



STEFANS LAW GROUP PC
ESTATE PLANNING & ELDER LAW

Estate Planning Questionnaire

Our office utilizes a holistic, client-centered approach to estate planning and elder care. We know that this document is long, thorough, and personal. This questionnaire is designed to help us gather the information necessary help you reach your goals.

*This Questionnaire is divided into three sections: **Personal, Financial, & Legal**. Only complete the questions that you can – and we will work on filling in the blanks together.*

**PLEASE RETURN THIS QUESTIONNAIRE TO THE OFFICE PRIOR TO THE MEETING OR BRING IT WITH YOU!
WE USE IT DURING THE MEETING.**

Name of person completing questionnaire:

Date:

This estate planning consultation is for (circle one):

myself my parent(s) my spouse my child(ren)
my grandparent(s) other _____

REFERRED BY: _____

Personal Information

**Name of Husband/
Father/ Single Male:** _____

Date of Birth: _____

Age: _____

US Citizen: Yes No

US Veteran: Yes No Dates of Service: _____

Social Security No: _____

Address: _____

Phone: _____

Cell/Work Phone: _____

Email: _____

**Name of Wife/
Mother/ Single Female:** _____

Date of Birth: _____

Age: _____

US Citizen: Yes No

US Veteran: Yes No Dates of Service: _____

Social Security No: _____

Address: _____

Phone: _____

Cell/Work Phone: _____

Email: _____

Is there any reason for haste in preparing your estate plan? Yes No

Marriage Information

Are you married?	Yes	No
Is this a second marriage?	Yes	No
Is there a pre-nuptial or post-nuptial agreement?	Yes	No
Are you widowed?	Yes	No
Date of Death: _____		
County and State: _____		
Are you currently divorced or single?	Yes	No
Year of Final Divorce:		

Children

Do you have Children?	Yes	No
How Many? _____		
Are any children from a previous marriage?	Yes	No
Are any children formally adopted?	Yes	No
Are any step-children (not adopted)?	Yes	No
Has any child predeceased you?	Yes	No
Name: _____	Date: _____	
Was he/she married?	Yes	No
Children:	Yes	No

Child # 1

Name: _____

Birth Date: _____

Age: _____

Address: _____

Phone: _____

Email: _____

Married? Yes No Divorced? Yes No Children? Yes No

Child # 2

Name: _____

Birth Date: _____

Age: _____

Address: _____

Phone: _____

Email: _____

Married? Yes No Divorced? Yes No Children? Yes No

Child # 3

Name: _____

Birth Date: _____

Age: _____

Address: _____

Phone: _____

Email: _____

Married? Yes No Divorced? Yes No Children? Yes No

Child # 4

Name: _____

Birth Date: _____

Age: _____

Address: _____

Phone: _____

Email: _____

Married? Yes No Divorced? Yes No Children? Yes No

Child # 5

Name: _____

Birth Date: _____

Age: _____

Address: _____

Phone: _____

Email: _____

Married? Yes No Divorced? Yes No Children? Yes No

Grandchildren

Do you have Grandchildren? Yes No How Many? _____

Grandchild # 1

Name: _____ Age: _____

Child of: _____

Grandchild # 2

Name: _____ Age: _____

Child of: _____

Grandchild # 3

Name: _____ Age: _____

Child of: _____

Grandchild # 4

Name: _____ Age: _____

Child of: _____

Grandchild # 5

Name: _____ Age: _____

Child of: _____

Grandchild # 6

Name: _____ Age: _____

Child of: _____

Do any of your children or grandchildren have any special needs or disabilities?

Yes No

Specifics:

Are any of your children or grandchildren receiving government benefits (Medicaid, Medicare, Social Security Disability, SSI, etc.)?

