

ESTATE PLANNING QUESTIONNAIRE

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Please note that unless you have formally retained our office via a signed agreement, no attorney-client relationship has been formed.

* Required

PART ONE – YOUR PERSONAL INFORMATION

1. Full Legal Name: *

2. What are your preferred pronouns? Examples include he/him, she/hers, they/them.

3. Email Address: *

4. Home Address: *

5. Telephone Number: *

6. Date of Birth: *

Example: January 7, 2019

7. Are you a U.S. Citizen? *

Mark only one oval.

☐ Yes

☐ No

8. **PART TWO - YOUR FAMILY RELATIONSHIPS** *

Are you married?

Mark only one oval.

☐ Yes

☐ No

9. If married, is your spouse a U.S. Citizen?

Mark only one oval.

☐ Yes

☐ No

10. Marital Status: *

Include the date and state/country where your marriage took place and provide us with a copy of the marriage license.

11. If married, please provide us with a copy of your marriage license.

Files submitted:

12. If married, have you and your spouse signed a prenuptial /postnuptial agreement or other marital waiver?

Mark only one oval.

☐ Yes

☐ No

13. Are you not married but are in a registered domestic partnership?

Mark only one oval.

☐ Yes

☐ No

14. If yes, please provide a copy of your prenuptial / postnuptial agreement or domestic partnership certificate.

Files submitted:

15. Do you have children? *

If yes, list each child's name, date of birth, and whether he/she/they are a biological child, adopted child, or step-child.

16. Who are your parents? *

If one or both parents have passed away please place (d) next to their names.

17. Do you have siblings? *

Mark only one oval.

☐ Yes

☐ No

18. If yes, please list each sibling and if they have passed away, please place (d) next to their name.

19. Are you estranged from any of your family members? *

Mark only one oval.

☐ Yes

☐ No

20. If yes, then please share the name of the estranged relative and the reason for such estrangement.

21. Do you wish to exclude any one from receiving a gift under your Will? If yes, then please elaborate below. *

**PART
THREE
–
ASSETS
TO BE
PLACED
UNDER
YOUR
WILL**

Probate assets are assets that pass through the terms of your Will to one or more beneficiaries. If an asset passes upon death automatically to a beneficiary via a different direction such as a deed or beneficiary form, such asset is a non-probate asset. Non-probate assets are not included in your Will. Typical non-probate assets include jointly-titled real property, financial and brokerage accounts, and life insurance policies.

22. A. REAL ESTATE *

Do you own real estate?

Mark only one oval.

☐ Yes

☐ No

23. If yes, then please provide all information regarding the property including a) property type; b) property address; c) whether other owners are listed; d) estimated fair market value of the property; and e) whether there is a mortgage on the property and if so, how much is remaining on the mortgage.

24. Please upload proof of ownership of each property, if applicable.

Files submitted:

25. If applicable, please upload proof of ownership of any additional properties.

Files submitted:

26. If applicable, please upload proof of ownership of any additional properties.

Files submitted:

27. If applicable, please upload proof of ownership of any additional properties.

Files submitted:

28. Do you own any lots of land or unimproved property? *

If yes, please describe the land parcels below. If not, please skip to the next section.

Mark only one oval.

☐ Yes

☐ No

B. RETIREMENT ACCOUNTS (IRAs, pension plans, etc.)

29. *

Do you own any retirement accounts?

Mark only one oval.

☐ Yes

☐ No

30. If yes, then please provide all information for each retirement account including a) account type; b) where the account is held; c) any additional owners on the account; d) estimated value of the account; and e) primary and contingent beneficiaries.

C. LIFE INSURANCE POLICIES

31. Do you have any life insurance policies in place? *

Mark only one oval.

☐ Yes

☐ No

32. If yes, then for each policy please provide: a) account type (term, whole life, etc.); b) where the policy is held; c) policy premium; and d) the main and contingent beneficiaries on the policy.

