



ATTORNEYS AT LAW

# Estate Planning Questionnaire

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**GENERAL INFORMATION**

Marital Status:  Married  Unmarried  Unmarried, with long-term partner (domestic partner)  
 Registered Domestic Partners?  Yes  No  Don't Know

**Client Name and Information**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nickname (if any): \_\_\_\_\_ Alias Name (if any): \_\_\_\_\_

Gender:  Male  Female SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

U.S. Citizen?  Yes  No

If No, specify citizenship: \_\_\_\_\_

Health:  Excellent  Reasonably good  Poor  Serious Adverse Condition  
 Any previous marriages?  Yes  No (If so, please provide copy of divorce settlement agreement(s))

**Spouse/Partner Name and Information**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nickname (if any): \_\_\_\_\_ Alias Name (if any): \_\_\_\_\_

Gender:  Male  Female SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

U.S. Citizen?  Yes  No

If No, specify citizenship: \_\_\_\_\_

Health:  Excellent  Reasonably good  Poor  Serious Adverse Condition  
 Any previous marriages?  Yes  No (If so, please provide copy of divorce settlement agreement(s))

**Contact Information**

	<b>Client</b>	<b>Spouse/Partner</b>
<b>Address</b>		
<b>Home Phone</b>		
<b>Home Fax</b>		
<b>Personal E-mail</b>		
<b>Cell Phone</b>		
<b>Business Phone</b>		
<b>Business Fax</b>		
<b>Business E-mail</b>		

**CHILDREN (if applicable)**

	Name	Living Y <input type="checkbox"/> N <input type="checkbox"/>	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth	Child of Both <input type="checkbox"/>	Child of Client only <input type="checkbox"/>	Child of Spouse/ Partner only <input type="checkbox"/>
Child 1							
Child 2							
Child 3							
Child 4							
Child 5							
Child 6							

	Address (if not living with client and spouse/partner)	Home Phone	Work Phone	Cell Phone
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				
Child 6				

**Guardian(s) for Minor or Disable Children (if applicable):**

**Initial Guardians/Conservators**

Name	Address

**Successor Guardians/Conservators**

Name	Address

**GRANDCHILDREN (if applicable)**

	Name	Living Y <input type="checkbox"/> N <input type="checkbox"/>	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth	Grandchild of Both <input type="checkbox"/>	Grand child of Client only <input type="checkbox"/>	Grandchild of Spouse/ Partner only <input type="checkbox"/>
G-child 1							
G-child 2							
G-child 3							
G-child 4							
G-child 5							
G-child 6							

**CLIENT'S DISPOSITIVE PROVISIONS**

**Cash Gifts (cash and cash-equivalent gifts)**

<b>Name of Recipient</b>	<b>Relationship</b>	<b>Amount</b>

**Gifts of Real Estate**

<b>Name of Recipient</b>	<b>Relationship</b>	<b>Description of property</b>

**Gifts of Tangible Property (autos/jewelry/art/etc.)**

<b>Name of Recipient</b>	<b>Relationship</b>	<b>Description of property</b>

**Gifts of Intangibles (stock/bonds/annuities/etc.)**

<b>Name of Recipient</b>	<b>Relationship</b>	<b>Description of property</b>

**SPOUSE/PARTNER'S DISPOSITIVE PROVISIONS**

**Cash Gifts (cash and cash-equivalent gifts)**

<b>Name of Recipient</b>	<b>Relationship</b>	<b>Amount</b>

**Gifts of Real Estate**

<b>Name of Recipient</b>	<b>Relationship</b>	<b>Description of property</b>

**Gifts of Tangible Property (autos/jewelry/art/etc.)**

Name of Recipient	Relationship	Description of property

**Gifts of Intangibles (stock/bonds/annuities/etc.)**

Name of Recipient	Relationship	Description of property

**CLIENT'S RESIDUAL GIFTS (after specific gifts, above)**

**Spouse/Partner**

Want to provide primarily for your Spouse/Partner (and then secondarily for children/descendants, if any)?  Yes  No

If Yes, prefer gift to Spouse/Partner to be given:  Outright  In a Trust

**Children/Descendants**

Prefer gift to children (if any) to be given:  Outright  In a Trust

Do you wish to treat children equally?  Yes  No

Prefer gift to grandchildren (if any) to be given:  Outright  In a Trust

Do you wish to treat grandchildren equally?  Yes  No

**Other Beneficiaries**

Are there any other individuals you support, or expect to support in the future?  Yes  No

If Yes, please specify:

--

Specify gifts(s) to other beneficiary(ies):

