

THANK YOU for expressing an interest in an estate plan. Enclosed is an estate planning questionnaire. Once we have received the completed questionnaire, the firm will be in a better position to recommend the estate planning documents which we believe would be beneficial to your needs.

The single most important item in estate planning is accurate and complete information. An estate plan can only be as good as the information upon which it is based. This includes both personal and financial information. To this end, we ask you to please complete the confidential questionnaire on the following pages and return it to our office **at least 5 days prior to your appointment.**

If you cannot provide all the requested information, do not put off your appointment, it is better to begin the process and complete gathering the information along the way.

Please be sure all names are written clearly and spelled correctly, and please call our office with questions regarding the questionnaire as they may arise.

The attorneys at Sussan, Greenwald & Wesler, look forward to assisting you with your Estate Planning needs. Thank you for allowing us to serve you. If you have any questions, please feel free to contact your attorney at (609) 409-3500.

Thank You,
Alex M. Hilsen, Esq.
Sussan, Greenwald and Wesler

MAIN OFFICE

1249 S. River Road, Suite 104
Cranbury, NJ 08512
(609) 409-3500 (P); (609) 409-3505 (F)
www.sgwlawfirm.com

Revmont Park
1161 Broad Street, Suite 215
Shrewsbury, NJ 07702
(732) 483-6300 (P); (F) 732-676-7636

140 E. Ridgewood Avenue
Suite 415, South Tower
Paramus, NJ 07652

ESTATE PLANNING QUESTIONNAIRE

The information contained in this questionnaire is and shall remain confidential and privileged. Please provide as much of the following information as is practical.

Month and Year Prepared _____

How did you hear about us? _____

CONTACT INFO

Residence Phone Number: _____ - _____ - _____

Business Phone Number: _____ - _____ - _____

Mobile Phone Number: _____ - _____ - _____

Residential Address with City, State, and Zip: _____

Country Residence: _____

Do you and your spouse consider yourselves residents of New Jersey?

Yes No

Date of Marriage: _____ / _____ / _____

YOUR PERSONAL INFORMATION - LEGAL NAME

Full Legal Name: _____

Birthdate: _____ / _____ / _____ Gender: _____

Social Security Number: _____ Cremation? Burial?

Occupation: _____ Are you a Veteran: Yes No

Email: _____

YOUR SPOUSE’S PERSONAL INFORMATION - LEGAL NAME

Full Legal Name: _____

Birthdate: _____ / _____ / _____ Gender: _____

Social Security Number: _____ Cremation? Burial?

Occupation: _____ Are you a Veteran: Yes No

Email: _____

MARRIAGE HISTORY: Do you or your spouse have a prior marriage?

Ex Spouses Name: _____

Date of Divorce: _____ / _____ / _____

LIVING CHILDREN

Full Legal Name of Child: _____ Age: _____

Full Mailing Address: _____

Date of Birth: ____/____/____ Children? _____ Gender: _____

Social Security Number: _____ Best Phone Number: _____ - _____ - _____

Best Email Address: _____

Full Legal Name of Child: _____ Age: _____

Full Mailing Address: _____

Date of Birth: ____/____/____ Children? _____ Gender: _____

Social Security Number: _____ Best Phone Number: _____ - _____ - _____

Best Email Address: _____

Full Legal Name of Child: _____ Age: _____

Full Mailing Address: _____

Date of Birth: ____/____/____ Children? _____ Gender: _____

Social Security Number: _____ Best Phone Number: _____ - _____ - _____

Best Email Address: _____

Full Legal Name of Child: _____ Age: _____

Full Mailing Address: _____

Date of Birth: ____/____/____ Children? _____ Gender: _____

Social Security Number: _____ Best Phone Number: _____ - _____ - _____

Best Email Address: _____

Full Legal Name of Child: _____ Age: _____

Full Mailing Address: _____

Date of Birth: ____/____/____ Children? _____ Gender: _____

Social Security Number: _____ Best Phone Number: _____ - _____ - _____

Best Email Address: _____

GUARDIANSHIP — A Guardian is someone appointed to care for the well-being of minor children, if both parents are deceased. This individual will be entrusted to make decisions on behalf of the minor child much in the same way a parent would. You can name an individual, or multiple individuals who may act as “Co-Guardians.”