33. If you do not have a life insurance policy, would you like to be referred to a life insurance professional to learn more about the wide variety of life insurance policies available? *

Mark only one oval.

☐ Yes

☐ No

D. SAVINGS / CHECKING / PAY-ON-DEATH ACCOUNTS

34. Do you have any checking, savings, or pay-on-death accounts? *

Mark only one oval.

☐ Yes

☐ No

35. For each savings and checking or pay on death account, please list: a) account type; b) where the account is held; c) additional owners of the account; d) estimated value of each account; and e) account beneficiaries.

E. BROKERAGE / INVESTMENT ACCOUNTS

36. Do you own any brokerage or investment accounts or stocks and bonds? *

Mark only one oval.

☐ Yes

☐ No

37. If yes, then please provide the following information for each brokerage or investment account: a) account type; b) where the account is held; c) additional owners of the account; d) estimated value of each account; and e) all beneficiaries listed on each account.

38. Do you have a financial adviser/planner? *

Mark only one oval.

☐ Yes

☐ No

39. If yes, please provide name and email of your financial adviser/planner:

F. YOUR BUSINESS INTERESTS

40. Do you own any business or equity in a business? *

Mark only one oval.

☐ Yes

☐ No

41. If yes, for each business please provide: a) company name; b) state of formation / incorporation; c) business type (corporation, LLC); and d) other members or shareholders.

42. Please provide all formation documents for the business – Formation Document #1

Files submitted:

43. Please provide all formation documents for the business – Formation Document #2

Files submitted:

44. Please provide all formation documents for the business – Formation Document #3

Files submitted:

G. INTELLECTUAL PROPERTY / COPYRIGHTS / PATENTS

45. Do you own any intellectual property, including copyrights, patents or royalties? *

Mark only one oval.

☐ Yes

☐ No

46. If yes, then please describe each item of intellectual property and whether it is owned with others.

47. What is the approximate value of your intellectual property?

48. Whom, if anyone, do you work with to manage your intellectual property?

49. Are you interested in designating someone under your Will to value and manage your intellectual property other than your Executor?

Mark only one oval.

☐ Yes

☐ No

50. If yes, then please elaborate below.

H. ALL OTHER ASSETS

51. In the following section, please list all other assets that you currently own and want to give to specific beneficiaries or charities. Such assets may include vehicles, artwork, jewelry, rare books and coins, etc. Be sure to describe each asset, its value, and where the asset is held.

PART FOUR – YOUR LIABILITIES AND DEBTS

52. Do you have any liabilities or debts? *
- If yes, please answer the following questions.

Mark only one oval.

☐ Yes

☐ No

53. If yes, then for each liability or debt, please provide information regarding: a) debt type; b) where the debt is held; c) amount remaining on the debt; and d) and whether the debt is owed with others.

**PART FIVE –
EXECUTORS
AND
AGENTS
UNDER
YOUR
ESTATE
PLAN**

An Executor carries out the terms of your Will and is responsible for probating it, marshaling all estate assets, paying your estate debts (including funeral expenses), and ultimately distributing assets to beneficiaries per the terms of your Will. Selecting the right executor is essential to creating a solid estate plan because your executor will have significant responsibilities regarding the ultimate disposition of your estate. Your nominated Executors must be trustworthy, organized, and diligent individuals.

An Executor need not be an attorney and he or she is entitled to receive statutory commissions by the court unless you specify otherwise in your Will. Your nominated Executors might be required to post a bond unless you specify that the bond requirement be waived. Incapacitated persons and minors (persons under age 18) may not serve as Executors. Convicted felons may only serve as Executors at the court's discretion.

54. What are the names, emails, and addresses of your primary Executor or Executors? *

55. If you have selected more than one Executor, then please specify whether they must work together or if they may act individually.

56. What are the names, emails, and addresses of your successor Executor or Executors?

57. If you have selected more than one successor Executor, then please specify whether they must work together or if they may act individually.

