

**KJB** | **KESSLER JULIE BUCCI LLP**  
ESTATE PLANNING QUESTIONNAIRE

I. GENERAL INFORMATION

DATE: \_\_\_\_\_

YOUR FULL NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

FULL NAME  
OF YOUR SPOUSE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

\_\_\_\_\_ E-MAIL \_\_\_\_\_

YOUR CELL \_\_\_\_\_

PLEASE PROVIDE MAIDEN NAME AND ANY NAMES YOU AND/OR YOUR SPOUSE ARE ALSO KNOWN AS OR WERE FORMERLY KNOWN AS: \_\_\_\_\_

SPOUSE'S CELL \_\_\_\_\_

YOUR BUSINESS ADDRESS:

\_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

\_\_\_\_\_ E-MAIL: \_\_\_\_\_

YOUR SPOUSE'S BUSINESS ADDRESS:

\_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

\_\_\_\_\_ E-MAIL: \_\_\_\_\_

STATE(S) TO WHICH YOU PAY INCOME TAX: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YOUR CITIZENSHIP: \_\_\_\_\_

YOUR SPOUSE'S CITIZENSHIP: \_\_\_\_\_

OTHER RESIDENCE ADDRESSES: \_\_\_\_\_

\_\_\_\_\_

YOUR OCCUPATION: \_\_\_\_\_

YOUR EMPLOYER: \_\_\_\_\_

YOUR SPOUSE'S OCCUPATION: \_\_\_\_\_

YOUR SPOUSE'S EMPLOYER: \_\_\_\_\_

NAME(S) OF ANY PRIOR SPOUSE(S): \_\_\_\_\_

HOW DID MARRIAGE(S) END? \_\_\_\_\_

NAME(S) OF ANY PRIOR SPOUSE(S) OF YOUR SPOUSE: \_\_\_\_\_

HOW DID MARRIAGE(S) END? \_\_\_\_\_

Please supply a copy of any Separation Agreement or Divorce Decree affecting you or your spouse.

NAME OF YOUR ACCOUNTANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

YOUR SOCIAL SECURITY NUMBER: \_\_\_\_\_

YOUR SPOUSE'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

INFORMATION AS TO YOUR CHILDREN AND YOUR SPOUSE'S CHILDREN

FULL NAME	BIRTHDATE	SS#	OCCUPATION	MARITAL STATUS/ SPOUSE NAME	DOES YOUR CHILD HAVE CHILDREN?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are all children the biological children of you and your spouse? If not, please provide details (adopted, name of other biological parent)

INFORMATION AS TO YOUR AND YOUR SPOUSE'S GRANDCHILDREN, ETC.

FULL NAME	BIRTHDATE	SS#	OCCUPATION	MARITAL STATUS/ SPOUSE NAME	NAME OF PARENTS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DO YOU HAVE ANY PETS? IF YES, PLEASE PROVIDE DETAILS. \_\_\_\_\_

\_\_\_\_\_

DOES ANYONE ELSE DEPEND UPON YOU FOR SUPPORT? \_\_\_\_\_  
IF SO, PLEASE NAME EACH SUCH PERSON.

\_\_\_\_\_

\_\_\_\_\_

ARE ALL MEMBERS OF YOUR IMMEDIATE FAMILY IN GOOD HEALTH? \_\_\_\_\_

IF NOT, PLEASE PROVIDE DETAILS

\_\_\_\_\_

\_\_\_\_\_

DO YOU, YOUR SPOUSE OR ANY OF YOUR CHILDREN/GRANDCHILDREN RECEIVE ANY FORM OF GOVERNMENT ASSISTANCE OR BENEFITS? IF YES, PLEASE PROVIDE DETAILS.

\_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE A WILL? \_\_\_\_\_ DOES YOUR SPOUSE HAVE A WILL? \_\_\_\_\_

IF SO, PLEASE SUPPLY A COPY OF EACH WILL.

DO YOU HAVE A PRE or POST-NUPTIAL AGREEMENT? \_\_\_\_\_

IF SO, PLEASE SUPPLY A COPY OF THE AGREEMENT(S).

