

Catherine T. Calabria, Esq.

Crossroads Corporate Center
One International Blvd. • Suite 400
Mahwah, NJ 07495
T. 201.962.3279 • F. 201.962.3280 • E. cathy@calabria-law.com



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National Academy of Elder Law Attorneys, Inc.

MEMBER

www.calabria-law.com

609 N. Franklin Ave.
Nutley, NJ 07110
T. 973.661.4455

**ESTATE PLANNING QUESTIONNAIRE
(MARRIED)**

Date _____ File Number _____
Home Phone No. _____ Business Phone No. _____
Cell #: _____
E-mail Address _____ Fax No. _____

This form is extremely important. Your accuracy and completeness in responding will help me best represent you. Please bring this information with you to the appointment.

A. PERSONAL DATA

(Spouse A) Full Name _____ **(Spouse B)** Full Name _____
(print name as shown on your checks) (print name as shown on your checks)

Street Address _____

City _____

State _____ Zip Code _____

Birth Date _____ Birth Date _____

Social Security No. DO NOT INCLUDE IF SENDING BY INTERNET Social Security No. _____

U.S. Citizen? ___ Yes ___ No U.S. Citizen? ___ Yes ___ No

Are either of you a Veteran of the United States? Spouse A Spouse B
Annual Income _____ Annual Income _____

B. REFERRAL

By whom were you referred to this office?

Name _____

Street Address _____

City _____ State _____

Zip _____

C. CHILDREN (if applicable)

Child's Name & Tel. # & Cell #	Address (including zip code)	Date of Birth Married/Single?

Does Spouse A have any children by a previous marriage? Yes No

Does Spouse B have any children by a previous marriage? Yes No

Are all of your children in good health? Yes No

Are any of your children blind? Yes No

Are any of your children disabled? Yes No

Have all of your children completed their education? Yes No

Are any of your children receiving SSI or other form of government entitlement? Yes No

Do any of your family members have any problems with: Yes No

Drug Addiction? Yes No

Alcoholism? Yes No

Spendthrift? Yes No

D. **GRANDCHILDREN** (if applicable)

Grandchild's Name	Address (including zip code)	Date of Birth

E. **DISPOSITIVE INTENTIONS**

1. **SPOUSE AND CHILDREN**

Do you wish to provide primarily for your spouse and secondarily for your children? ___ Yes ___ No

Do you wish to treat all of your children equally? ___ Yes ___ No

If not, why not? _____

After your spouse's death, at what age do you want distribution to your children? _____
(e.g. a typical plan provides for 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35 or immediate)

2. **GRANDCHILDREN**

Do you want to leave a specific amount of money or a percentage of your estate to your grandchildren?
___ Yes ___ No

Do you wish to treat all of your grandchildren equally? ___ Yes ___ No

If not, why not? _____

How much do you want to leave your grandchildren? _____

At what age do you want distribution to your grandchildren? _____

(e.g. a typical plan provides for 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35 or immediate)

3. CHARITIES

Do you want to leave a specific amount of money or other assets to any charity? Yes No

If yes, please list:

Name of Charity	Address of Charity	Dollar Amount

4. OTHER BENEFICIARIES

Do you want your Will to benefit anyone other than children, grandchildren or a charity? Yes No

If so, please list:

Name of Beneficiary	Address of Beneficiary	Relationship	Dollar Amount

F. EXECUTOR

Whom do you want to serve as your Executor?

(Spouse A)

First Choice: Spouse

Other _____

Address _____

Second Choice _____

Address _____

(Spouse B)

First Choice: ___ Spouse

Other_____

Address_____

Second Choice_____

Address_____

G. TRUSTEE

Whom do you want to serve as your Trustee?

(Spouse A)

First Choice_____

Address_____

Second Choice_____

Address_____

(Spouse B)

First Choice_____

Address_____

Second Choice_____

Address_____

H. GUARDIAN

If you have **minor** or **disabled** child/children, whom do you want to act as Guardian?

