

DREW & COHEN, P.C.
CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Please attempt to complete all applicable questions and bring in all requested documents for the first meeting, but do not be concerned if you are unable to complete all of the questions or all of the requested documents are not readily available.

You should bring the following documents with you for the initial estate planning consultation:

1. Existing estate planning documents such as a Will, Trust and Power of Attorney.
2. Information provided by employer(s), including copies of retirement plans and group life insurance policies.
3. Deeds to real estate you own.
4. Documents indicating legal title to investments.
5. Copies of any Trust Agreements under which you are a beneficiary.
6. Any gift tax returns.
7. Property settlement agreements, divorce decrees, separation agreements from prior marriages.

With respect to many of these documents, a brief review will be sufficient to obtain the required information. Therefore, it will not be necessary for you to make copies of these documents.

Date Prepared: _____

1. Family Information

Full Legal Name: _____ Nickname: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ E-Mail Address: _____

Work Phone: (____) _____ Cell Phone: (____) _____

Social Security Number: _____ Date of Birth: _____

Total number of marriages: _____

Are you a United States Citizen? Yes No

Occupation: _____ Annual Salary: _____

Employer (and address): _____

Children: Full legal names and nicknames of all children (adult and minor) and all other dependents. Indicate if the child has any special needs such as a physical or mental handicap. Please attach an additional page if necessary.

1. Name: _____ Date of Birth: _____

Nickname: _____ Soc. Sec. #: _____

Address: _____ Marital Status: _____

_____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

2. Name: _____ Date of Birth: _____

Nickname: _____ Soc. Sec. #: _____

Address: _____ Marital Status: _____

_____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

3. Name: _____

Date of Birth: _____

Nickname: _____

Soc. Sec. #: _____

Address: _____

Marital Status: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

4. Name: _____

Date of Birth: _____

Nickname: _____

Soc. Sec. #: _____

Address: _____

Marital Status: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Grandchildren: Full legal names and nicknames of all grandchildren. Indicate if the grandchild has any special needs such as a physical or mental handicap. Please attach an additional page if necessary.

1. Name: _____

Date of Birth: _____

Nickname: _____

Soc. Sec. #: _____

Address: _____

Marital Status: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

2. Name: _____

Date of Birth: _____

Nickname: _____

Soc. Sec. #: _____

Address: _____

Marital Status: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

3.	Name: _____	Date of Birth: _____
	Nickname: _____	Soc. Sec. #: _____
	Address: _____	Marital Status: _____
	_____	Home Phone: _____
	Work Phone: _____	Cell Phone: _____
4.	Name: _____	Date of Birth: _____
	Nickname: _____	Soc. Sec. #: _____
	Address: _____	Marital Status: _____
	_____	Home Phone: _____
	Work Phone: _____	Cell Phone: _____

Other Beneficiaries: Individuals other than your children/grandchildren and/or charities that you would like to include in your estate.

1.	Name: _____	Date of Birth: _____
	Address: _____	Marital Status: _____
	_____	Home Phone: _____
2.	Name: _____	Date of Birth: _____
	Address: _____	Marital Status: _____
	_____	Home Phone: _____

2. Estate Planning Considerations

Do you have a current will, trust agreement, power of attorney, health care document or other estate planning documents? Yes No

At your death, your **Executor** will be responsible for collecting the assets of your estate, carrying out the directions contained in your will and filing any tax returns which may be due.

Executor: _____

Alternate Executor: _____

Your **Trustee** will be responsible for investing any assets held in trust, preserving such assets for the beneficiaries of the trust and distributing such assets to the beneficiaries according to the directions contained in any trust agreement you might execute. Please indicate your preference for:

Trustee: _____

Alternate Trustee: _____

The **Guardian** of your minor children will assume responsibility for such children in the event that you and the child’s other parent die before your children become adults.

Guardian: _____

Successor Guardian: _____

The **Agent** in your Durable Power of Attorney will be allowed to make financial decisions for you.

Agent: _____

Alternate Agent: _____

Your **Health Care Representative** named in your health care document will be allowed to make health care decisions for you if you are incapable of making them yourself.

Health Care Representative: _____

Alternate Health Care Representative: _____

3. Other Professionals with whom you do Business

Please list the individual’s name, the firm they work for and their phone number.