HAVE YOU, YOUR SPOUSE OR ANY OF YOUR CHILDREN EVER CREATED A TRUST? \_\_\_\_\_

IF SO, LIST BELOW AND SUPPLY A COPY OF EACH TRUST AGREEMENT AND ANY AMENDMENTS THERETO.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IS THERE A TRUST CURRENTLY IN EXISTENCE FOR YOU, YOUR SPOUSE OR ANY OF YOUR CHILDREN OR GRANDCHILDREN (except a trust covered by the preceding question)? \_\_\_\_\_

IF SO, LIST BELOW AND SUPPLY A COPY OF EACH TRUST AGREEMENT (and amendments) AND WILL (and codicils) UNDER WHICH EACH SUCH TRUST WAS CREATED.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**II. ASSET INFORMATION**

	ACCOUNT NUMBER AND LOCATION	WHOSE NAME IS ACCOUNT IN	BALANCE
BANK AND MONEY MARKET ACCOUNTS, TREASURY OBLIGATIONS AND OTHER CASH EQUIVALENTS	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

	PLACE HELD	OWNERSHIP	CURRENT VALUE
MARKETABLE SECURITIES information is required as to each account, or as to total securities portfolio if you hold your securities	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

RETIREMENT PLANS, DEFERRED COMPENSATION, ETC.

TYPE	PARTICIPANT	VESTED AMOUNT	ACCOUNT BALANCE	BENEFICIARY	MODE OF PAYMENT
CORPORATE PENSION	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
CORPORATE PROFIT-SHARING	_____	_____	_____	_____	_____
SAVINGS PLAN	_____	_____	_____	_____	_____
DEFERRED COMPENSATION	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
INDIVIDUAL RETIREMENT ACCOUNTS	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
KEOGH PLAN	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

STOCK OPTIONS

CURRENTLY EXERCISABLE \_\_\_\_\_

EXERCISABLE LATER \_\_\_\_\_

CONDITIONS \_\_\_\_\_

OPTION PRICE \$ \_\_\_\_\_

CURRENT VALUE \$ \_\_\_\_\_

## REAL ESTATE

	PROPERTY #1	PROPERTY #2	PROPERTY #3	PROPERTY #4
DESCRIPTION .....	_____	_____	_____	_____
LOCATION .....	_____	_____	_____	_____
USAGE (residence, investment) .....	_____	_____	_____	_____
INCOME PRODUCING? .....	_____	_____	_____	_____
NAME(S) IN WHICH TITLE HELD .....	_____	_____	_____	_____
DATE OF ACQUISITION .....	_____	_____	_____	_____
HOW ACQUIRED (gift, purchase, etc.) .....	_____	_____	_____	_____
COST BASIS .....	_____	_____	_____	_____
BALANCE OF MORTGAGE .....	_____	_____	_____	_____
ESTIMATED CURRENT FAIR MARKET VALUE .....	_____	_____	_____	_____

## MISCELLANEOUS ASSETS

	CURRENT ESTIMATED VALUE OF YOURS	SPOUSE'S CURRENT ESTIMATED VALUE
PERSONAL EFFECTS		
HOME FURNISHINGS .....	\$ _____	\$ _____
AUTOMOBILES .....	_____	_____
JEWELRY & FURS .....	_____	_____
COLLECTIONS (describe - _____ ) .....	_____	_____

	ANNUAL INCOME	EXPIRATION	CURRENT VALUE
INTANGIBLE PROPERTY			
PATENTS .....	_____	_____	\$ _____
TRADEMARKS .....	_____	_____	_____
COPYRIGHTS .....	_____	_____	_____

**BUSINESS ASSETS** (if you have more than 1, duplicate this page and complete)

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TYPE OF ENTITY (corporation, S Corporation, Partnership, Sole Proprietorship, Limited Liability Corporation)

\_\_\_\_\_

PLEASE DESCRIBE COMPANY BUSINESS \_\_\_\_\_

\_\_\_\_\_

OWNERSHIP: \_\_\_\_\_

IS THERE A PARTNERSHIP, OPERATING AGREEMENT OR SHAREHOLDER'S AGREEMENT IN EFFECT?

\_\_\_\_\_

PARTNERS OR SHAREHOLDERS	AGE	STOCK CLASS COM/PREF % OWNED	OFFICE(S) HELD	DIRECTOR?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**BUSINESS VALUATION**

BOOK VALUE AS OF - \_\_\_\_\_

OWNER'S ESTIMATE OF VALUE - \_\_\_\_\_

LIQUIDATION VALUE - \_\_\_\_\_

AVERAGE BEFORE TAX EARNINGS FOR LAST 3 TO 5 YEARS - \_\_\_\_\_

## LIFE INSURANCE

COMPANY	POLICY TYPE	INSURED	FACE AMOUNT	OWNER	BENEFICIARY	LOAN AMOUNT	CASH VALUE
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

## CUSTODIAL ACCOUNTS

HAVE YOU, YOUR SPOUSE OR ANY OTHER PERSON CONTRIBUTED TO CUSTODIAL ACCOUNTS (UTMA/529) FOR ANY OF YOUR CHILDREN OR GRANDCHILDREN? \_\_\_\_\_ IF SO, SUPPLY THE FOLLOWING INFORMATION AS TO EACH SUCH ACCOUNT.

