



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 you to complete it prior to your appointment. Those questions that do not apply to your family or financial situation may simply be left blank. Please feel free to attach additional pages where space is needed or to provide other information you feel is relevant.

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DATED: \_\_\_\_\_

**I. CLIENT & FAMILY**

**Client Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ US Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Tel No.: Home: \_\_\_\_\_ Wk: \_\_\_\_\_ Cell: \_\_\_\_\_

Best Time to Contact (a.m./p.m.) : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Employer: \_\_\_\_\_

**Spouse/Partner Name:** \_\_\_\_\_

Date of Marriage or Domestic Partnership: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ US Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Tel No.: Home: \_\_\_\_\_ Wk: \_\_\_\_\_ Cell: \_\_\_\_\_

Best Time to Contact: (a.m./p.m) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Employer: \_\_\_\_\_

**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: \_\_\_\_\_

**BENEFICIARIES: CHILDREN, GRANDCHILDREN AND/OR RELATIVES**

**1. Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ US Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Tel No.: Home: \_\_\_\_\_ Wk: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**2. Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ US Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Tel No.: Home: \_\_\_\_\_ Wk: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**3. Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ US Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Tel No.: Home: \_\_\_\_\_ Wk: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**4. Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ US Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Tel No.: Home: \_\_\_\_\_ Wk: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**5. Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ US Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Tel No.: Home: \_\_\_\_\_ Wk: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Do you specifically intend on disinherit 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:**

<u>Name of Bank/Branch</u>	<u>Type of Account</u>	<u>Balance</u>	<u>How Title Held</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

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

<u>Where Held</u>	<u>In Whose Name</u>	<u>When Begun</u>	<u>Amount</u>

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

<u>Description</u> (Company & Contract Type)	<u>Policy No.</u>	<u>Owner</u>	<u>Primary &amp; Contingent Beneficiary</u>	<u>Present Cash Value</u>	<u>Face Amount of Death Benefit</u>

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

Primary Residence

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

Mortgage: Maturity \_\_\_\_\_

Original Amount \$ \_\_\_\_\_ Current Amount \$ \_\_\_\_\_

Additional Real Estate *(If Applicable)*

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

Mortgage: Maturity \_\_\_\_\_

Original Amount \$ \_\_\_\_\_ Current Amount \$ \_\_\_\_\_

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

	<u>Value</u>	<u>How Held</u>
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)**

<b>Name:</b>	<b>Amount/ Item:</b>	<b>Address:</b>
(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.)

<b>Name:</b>	<b>Address:</b>
(1) _____,	_____
(2) _____,	_____
(3) _____,	_____

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

<b>Name:</b>	<b>Address:</b>
(1) _____,	_____
(2) _____,	_____
(3) _____,	_____

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

<b>Name:</b>	<b>Address:</b>
(1) _____,	_____
(2) _____,	_____
(3) _____,	_____

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

<b>Name:</b>	<b>Address:</b>	<b>Phone:</b>
(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

<b>Name:</b>	<b>Address:</b>	<b>Phone:</b>
(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.)

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

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