PIERRO, CONNOR & STRAUSS, LLC
Trusted Counsel

CONFIDENTIAL
ESTATE PLANNING QUESTIONNAIRE

The following questionnaire is designed to expedite our efforts to plan your estate. Whether you are a new or an established client, we have found this questionnaire extremely helpful, and therefore ask your indulgence in completing it fully. Those questions that do not apply to your family or financial situation may simply be ignored. Please feel free to attach additional pages where space is insufficient or to provide other information you feel is relevant.

DATED: _____

I. CLIENT & FAMILY

Client Name: _____

Address: _____

_____ US Citizen: Yes_____ No ____

Tel No.: Home: _____ Wk: _____ Cell: _____

Social Security No.: _____ Date of Birth: _____

E-Mail Address: _____

Employer:_____ Annual Income: _____

Spouse/Partner Name: _____

Date of Marriage or Domestic Partnership: _____ State: _____

Address: _____

_____ US Citizen: Yes_____ No ____

Tel No.: Home: _____ Wk: _____ Cell: _____

Social Security No.: _____ Date of Birth: _____

E-Mail Address: _____

Employer:_____ Annual Income: _____

Client - Prior Marriages

Name of Former Spouse:_____ Date of Marriage:_____

Place of Marriage:_____ Year Terminated:_____

Spouse/ Partner - Prior Marriages

Name of Former Spouse:_____ Date of Marriage:_____

Place of Marriage:_____ Year Terminated:_____

Have you ever resided in a "community property" state: ☐Yes ☐ No

(Ex. Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin and Puerto Rico)

BENEFICIARIES: CHILDREN, GRANDCHILDREN AND/OR RELATIVES

1. Name: _____ Relation: _____

Address: _____

_____ US Citizen: Yes_____ No ____

Tel No.: Home: _____ Wk: _____ Cell: _____

Social Security No.: _____ Date of Birth: _____

E-Mail Address: _____

2. Name: _____ Relation: _____

Address: _____

_____ US Citizen: Yes_____ No ____

Tel No.: Home: _____ Wk: _____ Cell: _____

Social Security No.: _____ Date of Birth: _____

E-Mail Address: _____

3. Name: _____ Relation: _____

Address: _____

_____ US Citizen: Yes_____ No ____

Tel No.: Home: _____ Wk: _____ Cell: _____

Social Security No.: _____ Date of Birth: _____

E-Mail Address: _____

4. Name: _____ Relation: _____

Address: _____

_____ US Citizen: Yes_____ No ____

Tel No.: Home: _____ Wk: _____ Cell: _____

Social Security No.: _____ Date of Birth: _____

E-Mail Address: _____

5. Name: _____ Relation: _____

Address: _____

_____ US Citizen: Yes_____ No ____

Tel No.: Home: _____ Wk: _____ Cell: _____

Social Security No.: _____ Date of Birth: _____

E-Mail Address: _____

Do you specifically intend on disinheriting anyone? If so, please provide their name and relationship.

Name: _____ Relation: _____

II. BUSINESS INTERESTS:

Name: _____ Value:_____

Address: _____

_____

Tel No.: Office _____ Fax: _____

Succession Planning (check all that are applicable):

☐ Public or Private Sale ☐ Buy & Sell Agreement ☐ Insurance ☐Family Continuation

☐ Gifts & Transfers ☐ Key Man ☐ Consulting Agreement ☐ ESOP

☐ Other _____

III. PROFESSIONALS & ADVISORS

ATTORNEY NAME: _____

Address:_____

Tel. No. Office: _____ Fax: _____

E-Mail Address: _____

ACCOUNTANT NAME: _____

Address:_____

Tel. No. Office: _____ Fax: _____

E-Mail Address: _____

BANK or TRUST COMPANY NAME: _____

Address:_____

Tel. No. Office: _____ Fax: _____

E-Mail Address: _____

FINANCIAL ADVISOR NAME: _____

Address:_____

Tel. No. Office: _____ Fax: _____

E-Mail Address: _____

LIFE INSURANCE AGENT NAME: _____

Address:_____

Tel. No. Office: _____ Fax: _____

E-Mail Address: _____

STOCK & INVESTMENT BROKER NAME: _____

Address:_____

Tel. No. Office: _____ Fax: _____

E-Mail Address: _____

Do you have a plan to provide a secure income stream for the remainder of your lifetime? _____

When was the last time you had a full review of you investments? _____

If you don't have a Financial Advisor would you like to speak to an expert in this area? ___

If you don't have a Life Insurance Agent, would you like to speak to an expert in this area? ___

Would you like a complimentary, no obligation second opinion on your financial planning? _____

IV. ASSETS & LIABILITIES

Safe Deposit Box Number & Location: _____

Cash, CDs and Bank Balances:

Name of Bank/Branch	Account No.	Type of Account	Balance	How Title Held

Securities (Bonds, Marketable Securities, etc.): ***(Or attach stock brokerage account statement)***

Company/Insurer	Type (Common/ Preferred)	No. of Shares/ Face Value	Cost	Value	How Title Held

IRA, Keogh, and/or Other Retirement Plans:
(provide copies of plan documents and beneficiary designations)

Where Held	In Whose Name	When Begun	Amount

Life and Accident Insurance & Annuities: ***(provide copies of policy documents)***

Description (Company & Contract Type)	Policy No.	Owner	Primary & Contingent Beneficiary	Present Cash Value	Face Amount of Death Benefit

Real Estate: ***(Please provide us with a copy of the deed and most recent tax bill)***

Primary Residence

Description (Location)	Title Held	Cost/Basis	Encumbrances	Est. Market Value

Mortgage: Maturity _____

Original Amount $_____ Current Amount $_____

Additional Real Estate (*If Applicable*)