58. Are all Executors U.S. Citizens? *

Mark only one oval.

☐ Yes

☐ No

59. Do you want your Executors to receive statutory or specified commissions for his * or her work on your estate?

60. Is any nominated executor under the Will a felon? *

Mark only one oval.

☐ Yes

☐ No

TRUSTEE

A trust is created when the grantor transfers property to a trustee who holds legal title to such property on behalf of beneficiaries. Testamentary trusts are trusts created under Wills and are only created when the Will is probated. If you have minor children or want to place conditions on bequests that you make to others in your Will, then you should consider placing testamentary trusts in your Will.

61. Are you interested in placing one or more testamentary trusts under your Will? *

Mark only one oval.

☐ Yes

☐ No

POWER OF ATTORNEY

Your power of attorney allows you to appoint a primary and alternate agent to handle your business and financial affairs if you become incapacitated. Such affairs include buying and selling property, entering into contracts, and making gifts to others. Your agents must be trustworthy and possess the financial sophistication to handle your financial and business matters. This document, in the hands of the wrong person, can be used as a license to steal.

62. Please provide the name and address of your primary agent. *

63. Will there be a primary co-agent? *

Mark only one oval.

☐ Yes

☐ No

64. If yes, then please provide your primary co-agent's name and address.

65. If you have primary co-agents, may they act separately or must they act together? *

66. Please provide the name and address of your alternate agent. *

If yes, please answer the following questions.

67. Will there be an alternate co-agent? *

Mark only one oval.

☐ Yes

☐ No

68. If yes, then please provide your alternate co-agent's name and address.

69. If you have alternate co-agents, may they act separately or must they act together? *

70. Should your POA agents only be allowed to act on your behalf if you become incapacitated and cannot make financial decisions on your own? *

71. Do you wish to allow your POA agents to make annual gifts to others on your behalf in excess of \$5,000.00? *

72. Do you wish to allow your POA agents be able to make gifts to themselves? *

73. Should your POA agents receive reimbursement for expenses outlaid on your behalf? *

74. Should your POA agents be paid for their work on your behalf? *

HEALTH CARE PROXY

Your health care proxy allows your selected agents to receive important and confidential medical information from attending physicians in order to make informed decisions concerning your healthcare. Your agents may only make healthcare decisions on your behalf if you are unable to do so. You must select agents who are keenly aware of and will follow your desires, values, and fears concerning your healthcare. *(It is strongly advised that you select one primary agent and one alternate agent.)*

75. Please provide the name, address, and phone number of your primary health care agent. *

76. Please provide the name, address, and phone number of your alternate health care agent.

ADVANCED MEDICAL DIRECTIVE (LIVING WILL)

An advance medical directive, also known as a living Will, sets forth your directions on how you wish to be treated in the event that your attending physician confirms that you have an irreversible or incurable condition that is likely to result in your death or if you will be rendered in a persistent vegetative state.

77. Are you interested in executing an advance medical directive? *

Mark only one oval.

☐ Yes

☐ No

78. If yes, please list whether you wish to provide any limitations or restrictions that you would like to place on bodily gifts.

79. If yes, do you wish that life sustaining equipment be withdrawn and that you wish to be made comfortable until your passing?

Mark only one oval.

☐ Yes

☐ No

80. Do you wish to donate any bodily organs/tissue upon your death or have you signed up as an organ donor on your driver's license or other state issued ID? *

Mark only one oval.

☐ Yes

☐ No

81. Have you made plans to donate your body to science upon death? *

Mark only one oval.

☐ Yes

☐ No

GUARDIANS FOR MINOR CHILDREN

In New York, guardians must be appointed for minor children (18 or younger) in the event that both parents predecease them. Many parents consider this to be a tough decision but it is vital to select a primary and an alternate guardian, and both parents should agree on all guardians. Nominated guardians, absent extraordinary circumstances, will be appointed by the court. Guardians are responsible for the legal and physical custody (day-to-day) care of minor children.