If you and the other parent of your children were both deceased, who would you want to serve as guardian for your minor children?

Full Mailing Address:

Best Phone Number: _____

Best Email Address: _____

Full Legal Name of Alternate or Successor Guardian: _____

Full Mailing Address: _____

Best Phone Number: _____

Best Email Address: _____

GIFTS and DISTRIBUTIONS

Do you wish to leave gifts to your children outright or in trust?

Outright Trust

If in trust, at what age(s) would you want the child to have access to the money?

At what age would you like the trust to terminate?

If your child were to predecease you or die before reaching the age for distribution of property from a trust, would you like his or her share to be distributed equally among your other children or would you like his or her share to go to his or her children?

Do you wish to provide for your children equally or is there a child or children for whom you wish to provide for differently?

CONTINGENT BENEFICIARIES — If all family members perish at the same time, who should assets go to?

Full Legal Name: _____

Age: _____ Relationship: _____

Full Mailing Address: _____

Best Phone Number: _____

Best Email Address: _____

Full Legal Name: _____

Age: _____ Relationship: _____

Full Mailing Address: _____

Best Phone Number: _____

Best Email Address: _____

Full Legal Name: _____

Age: _____ Relationship: _____

Full Mailing Address: _____

Best Phone Number: _____

Best Email Address: _____

Should the above-mentioned individual(s) predecease should their share be distributed to their descendants or to the remaining beneficiaries? If not, then to whom? Yes No

OTHER BENEFICIARIES — If you would like to provide another individual(s) not previously listed.

Full Legal Name: _____

Age: _____ Relationship: _____

Full Mailing Address: _____

Best Phone Number: _____

Best Email Address: _____

Full Legal Name: _____

Age: _____ Relationship: _____

Full Mailing Address: _____

Best Phone Number: _____

Best Email Address: _____

CHARITABLE BENEFICIARIES

Name: _____

Full Mailing Address: _____

Best Phone Number: _____

Best Email Address: _____

For any special purpose: _____

If applicable, specific distribution left to charity: _____

SPECIAL FAMILY CIRCUMSTANCES, PROBLEMS, OR OTHER CONCERNS:

Are there any specific items of personal property (jewelry, antiques, heirlooms, automobiles, etc.) that you wish to leave to named individuals? Note, you may also leave a separate writing for items of personal property.

EXECUTOR — The Executor of your Will is the individual who will be responsible for seeing that all debts of the estate are paid from the estate. He or she will then facilitate the distribution of estate assets according to your Will.

Whom would you like to name as the Executor of your Will? (These will be the same for each spouse unless indicated otherwise. You may appoint your spouse as Executor.)

Full Legal Name of Alternate or Successor Executor: _____

Full Mailing Address: _____

Best Phone Number: _____

Best Email Address: _____

TRUSTEE — The Trustee is an individual responsible for handling trust assets for minor children, if both parents are deceased. The Trustee, if he or she is not also the guardian of minor children, will work with the Guardian in the event the Guardian requests a distribution from the trust for the benefit of minor children. The Trustee is responsible for keeping a balanced accounting of all trust account activity.

Whom would you like to name as Trustee of any Trusts created under your Will? (These will be the same for each spouse unless indicated otherwise)

Full Legal Name of Alternate or Successor Trustee: _____

Full Mailing Address: _____

Best Phone Number: _____

Best Email Address: _____

SUMMARY OF ASSETS AND LIABILITIES

<u>Assets</u>	<u>Self</u>	<u>Spouse</u>	<u>Joint</u>
Annual Salary	\$	\$	\$
Checking and Savings Accounts	\$	\$	\$
Money Market Funds	\$	\$	\$
Certificates of Deposit	\$	\$	\$
Cash Value of Life Insurance	\$	\$	\$
Death Benefit of Life Insurance	\$	\$	\$
Stocks	\$	\$	\$
Bonds	\$	\$	\$
Mutual Funds	\$	\$	\$
Annuities	\$	\$	\$
IRA's (Traditional, Roth)	\$	\$	\$
Retirement Plan Account e.g., 401(k), 403(b), 457 Plans)	\$	\$	\$
Pension Plan	\$	\$	\$
College 529 Plan	\$	\$	\$
Notes and Mortgages Payable to You	\$	\$	\$
Residence	\$	\$	\$
Other Real Estate In New Jersey	\$	\$	\$
Other Real Estate Outside New Jersey	\$	\$	\$
Automobiles	\$	\$	\$
Recreational Vehicle/Boat	\$	\$	\$