	ACCOUNT #1	ACCOUNT #2	ACCOUNT #3	ACCOUNT #4
NAME OF MINOR .....	_____	_____	_____	_____
NAME OF DONOR.....	_____	_____	_____	_____
NAME OF CUSTODIAN .....	_____	_____	_____	_____
CURRENT VALUE OF ASSETS .....	_____	_____	_____	_____

## LIABILITIES

PLEASE SUPPLY DETAILS OF ALL LIABILITIES

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III. ADDITIONAL INFORMATION

WHAT IS YOUR ANNUAL COMPENSATION FOR YOUR SERVICES?

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WHAT IS YOUR SPOUSE'S ANNUAL COMPENSATION FOR SUCH SPOUSE'S SERVICES?

\_\_\_\_\_

HAVE YOU OR YOUR SPOUSE EVER FILED A GIFT TAX RETURN?

If so, please submit a copy of each such return.

\_\_\_\_\_

DO YOU OR YOUR SPOUSE ANTICIPATE RECEIVING AN INHERITANCE?

If so, please submit details including approximate amount of inheritance after taxes.

\_\_\_\_\_

DO YOU OR YOUR SPOUSE HAVE AN INTEREST (SIGNATURE AUTHORITY OR OTHERWISE) IN ANY OFFSHORE ASSETS?

If so, please provide details below.

\_\_\_\_\_

DO YOU OR YOUR SPOUSE HAVE OR USE ANY FOREIGN CREDIT CARDS?

If so, please provide details below.

\_\_\_\_\_

HAVE YOU, OR YOUR SPOUSE OR ANY MEMBER OF YOUR FAMILY RECEIVED FUNDS AND OR ASSETS FROM FOREIGN ACCOUNTS, PERSONS OR ENTITIES?

If so, please provide details below.

\_\_\_\_\_

ON AN ATTACHED SHEET, PLEASE SUBMIT THE NAME, ADDRESS AND RELATIONSHIP (if any) TO YOU OR YOUR SPOUSE OF EACH PERSON (other than members of your immediate family) YOU OR YOUR SPOUSE INTENDS TO DESIGNATE AS A BENEFICIARY, EXECUTOR, TRUSTEE OR GUARDIAN OF A MINOR CHILD UNDER YOUR WILL.

\_\_\_\_\_

PLEASE SUBMIT A COPY OF EACH PARTNERSHIP, OPERATING AGREEMENT, SHAREHOLDERS', STOCK OPTION, DEFERRED COMPENSATION OR OTHER AGREEMENT PERTAINING TO BUSINESS OR INVESTMENT INTERESTS OR EMPLOYMENT OR COMPENSATION TO WHICH YOU OR YOUR SPOUSE IS A PARTY.

\_\_\_\_\_

IS THERE ANYTHING FURTHER THAT YOU WISH TO BRING TO OUR ATTENTION AND WHICH YOU FEEL BEARS UPON YOUR ESTATE PLANNING?

If so, please provide us with the details.

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IN ADDITION, YOU SHOULD BE THINKING ABOUT THE PEOPLE THAT WOULD HAVE THE FOLLOWING ROLES (IF APPLICABLE):

Executor/Trustee	Executor of the estate and Trustee if neither one of you is living.
Successor Executor / Trustee Successor	Successor to the above.
Co-Trustee	A Trustee of a trust I plan to create which would come into existence after the death of the first of you. This person would serve as Co-Trustee with the survivor as between you.
Successor Co-Trustee	Successor to the above.
Trustee for Children's Trust	A person(s) who will manage all of your assets if you should both be deceased and the child(ren) are under a certain age.
Successor Trustee	Successor(s) to the above.
Trust Termination	Lifetime trusts for children or the age at which your child(ren) can inherit your assets and no longer require a trust.
Guardians	People with whom the child(ren) would reside until they reach age 18 should you both be deceased prior them attaining 18. (This has nothing to do with the age assets stay in trust until.)
Successor Guardians	Successor(s) to the above.
Alternate beneficiaries	People and/or organizations who will inherit everything if all named beneficiaries are deceased.
Health Care Agent	Person who would make Health Care Decisions on your behalf whenever you are incapable of doing so yourself. <sup>1</sup>
Successor Health Care Agent	Successor to the above.

Please provide names and contact information for the foregoing people.

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<sup>1</sup> New York law only permits one Health Care Agent at a time.