

# Estate Planning Questionnaire for Single Individuals

The Law Office of Antony  
M. Eminowicz, Esq

Tel: (845) 481-5001 Fax: (845) 853-1689  
antony@muradlegal.com

## A. GENERAL INFORMATION:

### A. Personal details

Dated:

Client Name

Social Security No.

Birth Date & Age

<input type="text"/>	<input type="text"/>	<input type="text"/>
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(including middle initial, "Jr.," "S.," etc.)

Street Address

City/State

ZIP

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Home Phone

Work Phone

Fax Number

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E-Mail Address

Marital status: [please check one]

Single

Widowed

Divorced

If widowed, please indicate spouse's name and date of death:

[Please provide relevant information regarding predeceased spouse's estate, including death certificate and copies of will and estate tax returns filed.]

If divorced, please indicate former spouse's name and date of divorce:

[Please provide copy of any settlement agreement and/or divorce decree, if applicable.]

Children's Names

Address

Social Security No.

Birth Date

Children's Names	Address	Social Security No.	Birth Date
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(If by prior marriage of husband or wife, indicate with letter [P(H) or (W)] before child's name. If adopted or in process of adoption, indicate with letter [A]. Indicate nonmarital children with letter [N].)



**E. MISCELLANEOUS: (IF APPLICABLE, GIVE DETAILS BELOW OR ON ANOTHER SHEET)**

- Yes  No  1. Have you made any lifetime gifts exceeding [\$14,000] per year to any person or created any trust? (If "yes," please supply copies of gift tax returns and trusts.)
- Yes  No  2. Do you have a power of appointment or other interests under a Will or Trust of another person? (If "yes," please supply copy of governing instrument, if available.)
- Yes  No  3. If you have any prospective inheritances, give source and estimated amount.
- Yes  No  4. If you are or were employed, give details of any pension plans or other employee benefits, including retained group health insurance, to which you are or may be entitled.
- Yes  No  5. If you are self-employed or a member of a partnership, give details of any contract or commitments to sell such interests at death or retirement, as well as any retirement plans or other benefits that will be payable by reason of your death. (If "yes," please supply copies of any pertinent documents.)
- Yes  No  6. If you own stock in a closely held corporation, give details of any stock redemption agreements, stock options, salary continuation or other deferred-compensation plans that may be applicable to you. (If "yes," please supply copies of documents.)
- Yes  No  7. Is there a safe-deposit box? (If "yes," please indicate bank and box number.)
- Yes  No  8. Do you use a professional tax preparer? (If "yes," please indicate name, address and telephone number.)
- Yes  No  9. Do you maintain private health insurance and/or long-term care insurance? Are you interested in long-term care insurance?
10. Indicate the person(s) (together with relationship, if applicable) and/or institution(s) you wish to appoint (if applicable) as your (a) executor; (b) trustee; and (c) guardian of minor children. These fiduciary appointments will be discussed during the introductory meeting.

Intended Executor(s)

Intended Trustee(s)

Guardian(s)

Intended Alternate Executor(s)

Intended Alternate Trustee(s)

Alternate Guardian(s)

**F. CITIZENSHIP:**

**If you are a noncitizen of the United States, please note the country of citizenship below:**

**G. ASSETS: (ESTIMATED CURRENT MARKET VALUE)**

	<b>Your Name</b>	<b>Joint Names</b> (For Community Property)
1. Real estate: Residence		
Vacation home (please indicate state where situated)		
Other real estate (please indicate state where situated)		
2. Stocks and mutual funds (non-IRA)		
3. Bonds and notes (including Series EE/HH bonds)		
4. Value of business assets if self-employed or interested in partnership or closely held corporation		
5. Savings accounts, savings certificates, savings bonds, money market and cash		
6. Expected from other estates or trusts		
7. Interest in profit sharing, retirement plans, Keogh plans or annuities		
8. IRA accounts		
9. Autos, furniture, jewelry, art, collections and household items (conservative estimate)		
10. Miscellaneous other assets		
<b>TOTAL ASSETS</b>		
<b>LESS MORTGAGES, LOANS AND OTHER LIABILITIES</b>		

**Life Insurance Death Benefits From Next Page:**

**F LIFE INSURANCE: (IF MORE THAN \$300,000, PLEASE BRING POLICIES/CONTRACTS FOR REVIEW)**

<b>Insured</b>	<b>Owner</b> (If different from insured)	<b>Company &amp; Type of Insurance</b> (e.g. term, group, whole, life, accidental)	<b>Face Amount of Death Benefit</b>	<b>Net Cash Value</b>	<b>Loans</b>	<b>Primary Beneficiary</b>	<b>Secondary Beneficiary</b>
<b>TOTALS:</b>							