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**ESTATE PLANNING QUESTIONNAIRE
(Single)**

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

Full Name _____ (print name as shown on your checks)

Street Address _____

City _____

State _____ Zip Code _____

Birth Date _____

Social Security No. *****DO NOT INCLUDE ON THIS FORM IF SENDING BY INTERNET** _____

U.S. Citizen? ___ Yes ___ No

Are you a Veteran of the United States? ___ Yes ___ No

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?

Do you have any children by 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:

HIV/AIDS?	___ 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. **CHILDREN**

Do you wish to provide primarily for your children, if you have any? Yes No

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

If not, why not? _____

If you do not have children, to whom would you like to leave an inheritance?

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?

First Choice: _____

Address _____

Second Choice _____

Address _____

G. TRUSTEE

Whom do you want to serve as your Trustee?

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/ADVANCE HEALTH DIRECTIVE

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

Do you want to donate your eyes, organs or tissue ? 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 _____

What is the name and address of your primary care physician?

Full Name of Physician _____

Street Address _____

City _____ State _____ Zip _____

J. POWER OF ATTORNEY

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. LIABILITY SUMMARY

	<u>ASSETS</u>	<u>LIABILITIES</u>
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 \$ _____	\$ _____	
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 a copy 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 or Client Representative:
