirement Benefits (IRA, Pension, Retirement Plan & Profit Sharing Plan)

<u>Description and Location</u>	<u>Owner (S#1, S#2, or J)</u>	<u>Beneficiary</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	Total	\$ _____

E. Business Interests (Closely Held Corp, LLC, Partnership)

<u>Description and Location</u>	<u>Owner (S#1, S#2, or J)</u>	<u>Percentage of Interest</u>	<u>Market Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	Total	\$ _____

F. Life Insurance Policies (Term, Whole Life, Universal & Group)

Policy #1	
Insured _____	Beneficiary(ies) _____
Company _____	_____
_____	_____
Type of Policy _____	Annual Premium _____
Owner _____	Cash Value _____
_____	Face Amount _____

Policy #2

Insured _____

Beneficiary(ies) _____

Company _____

Type of Policy _____

Annual Premium _____

Owner _____

Cash Value _____

Face Amount _____

Policy #3

Insured _____

Beneficiary(ies) _____

Company _____

Type of Policy _____

Annual Premium _____

Owner _____

Cash Value _____

Face Amount _____

Are there any loans outstanding on any of the above policies? Yes No

If yes, please provide the details.

G. Tangible Personal Property (Automobiles, Jewelry, Collections & Furnishings)

<u>Description and Location</u>	<u>Owner</u> <u>(S#1, S#2, or J)</u>	<u>Approximate</u> <u>Value</u>

Total \$ _____

5. Miscellaneous Information

- a. Have either of you made substantial lifetime gifts (an amount over the annual gift tax exclusion in any one year) to your children or grandchildren? Yes No

If yes, please indicate years gift tax returns were filed and provide us with copies of the most recent gift tax returns. _____

- b. Do either of you have a serious medical condition which will affect the decisions which you make with respect to estate planning? Yes No

If yes, briefly describe: _____

- c. Does either spouse expect to receive substantial gifts or inheritance in the near future?
 Yes No

If yes, briefly describe: _____

- d. Is either spouse a beneficiary of any trusts? Yes No

If yes, briefly describe: _____

- e. Do you have a safe deposit box? Yes No

If yes, at what location? _____

6. Asset Summary

<u>Asset</u>	<u>Joint</u>	<u>Spouse #1</u>	<u>Spouse #2</u>	<u>Total</u>
Real Estate	\$ _____	\$ _____	\$ _____	\$ _____
Cash, Checking, Savings & Money Funds	\$ _____	\$ _____	\$ _____	\$ _____
Investments	\$ _____	\$ _____	\$ _____	\$ _____
Employee Retirement Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Life Insurance Policies (Face Value)	\$ _____	\$ _____	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____	\$ _____	\$ _____
Tangible Personal Property	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____	\$ _____

7. Goals and Specific Estate Planning Questions

1. What goals do you have as you create this estate plan? Please see the attached checklist with some sample goals that people have. If you would like instead to write out your goals, please do so in the space provided. If you need additional space, please feel free to continue on an additional page.

2. Are there any specific gifts (items or money) you would like to make to an individual, organization or charity?

3. Who would you like to name as beneficiary of your estate? You may designate that your beneficiaries receive equal or unequal shares, percentages, or dollar amounts.

4. Who would you like to name as beneficiary in the unlikely situation that you and your named beneficiaries are involved in a catastrophic accident? You may name other individuals, charities, or your closest heirs as determined under Connecticut intestacy law.

5. How did you learn about Cohen Law, PLLC?

- We are current clients.
- We were referred by _____.
- We found your firm online.
- Other: _____.

Goals Checklist

Please rate the items below on a scale of 1 to 3, with 1 being very important, 2 being somewhat important and 3 being not important.

1. _____ Provide for spouse
2. _____ Provide for our children
3. _____ Provide guardians for minor children
4. _____ Minimize estate taxes
5. _____ Minimize the probate process
6. _____ Plan for our possible disability
7. _____ Provide for children of previous marriage
8. _____ Provide for charitable causes
9. _____ Disinherit a natural heir
10. _____ Make gifts to people during our lives
11. _____ Provide for a child or grandchild with special needs
12. _____ Protect heirs from spendthrift tendencies
13. _____ Provide for grandchildren
14. _____ Get specific items to certain heirs
15. _____ Protect our estate against publicity
16. _____ Minimize the possibility of family quarrels over the estate