<u>Assets</u>	<u>Self</u>	<u>Spouse</u>	<u>Joint</u>
Jewelry, Furs, Collections	\$	\$	\$
Furniture, Household Effects	\$	\$	\$
Expected Inheritance	\$	\$	\$
Miscellaneous Assets	\$	\$	\$
Do you have any interest in any business, professional practice, patents, copyrights, oil, gas, or mineral rights, or other contract rights? If so, state current value of interest(s).	\$	\$	\$
TOTAL ASSETS:	\$	\$	\$

SPECIAL NEEDS TRUST INFO

Child with Disability

Full Legal Name: _____

Social Security No.: _____

Full Mailing Address: _____

Trustee Information (for the Special Needs Trust) the Trustee is an individual responsible for handling trust assets for the disabled child, if both parents are deceased:

Full Legal Name: _____

Full Mailing Address: _____

Best Phone No.: _____ - _____ - _____

Relationship to Beneficiary: _____

Alternate Trustee Information (if the trustee dies or is unable to serve):

Full Legal Name: _____

Full Mailing Address: _____

Best Phone No.: _____ - _____ - _____

Relationship to Beneficiary: _____

Disability & Trust Information:

Disability Caseworker Name and Phone No.:

Name: _____ Phone: _____ - _____ - _____

What is the Disability? (Diagnosis, difficulties, etc.):

What is the amount to be put into the Trust: _____

Where was the money derived from: _____

Income Information:

What benefits does the disability person receive and how much? (e.g. Medicaid, SSI, Disability, etc.):

FINANCIAL POWER OF ATTORNEY

For Financial Power of Attorney (A document which appoints someone to make financial decisions for you), please list a first choice and an alternate, complete with correct spelling of name and address. This person is known as an Agent, and a spouse is most often named as first choice.

YOUR FULL NAME: _____

Your FIRST choice for your Agent:

Full Legal Name: _____

Full Mailing Address: _____

Your SECOND choice for your Agent:

Full Legal Name: _____

Full Mailing Address: _____

SPOUSES FULL NAME: _____

SPOUSES FIRST choice for your Agent:

Full Legal Name: _____

Full Mailing Address: _____

SPOUSES SECOND choice for your Agent:

Full Legal Name: _____

Full Mailing Address: _____

ADVANCE DIRECTIVE

What is an Advance Directive?

An advance directive is a legal document that can help ensure your preferences for various medical treatments are followed if you become unable to make your own healthcare decisions. Your advance directive only goes into effect if your physician has evaluated you and determined that you are unable to understand your diagnosis, treatment options or the possible benefits and harms of the treatment options.

PROXY DIRECTIVE (Durable Power of Attorney for Healthcare)

A proxy directive is a document you use to appoint a person to make healthcare decisions for you in the event you become unable to make them yourself. This document goes into effect whether your inability to make healthcare decisions is temporary because of an accident or permanent because of a disease. The person that you appoint is known as your “healthcare representative” and they are responsible for making the same decisions you would have made under the circumstances. If they are unable to determine what you would want in a specific situation they are to base their decision on what they think is in your best interest.

INSTRUCTION DIRECTIVE (Living Will)

An instruction directive is a document you use to tell your physician and family about the kinds of situations you would want or not want to have life-sustaining treatment in the event you are unable to make your own healthcare decisions. You can also include a description of your beliefs, values, and general care and treatment preferences. This will guide your physician and family when they have to make healthcare decisions for you in situations not specifically covered by your advance directive.

We will discuss all of these documents during your appointment.

YOUR FULL NAME: _____

Your FIRST choice for your Agent:

Full Legal Name: _____

Full Mailing Address: _____

Your SECOND choice for your Agent:

Full Legal Name: _____

Full Mailing Address: _____

SPOUSES FULL NAME: _____

SPOUSES FIRST choice for your Agent:

Full Legal Name: _____

Full Mailing Address: _____

SPOUSES SECOND choice for your Agent:

Full Legal Name: _____

Full Mailing Address: _____