82. Do you have a minor child for whom a guardian must be appointed under your Will? *

Mark only one oval.

☐ Yes

☐ No

83. If yes, please provide the name, address, and phone number of each nominated primary guardian. *

84. Do you wish to appoint alternate guardians under your Will? *

Mark only one oval.

☐ Yes

☐ No

85. If yes, please provide the name, address, and phone number of each nominated alternate guardian.

86. May your nominated primary guardians act independently?

87. May your nominated alternate guardians act independently?

88. If you wish to create trusts under your Will for your minor children, otherwise known as testamentary trusts, please indicate below. *

Mark only one oval.

☐ Yes

☐ No

BENEFICIARIES

Beneficiaries are those biological or chosen family members, other individuals, and charities who will inherit the property, real, personal or otherwise, that you have left for them under your Will.

89. For each beneficiary, please list: a) name and relationship and if the beneficiary is a charity, please list the formal name of the charity and where the headquarters are located; b) gift type and if it is a cash gift then please specify the gift amount; and c) please place any conditions that you would like to make regarding the gift. *

90. Do you wish to place an *in terrorem* clause in your Will where if any beneficiary formally objects to the probate of the Will, they will forfeit any gift they may receive under it? For this clause to have "teeth", you must leave such beneficiary a large enough gift so that he/she/they would reconsider making objections. *

Mark only one oval.

☐ Yes

☐ No

91. If you would like to place an *in terrorem* clause under your Will, please explain further.

**RESIDUARY
ESTATE**

The Residuary Estate is an important part of your Will. This is where you select beneficiaries who will inherit all property that you have not specifically designated under your Will or that you might acquire after you sign your Will. You must have a Residuary Estate in order to prevent dying partially intestate, or without a Will. It is advisable to divide your Residuary Estate fractionally and to select primary and alternate beneficiaries.

92. Who are the primary beneficiaries for your Residuary Estate and what percentages should each beneficiary receive? *

93. Who are the alternate beneficiaries for your Residuary Estate and what percentages should each alternate beneficiary receive? *

FUNERAL AND BURIAL WISHES

94. What are your wishes regarding disposition of your remains (burial, cremation or other)? *

95. Do you want a memorial service to be held in your honor and if so, what type of religious, non-denominational or other ceremony do you prefer? *

96. Do you have a family plot or have you purchased a funeral contract? *

Mark only one oval.

☐ Yes

☐ No

97. If yes, then please provide information regarding the family plot.

**PART SIX –
OTHER
IMPORTANT
INFORMATION**

In this last but important section, please answer the questions below and upload all relevant documents. If it is easier for you to forward us copies of documents via email, please feel free to do so.

We treat each estate plan as unique and although we endeavor to make this questionnaire as exhaustive yet navigable as possible, there might be issues that our questionnaire has not addressed. Therefore, please use this section to inform us of all information that you think is relevant for us to prepare your estate plan.

98. Do you own a safe deposit box?

Mark only one oval.

☐ Yes

☐ No

99. If yes, where is it located and what are its contents?

100. Do you have a previously executed estate plan? *

Mark only one oval.

☐ Yes

☐ No

101. If yes, please provide copies of any previously executed Wills.

Files submitted:

102. If applicable, please provide copies of previously executed health care proxies.

Files submitted:

103. If applicable, please provide copies of previously executed advance directives (living Wills).

Files submitted:

104. If applicable, please provide copies of previously executed powers of attorney.

Files submitted:

105. If applicable, please provide any additional documents related to your estate planning.

Files submitted:

106. Are there any problematic family relations that we should consider while drafting ^{*} your estate plan?

Mark only one oval.

☐ Yes

☐ No

107. If yes, then please elaborate:

108. Please provide any additional information that you were unable to provide earlier regarding your estate planning.

We look forward to working with you on your estate plan and consider it a tremendous privilege to do so.

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