--

**SPOUSE/PARTNER'S RESIDUAL GIFTS (after specific gifts, above)**

**Spouse/Partner**

Want to provide primarily for your Spouse/Partner (and then secondarily for children/descendants, if any)?  Yes  No

If Yes, prefer gift to Spouse/Partner to be given:  Outright  In a Trust

**Children/Descendants**

Prefer gift to children (if any) to be given:  Outright  In a Trust

Do you wish to treat children equally?  Yes  No

Prefer gift to grandchildren (if any) to be given:  Outright  In a Trust

Do you wish to treat grandchildren equally?  Yes  No

**Other Beneficiaries**

Are there any other individuals you support, or expect to support in the future?  Yes  No

If Yes, please specify:

--

Specify gifts(s) to other beneficiary(ies):

--

**CLIENT'S EXECUTOR(S) (for Wills)**

**Initial Executor(s) Under Client's Will**

<b>Name</b>
Check if Spouse/Partner is first choice <input type="checkbox"/>

**Successor Executor(s) Under Client's Will (to serve at death/disability of Initial Executor(s))**

<b>Name</b>

**SPOUSE/PARTNER'S EXECUTOR(S) (for Wills)**

**Initial Executor(s) Under Spouse/Partner's Will**

<b>Name</b>
Check if Spouse/Partner is first choice <input type="checkbox"/>

**Successor Executor(s) Under Spouse/Partner's Will (to serve at death/disability of Initial Executor(s))**

<b>Name</b>

**CLIENT'S TRUSTEE(S) (if applicable)**

**Initial Trustee(s) for Client (applicable if trusts being considered)**

<b>Name</b>

**Successor Trustee(s) for Client (applicable if trusts being considered)**

<b>Name</b>

**SPOUSE/PARTNER'S TRUSTEE(S) (if applicable)**

**Initial Trustee(s) for Spouse/Partner (applicable if trusts being considered)**

<b>Name</b>

**Successor Trustee(s) for Spouse/Partner (applicable if trusts being considered)**

<b>Name</b>

**CLIENT'S HEALTH CARE DIRECTIVES**

Do you have a current Living Will?  Yes  No If yes, date: \_\_\_\_\_

Do you have a current Health Care Proxy (also called Health Care Power of Attorney or Health Care Directive)?  Yes  No If yes, date: \_\_\_\_\_

Do you have a HIPAA Authorization?  Yes  No If yes, date: \_\_\_\_\_

**IF YOU DO NOT HAVE A LIVING WILL OR HEALTH CARE DIRECTIVE – OR YOUR DOCUMENTS ARE OLDER THAN THREE (3) YEARS OLD – PLEASE COMPLETE THE FOLLOWING:**

**Primary Health Care Agent**

Name and Address	Home Phone	Work Phone
	Cell Phone	Other

**Alternate Health Care Agent(s)**

Name and Address	Home Phone	Work Phone
	Cell Phone	Other
Name and Address	Home Phone	Work Phone
	Cell Phone	Other
Name and Address	Home Phone	Work Phone
	Cell Phone	Other

**CLIENT'S DURABLE POWER OF ATTORNEY**

**Primary Agent(s)**

Name	Address	Phone

**Alternate Agent(s)**

Name	Address	Phone



**SPOUSE/PARTNER'S HEALTH CARE DIRECTIVES**

Do you have a current Living Will?  Yes  No If yes, date: \_\_\_\_\_

Do you have a current Health Care Proxy (also called Health Care Power of Attorney or Health Care Directive)?  Yes  No If yes, date: \_\_\_\_\_

Do you have a HIPAA Authorization?  Yes  No If yes, date: \_\_\_\_\_

**IF YOU DO NOT HAVE A LIVING WILL OR HEALTH CARE DIRECTIVE – OR YOUR DOCUMENTS ARE OLDER THAN THREE (3) YEARS OLD – PLEASE COMPLETE THE FOLLOWING:**

**Primary Health Care Agent**

Name and Address	Home Phone	Work Phone
	Cell Phone	Other

**Alternate Health Care Agent(s)**

Name and Address	Home Phone	Work Phone
	Cell Phone	Other
Name and Address	Home Phone	Work Phone
	Cell Phone	Other
Name and Address	Home Phone	Work Phone
	Cell Phone	Other