Accountant: _____ Phone: (____) _____

Insurance Agent: _____ Phone: (____) _____

Stockbroker: _____ Phone: (____) _____

Investment/Financial Advisor: _____ Phone: (____) _____

Trust Officer or Banker: _____ Phone: (____) _____

Other Attorney: _____ Phone: (____) _____

4. Asset Information

A. Real Estate

<u>Description and Location</u>	<u>Approximate Market Value</u>	<u>Mortgage</u>	<u>Equity</u>

		Total Equity	\$ _____

B. Cash, Checking, Savings And Money Funds

<u>Description and Location</u>	<u>Amount</u>	

	Total	\$ _____

C. Investments (Stock, Taxable Bonds, Tax Exempt Bonds & Limited Partnership Interests)

<u>Description and Location</u>	<u>Cost Basis</u>	<u>Amount</u>

	Total	\$ _____

D. Employee Retirement Benefits (IRA, Pension, Retirement Plan & Profit Sharing Plan)

<u>Description and Location</u>	<u>Beneficiary</u>	<u>Amount</u>

	Total	\$ _____

E. Business Interests (Closely Held Corp, LLC, Partnership)

<u>Description and Location</u>	<u>Percentage of Interest</u>	<u>Market Value</u>

	Total	\$ _____

F. Life Insurance Policies (Term, Whole Life, Universal & Group)

Policy #1

Insured _____	Beneficiary(ies) _____
Company _____	_____
Type of Policy _____	Annual Premium _____
Owner _____	Cash Value _____
_____	Face Amount _____

Policy #2

Insured _____	Beneficiary(ies) _____
Company _____	_____
Type of Policy _____	Annual Premium _____
Owner _____	Cash Value _____
_____	Face Amount _____

Policy #3

Insured _____	Beneficiary(ies) _____
Company _____	_____
Type of Policy _____	Annual Premium _____
Owner _____	Cash Value _____
_____	Face Amount _____

Are there any loans outstanding on any of the above policies? Yes No
 If yes, please provide the details:

G. Tangible Personal Property (Automobiles, Jewelry, Collections & Furnishings)

<u>Description and Location</u>	<u>Approximate Value</u>

	Total \$ _____

5. Miscellaneous Information

a. Have you made substantial lifetime gifts (an amount over \$15,000 in any one year) to your children or grandchildren? Yes No

If yes, please indicate years gift tax returns were filed and provide us with copies of the most recent gift tax returns. _____

b. Do you have a serious medical condition which will affect the decisions which you make with respect to estate planning? Yes No

If yes, briefly describe: _____

c. Do you expect to receive substantial gifts or inheritance in the near future? Yes No

If yes, briefly describe: _____

d. Are you a beneficiary of any trusts? Yes No

If yes, briefly describe: _____

e. Do you have a safe deposit box? Yes No

If yes, at what location? _____

6. Asset Summary

Real Estate	\$_____
Cash, Checking & Savings Funds	\$_____
Investments	\$_____
Employee Retirement Benefits	\$_____
Life Insurance Policies (Face Value)	\$_____
Business Interests	\$_____
Tangible Personal Property	\$_____
Other	\$_____
Total	\$_____

7. Goals and Specific Estate Planning Questions

1. What goals do you have as you create this estate plan? Please see the attached checklist with some sample goals that people have. If you would like instead to write out your goals, please do so in the space provided. If you need additional space, please feel free to continue on an additional page.

2. Are there any specific gifts (items or money) you would like to make to an individual, organization or charity?

3. Who would you like to name as beneficiary of your estate? You may designate that your beneficiaries receive equal or unequal shares, percentages, or dollar amounts.

4. Who would you like to name as beneficiary in the unlikely situation that you and your named beneficiaries are involved in a catastrophic accident? You may name other individuals, charities, or your closest heirs as determined under Connecticut intestacy law.

5. How did you learn about Drew & Cohen, P.C.?

- I am a current client.
- I was referred by _____.
- I found your firm online.
- Other: _____.

Goals Checklist

Please rate the items below on a scale of 1 to 3, with 1 being very important, 2 being somewhat important and 3 being not important.

1. _____ Provide for my children
2. _____ Provide guardians for minor children
3. _____ Minimize estate taxes
4. _____ Minimize the probate process
5. _____ Plan for a possible disability
6. _____ Provide for children of previous marriage
7. _____ Provide for charitable causes
8. _____ Disinherit a natural heir
9. _____ Make gifts to people during my life
10. _____ Provide for a child or grandchild with special needs
11. _____ Protect heirs from spendthrift tendencies
12. _____ Provide for grandchildren
13. _____ Get specific items to certain heirs
14. _____ Protect my estate against publicity
15. _____ Minimize the possibility of family quarrels over the estate