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ESTATE PLANNING QUESTIONNAIRE

This questionnaire will help to gather the information necessary to begin the estate planning process. All information and supporting documentation will be kept in STRICTEST CONFIDENCE. Feel free to add extra pages or continue your thoughts on the reverse side of the pages. Clearly print or type all full names and addresses. FOR PRIVACY AND ATTORNEY/CLIENT PRIVILEGE REASONS, YOU CANNOT COMPLETE THIS QUESTIONNAIRE ONLINE. PLEASE PRINT OUT TO COMPLETE.

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SECTION I: General Information

Client:

Full name _____

Home address _____

County _____ Citizenship _____

Home phone no. (_____) _____ Business no. (_____) _____

Cell/mobile no. (_____) _____ e-mail address _____

Business name, address & title _____

Date of birth _____ S.S.# _____

Year New Jersey residence established _____

Do you have an existing Will? _____ Where located _____

Spouse/Partner:

Full name _____

Date of birth _____ S.S.# _____

Year New Jersey residence established _____ Citizenship _____

Business name, address & title _____

Business no. (_____) _____ Cell/mobile no. (_____) _____

e-mail address _____

Do you have an existing Will? _____ Where located _____

Marital Information:

If married, date and place of present marriage _____

Prior marriages: dates and how terminated _____

SECTION II: Family Information

Children:

Please include full name, sex, date of birth, address, marital status and spouse’s name. Please state whether born of present or prior marriage. If any children are adopted, list the date of adoption and the age of the child at the time of adoption.

Grandchildren:

Please include full name, sex, date of birth, parentage.

Parents:

Client's parents _____ Living or deceased? _____

Address _____

Spouse/Partner's Parents _____ Living or deceased? _____

Address _____

Other Beneficiaries:

Any other persons to be named in Will? List names, addresses and relationships:

Special Needs:

List any special medical or financial conditions of client, spouse or others to be named in the Will:

SECTION III: Financial Information

Annual Salary/Income: \$ _____

Spouse/Partner's Annual Salary/Income: \$ _____

Do either of you:

- Expect significant inheritance (\$500,000 or more)? _____
- Expect to receive substantial gifts (\$250,000 or more)? _____
- Have beneficial interest in trust created by third parties (worth more than \$500,000)? _____

If any of the above are answered "yes", please explain your interest and potential benefit:

Real Estate:

Address	Titled Owner	Market Value	Mortgage Balance
1. _____ _____	_____	\$ _____	\$ _____
2. _____ _____	_____	\$ _____	\$ _____
3. _____ _____	_____	\$ _____	\$ _____

Continue list on back of form if necessary.

Bank/Money Market Accounts:

Financial Institution	Type of Account	Amount	How Account Titled
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Continue list on back of form if necessary.

Stocks/Bonds/Mutual Funds:

Description	Purchase Price	Current Value	Registered Owner
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

Continue list on back of form if necessary.

Other Assets:

List amount of any Promissory Notes or family loans owed to you: _____

List any items of substantial value (antiques, furs, automobiles, art objects, etc.) Please describe and give approximate fair market value: _____

Frequent Flyer Accounts: Airline & Account Nos. _____

Safe Deposit Box: Location, how registered and who has access _____

Insurance: List all insurance policies including company, policy number, type (e.g. whole life, term, universal), face amount, owner and beneficiary:

Business Assets:

Do you own or have an interest in any business? _____

If yes, list name, type (sole proprietorship, LLC, partnership, corporation) and nature of business _____

Is there a Partnership Agreement, LLC Operating Agreement or corporate Stock Purchase Agreement? _____

List names and addresses of all partners/members/shareholders _____

Do either of you expect to receive payments from deferred compensation agreements? _____

IRA's/Retirement Plans:

Type of Plan/Account	Financial Institution/Company	Amount	Beneficiary
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----

Liabilities:

Mortgages, home equity loans, personal loans, guarantees, judgments against either of you:

Creditor	Description of debt	Amount
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

SECTION IV: Fiduciaries (decision makers)

Executor: Your Executor oversees the administration of the estate; the winding up of your financial affairs and the distribution of your assets in accordance with the directions contained in your will. Usually the initial Executor is the surviving spouse/partner. A successor Executor can be another close relative, a financial institution or a professional advisor who is familiar with your affairs.

FULL NAME OF INITIAL EXECUTOR -----

Address and relationship -----

SUCCESSOR EXECUTOR -----

Address and relationship -----

Trustee: If a trust is created to save taxes or to protect your beneficiaries, we can have both of you as the initial co-Trustees. On the first death you can name as a successor co-Trustee a family member, friend, close advisor or bank. In the event of the death of both of you, you can name a second successor Trustee. We suggest that the second successor co-Trustee be a close relative, a financial institution or professional advisor who is familiar with your affairs.

INITIAL TRUSTEE or INITIAL CO-TRUSTEES _____

Address and relationship _____

FIRST SUCCESSOR TRUSTEE _____

Address and relationship _____

SECOND SUCCESSOR TRUSTEE _____

Address and relationship _____

Guardian : In the event of the death of both parents, Guardians should be named to care for minor children. The Guardian can be one person or a couple. They do not have to be relatives. The Guardians can be the same or different than the named Executors and Trustees.

INITIAL GUARDIAN _____

Address and relationship _____

SUCCESSOR GUARDIAN _____

Address and relationship _____

Power of Attorney: A Durable-Financial Power of Attorney appoints someone as Agent to look after all of your financial affairs while you are alive but are unable to do so. Often times, the successor Executor is named the successor Agent.

INITIAL AGENT _____

Address and relationship _____

SUCCESSOR AGENT _____

Address and relationship _____

Living Will/Health Care Power of Attorney: This document appoints someone to make health care decisions if you are not capable of making these decisions.

INITIAL HEALTH CARE AGENT _____

Address and relationship _____

SUCCESSOR HEALTH CARE AGENT _____

Address and relationship _____

Would you like a clause where you could donate your organs/body parts to sustain or improve life? yes no

Would you like a clause where you could donate your body for medical research? yes no

SECTION V: Distribution

Please supply a brief description of your wishes for the distribution of your property at your death. Most couples prefer that their property pass to their spouse/partner for the survivor's lifetime and then, upon the second death, to the children in equal shares. Distribution to the children can be spread out over a period of years. Please indicate your initial preferences for us to discuss in greater detail.

SECTION VI: Professional/Personal Advisors

Please list names, addresses and telephone numbers.

ACCOUNTANT _____

FINANCIAL ADVISOR _____

RETIREMENT PLAN ADVISOR _____

INSURANCE AGENT _____

OTHER PERSONAL ADVISORS _____

Should any of the above be consulted or receive copies of any documents prepared?

The Undersigned state that the information and documentation furnished represents full and complete disclosure in confidence to the law firm. Any disclosure to or involvement with third parties requires the affirmative consent of the Undersigned.

Dated this _____ **day of** _____, **20**____.

Signature

Signature