**SPOUSE/PARTNER'S DURABLE POWER OF ATTORNEY**

**Primary Agent(s)**

Name	Address	Phone

**Alternate Agent(s)**

Name	Address	Phone

## ASSETS AND LIABILITIES

Personal Net Worth (combined): \$ \_\_\_\_\_

Client Annual Income: \$ \_\_\_\_\_

Spouse/Partner Annual Income: \$ \_\_\_\_\_

Client has interest in qualified pension plan(s)?  Yes  No

Spouse/Partner has interest in qualified pension plan(s)?  Yes  No

Client has interest in a foreign bank account?  Yes  No

Spouse/Partner has interest in a foreign bank account?  Yes  No

**Please bring (A) a list of all life insurance policies on each of your life and your spouse/partner's life showing the face value, policy loans, the owner and beneficiary of each policy, and (B) copies of all IRA/Retirement account beneficiary designations.**

## FINANCIAL SUMMARY

DESCRIPTION		- ASSETS -			LIABILITIES
		Client	Spouse/ Partner	Joint	
<b>Cash</b>	Savings				
	Checking				
<b>Securities Accounts (Non-retirement)</b>					
<b>Residences</b>	Primary Residence				
	Secondary				
	Other Real Estate				
<b>Personal Property</b>	Automobiles				
	Jewelry				
	Art or Other Collections				
	Boats				
	Other				
<b>Intangibles</b>	Note & Mortgage Receivables				
	Future Inheritance				
	Interests in Trusts				
	Annuities				
	Other				

DESCRIPTION		- ASSETS -			LIABILITIES
		Client	Spouse/ Partner	Joint	
<b>Retirement Benefits</b>	IRAs				
	401K				
	Keogh Plan				
	SEP				
	Other				
<b>Life Insurance</b>	Cash Value of all policies				

### OTHER PLANNING ISSUES

	Client	Spouse/Partner
Do you want to benefit charity?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you have any ownership in a farm or ranch?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you have any ownership in a closely held business?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you own stock in a SubChapter S corporation?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you have any ownership in a medical, dental or veterinarian practice?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you own a valuable collection? (e.g., art, stamp collections)	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you own interest in gas/oil?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you own significant interests in real estate?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Have you designated anyone as a beneficiary of a non-retirement account (such as "pay on death" or "Totten Trust" accounts)? (If so, please specify accounts and identify beneficiaries below.)	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Are you the beneficiary of a trust created by someone else? (If so, please supply a copy of the trust agreement.)	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you expect to inherit significant assets? (If so, please describe below.)	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

**MISCELLANEOUS**

- Do you have an existing will? Yes  No  (If so, please provide copy.)
- Does your Spouse/Partner have an existing will? Yes  No  (If so, please provide copy.)
- Do you have a safe-deposit box? Yes  No

Location of safe-deposit box: \_\_\_\_\_

- Location of important papers: \_\_\_\_\_
- Have you made gifts to any one person exceeding the gift tax annual exclusion (currently \$14,000\*) in any one calendar year? Yes  No
- Has your Spouse/Partner made gifts to any one person exceeding the gift tax annual exclusion (currently \$14,000\*) in any one calendar year? Yes  No
- Have you ever filed a Federal Gift Tax Return? Yes  No

If Yes, Years of Returns filed (please provide copies): \_\_\_\_\_

- Has your Spouse/Partner ever filed a Federal Gift Tax Return? Yes  No

If Yes, Years of Returns filed (please provide copies): \_\_\_\_\_

- Have you ever created a revocable or irrevocable trust? Yes  No  (If so, please provide copy.)
- Has your Spouse/Partner ever created a revocable or irrevocable trust? Yes  No  (If so, please provide copy.)
- Do you have any other issues of which I should be aware? Yes  No

If Yes, please describe:

\* The gift tax annual exclusion was \$10,000 for gifts made in 2001 or earlier; \$11,000 for gifts made in 2002, 2003, 2004, or 2005; \$12,000 for gifts made in 2006, 2007, or 2008; \$13,000 for gifts made in 2009, 2010, 2011 or 2012; and \$14,000 for gifts made in 2013 or later.

## ADDITIONAL ITEMS FOR ESTATE PLANNING MEETING

- 1. Copy of any divorce settlement agreement(s)
- 2. Copy of each Beneficiary designation. Please bring
  - (a) a list of all life insurance policies on each of your life and your spouse/partner's life showing the face value, policy loans, the owner and beneficiary of each policy; and
  - (b) copies of all IRA/Retirement account beneficiary designations.
- 3. Copy of any trust agreement under which you are a current or future beneficiary.
- 4. Copy of existing will, if any.
- 5. Copy of Spouse/Partner's existing will, if any.
- 6. Copy of each Federal Gift Tax Return (Form 709) you have filed.
- 7. Copy of Spouse/Partner's Federal Gift Tax Return(s).
- 8. Copy of each revocable or irrevocable trust you have created.
- 9. Copy of each revocable or irrevocable trust your Spouse/Partner has created.

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