First Choice_____

Address_____

Second Choice_____

Address_____

I. LIVING WILL

(Spouse A)

Do you want your Living Will to provide for withdrawal of artificial food and fluid? Yes No

Do you want to donate your eyes or organs? Yes No

Do you want your Health Care Agent to consult with any other person prior to acting? Yes No

If yes, with whom?_____

Name of Proposed Health Care Agent_____

Street Address_____

City_____ State_____ Zip_____ Tel. No. _____ Cell No._____

Name of Proposed Alternate Health Care Agent_____

Street Address_____

City_____ State_____ Zip_____ Tel. or Cell_____

(Spouse B)

Do you want your Living Will to provide for withdrawal of artificial food and fluid? Yes No

Do you want to donate your eyes or organs? Yes No

Do you want your Health Care Agent to consult with any other person prior to acting? Yes No

If yes, with whom?_____

Name of Proposed Health Care Agent_____

Street Address_____

City_____ State_____ Zip_____ Tel. or Cell No. _____

Name of Proposed Alternate Health Care Agent_____

Street Address _____

City _____ State _____ Zip _____ Tel. or Cell _____

What are the name and address of each of your primary care physician?

Full Name of Physician _____

Street Address _____

City _____ State _____ Zip _____

J. POWER OF ATTORNEY

(Spouse A)

Name of Proposed Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

(Spouse B)

Name of Proposed Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

K. MISCELLANEOUS

Do you have any other legal issues which I should be aware of? ___ Yes ___ No

If yes, please explain _____

What is the location of your important papers? _____

Do you have a Safe Deposit Box? Yes No

If yes, please indicate the name and address of the location _____

Have you ever made gifts to any one person in excess of \$14,000 in any one calendar year?

Yes No

Have you ever filed a Federal Gift Tax Return? Yes No

L. FINANCIAL SUMMARY

	<u>ASSETS</u>			<u>LIABILITIES</u>
	Spouse A	Spouse B	Joint	
Bank Accounts [attach copies of statements]	\$_____	\$_____	\$_____	\$_____
Real Estate (residence) [attach copy of deed]	\$_____	\$_____	\$_____	\$_____
Real Estate (other) [attach copies of all deeds]	\$_____	\$_____	\$_____	\$_____
Savings Certificates (CDS) [attach copies of statements]	\$_____	\$_____	\$_____	\$_____
Stocks - Non Mutual Funds (Not Held by Broker) [attach copies of all certificates]	\$_____	\$_____	\$_____	\$_____
Stocks - Non Mutual Funds (Held by Broker) [attach copies of brokerage statements]	\$_____	\$_____	\$_____	\$_____
Bonds - Non Mutual Funds (Not Held by Broker) [attach copies of all bonds]	\$_____	\$_____	\$_____	\$_____
Bonds - Non Mutual Funds (Held by Broker) [attach copies of brokerage statements]	\$_____	\$_____	\$_____	\$_____
Mutual Funds [attach copies of statements]	\$_____	\$_____	\$_____	\$_____
Note and Mortgages Receivables \$_____ [attach copies of Notes & Mortgages]	\$_____	\$_____	\$_____	\$_____
Business Interests [attach copies of stock certificates, partnership agreement and/or other documentation]	\$_____	\$_____	\$_____	\$_____
Inheritance, etc.	\$_____	\$_____	\$_____	\$_____
Automobiles	\$_____	\$_____	\$_____	\$_____
Jewelry & Collections	\$_____	\$_____	\$_____	\$_____
Non-IRA Tax Qualified Retirement Plans [attach copies of statements]	\$_____	\$_____	\$_____	\$_____
IRAs [attach copies of statements]	\$_____	\$_____	\$_____	\$_____
Life Insurance [attach copies of all policies]	\$_____	\$_____	\$_____	\$_____

Annuities [attach copies of all policies]	\$ _____	\$ _____	\$ _____	\$ _____
Other Assets [attach copies of documentation pertaining to such assets]	\$ _____	\$ _____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____

Personal Residence:

Tax Block # _____, Lot # _____ (Can be obtained from Tax Bill)

Addresses of real property other than personal residence:

(1) Street _____ City _____ State _____ Zip _____

Tax Block # _____, Lot # _____ (Can be obtained from Tax Bill)

(2) Street _____ City _____ State _____ Zip _____

Tax Block # _____, Lot # _____ (Can be obtained from Tax Bill)

M. CERTIFICATION

The undersigned hereby represents to Law Office of Catherine T. Calabria, and each of its attorneys that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client(s) or Client Representative(s):