Description (Location)	Title Held	Cost/Basis	Encumbrances	Est. Market Value

Mortgage: Maturity _____

Original Amount $_____ Current Amount $_____

Personal Property: ***(Indicate how ownership is held)***

	Value	How Held
Home Furnishings:	$	
Automobiles, Boats, etc.	$	
Precious Metals, Jewelry, Furs:	$	
Other (collections, etc.)	$	

V. FAMILY INCOME: MONTHLY PAYMENTS

Description		Client Value	Spouse/Partner Value
1.	WAGES	$_____	$_____
2.	INTEREST AND DIVIDENDS	$_____	$_____
3.	SOCIAL SECURITY	$_____	$_____
4.	RETIREMENT	$_____	$_____
5.	OTHER	$_____	$_____

Do you or your spouse anticipate receiving an inheritance in the near future? ☐ YES

Amount: _____ Source: _____

Please complete the portions of following paragraphs that provide for the names of personal representatives and alternates below.

(Attach additional sheets or notes where necessary)

VI. LAST WILL AND TESTAMENT:

A. PERSONAL PROPERTY

(1) ☐ Specific Bequests to Family/ Friends _____

_____

_____

(2) ☐ Spouse, then children, or their issue in equal shares

(3) ☐ Refer to list provided to Personal Representative of Estate

(4) ☐ Other: _____

B. RESIDUARY / REMAINING ESTATE ASSETS

☐ To spouse, then children

☐ To children

☐ Other: _____

If a beneficiary predeceases you, how should their share be distributed?

☐ To His/ Her Heirs ☐ Evenly Among Other Beneficiaries ☐ Other _____

If no beneficiaries listed above survive you, please describe how you would like your estate distributed: _____

If a child or grandchild is a beneficiary and is a minor at the time of your death, at what age or ages do you want them to receive the principal? _____

C. GIFTS TO CHARITY : (Optional)

Name:	**Amount/ Item:**	**Address:**
(1) _____,	_____	_____
(2) _____,	_____	_____
(3) _____,	_____	_____

D. GUARDIAN: (If Children are under 18 years old or disabled. If desired, separate Guardians can be appointed for physical care and administration of the estate.)

Name:	**Address:**
(1) _____,	_____
(2) _____,	_____
(3) _____,	_____

E. EXECUTOR: (To carry out Terms of the Will.)

Name:	**Address:**
(1) _____,	_____
(2) _____,	_____
(3) _____,	_____

F. TRUSTEE: (Responsible to Administer the Trust.)

Name:	**Address:**
(1) _____,	_____
(2) _____,	_____
(3) _____,	_____

VII. HEALTH CARE PROXY: (To make medical decisions on your behalf if you are unable.)

Name:	**Address:**	**Phone:**
(1) _____,	_____	_____
	_____	
(2) _____,	_____	_____
	_____	
(3) _____,	_____	_____
	_____	

Note: New York recognizes alternative forms and process for patients to provide their end of life care preferences and to donate tissue and organs. They include Medical Orders for Life Sustaining Treatment (MOLST), Non Hospital Order Not to Resuscitate Form (DNR) and the Donate Life Registry Enrollment Form. Please see your physician if you would like to include such declarations as part of your estate plan.

VIII. DURABLE POWER OF ATTORNEY: (To make financial decisions if you are unable.)
Note: A Separate Power of Attorney can be made for Business matters.

☐ Springing ☐ General Durable

Name:	**Address:**	**Phone:**
(1) _____,	_____	_____
	_____	
(2) _____,	_____	_____
	_____	
(3) _____,	_____	_____
	_____	

Agents to act: ☐ TOGETHER or ☐ SEPARATELY?

Agent(s) to be given Gifting Authority: ☐ Yes ☐ No

Successor Agent(s): (If your Primary Agent(s) above is unable or refuse to serve)

Successor Agent Name: _____

Address: _____

_____

IX. DISPOSITION OF REMAINS APPOINTMENT: (Designated to handle one's remains and final arrangements once deceased.)

Name:	**Address:**	**Phone:**
(1) _____,	_____	_____
	_____	
(2) _____,	_____	_____
	_____	
(3) _____,	_____	_____
	_____	

Funeral Instructions: (If any – Check Applicable)

☐ Cremation ☐ Memorial Service ☐ Calling Hours ☐ Open casket ☐ Closed casket

☐ Service at Funeral Home ☐ Service/Mass in Church ☐ With casket ☐ Interment service at Cemetery

☐ Other: _____

Funeral Home:_____ **Pre-Planned:** ☐ Yes ☐ No

Cemetery Plot: _____

CHECKLIST OF ITEMS TO BRING TO OUR OFFICE

Check if you have any of the following instruments, and provide copies if available.

Client	Spouse/Significant Other	
☐	☐	Prior Will
☐	☐	Any existing Trust documents where listed as donor or beneficiary
☐	☐	Power of Attorney
☐	☐	Living Will and/or Health Care Proxy
☐	☐	Business Agreements (Partnership/Shareholder)
☐	☐	Pre-Nuptial Agreement
☐	☐	Waiver of Right of Election
☐	☐	Deeds to Real Property
☐	☐	Recent Tax Bill Associated with Deeds
☐	☐	Real Property Appraisals
☐	☐	Qualified Plan/IRA/ 401(k) Documents
☐	☐	Bank Account / CD Statements
☐	☐	Investment Statements (Stocks, Bonds, Mutual Funds)
☐	☐	Funeral Pre-Planning / Cemetery Plot
☐	☐	Life Insurance Policies
☐	☐	Long-Term Care Insurance Policy
☐	☐	Any Current Beneficiary Elections
☐	☐	Prior Gift Tax Returns
☐	☐	Last Federal Income Tax Return