Yes No

Specifics:

Do any of your children or grandchildren have any financial or personal issues (poor marriage, creditors, addictions, gambling, etc.)? Yes No

Financial

Real Estate

Primary Residence – If Owned
(circle one); Commercial property – Residential property – Condo - Coop

Do you own the Residence listed as your address in Section 1: Yes No

Owner(s) on Deed: _____

Joint? Yes No

If so, is it with a “Right of Survivorship”? Yes No

Fair Market Value (FMV): \$_____ Mortgage Amount \$_____

Did you purchase this home? Yes No

Purchase Price: \$_____ Year Purchased: _____

Have you made capital improvements to this home? Yes No

Approximate value of capital improvements: \$_____

Do you own other Real Estate in New York? Yes No

Address:

How title:

Purchase Price: \$ _____ Year Purchased: _____

Do you own other Real Estate outside of New York? Yes No
(circle one); Commercial property – Residential property – Condo - Coop

Address:

How title:

Purchase Price: \$ _____ Year Purchased: _____

Primary Residence – If Rented

Monthly Rent \$ _____ Inclusive of Utilities? Yes No

Bank Accounts

INSTITUTION	TYPE OF ACCOUNT	ACCOUNT OWNER	HOW TITLED	BALANCE
-------------	-----------------	---------------	------------	---------

1. _____
2. _____
3. _____
4. _____
5. _____

Do you have a safe deposit box? Yes No

If Yes, owner(s): _____ Bank: _____

Investments

(stocks, bonds, mutual funds)

INSTITUTION	TYPE OF ACCT	OWNER	HOW TITLED	BENEFICIARY	BALANCE
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1. _____
2. _____
3. _____
4. _____
5. _____

Retirement Accounts

(IRA's, 401k's, 403b's, TSA's)

INSTITUTION	TYPE OF ACCOUNT	ACCOUNT OWNER	PRIMARY & CONTIN. BENEFICIARY	BALANCE
-------------	-----------------	---------------	----------------------------------	---------

1. _____
2. _____
3. _____
4. _____
5. _____

Education / Minor's Accounts

(529's, UGMA/UTMA, Coverdale)

INSTITUTION	TYPE OF ACCOUNT	ACCOUNT OWNER	BENEFICIARY	BALANCE
-------------	-----------------	---------------	-------------	---------

1. _____
2. _____
3. _____
4. _____
5. _____

Life Insurance

COMPANY	OWNER	WHOLE/TERM (Yrs?)	PRIMARY & CONTIN. BENEFICIARY	CV	DB
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Non-Qualified Annuities

COMPANY	OWNER	DEFERRED OR IMMEDIATE	PRIMARY OR CONTIN. BENEFICIARY	BALANCE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Do you have Pre-Paid funeral arrangements? Yes No

Which funeral home: _____

Is it Irrevocable or Revocable? Irrevocable Revocable

Do you have burial plots? Yes No

Business Assets

Do you own an interest in a business? Yes No

Is it a family business? Yes No

Are there any Partners?

If Yes, who?

What type of entity is it?

Sole Proprietorship C Corp. S Corp. LLP/LLC

Does the business entity own assets:

If Yes, what:

Land? Inventory? Contracts?

Are there any business agreements?

Estimated Gross Sales? Estimated Net Annual Sales?

Is there a CPA for this business, if so, who?

Miscellaneous Property

Do you have items of special value? jewelry, antiques, art, collections: Yes No

Debts

Is any money owed to you? Yes No

Do you have debts besides the mortgage(s) on your home? Yes No

Income

WHO (Husband/Self or Wife)	TYPE (Soc. Sec., Pension, RMD's etc.)	MONTHLY AMOUNT
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

If you receive a Pension and are married,
are there any survivor benefits for your spouse? Yes No

Do you receive any payments from the Government? VA? SSI? SSD?

Long Term Care Insurance

Do you have Long Term Care Insurance? Yes No
Please provide copy of policy for review.

Health Insurance

Do you have private "employer" health insurance? Yes No

Do you have health benefits through your former employer? Yes No

Do you have Medicare A? Yes No

Do you have Medicare B? Yes No

Do you have Medicare C? Yes No
Which Company?

Premium?

Do you have Medicare D? Which Company? Premium?	Yes	No
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Do you have New York EPIC?	Yes	No
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Do you have Medicaid?	Yes	No
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Do you have a Medicare Supplemental Policy? If yes, which Plan (A – L)? _____	Yes	No
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Legal

Inheritances

Are you currently the beneficiary of a Trust?	Yes	No
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If Yes: Beneficiary of Principal or Income or both?
Specifics:

Do you expect to inherit assets?	Yes	No
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From whom?

Approximately how much?

Do they have an “estate plan” in place? (especially if disabled child/grandchildren exists)

Approximate time frame?

Legal Documents

Do you have existing Estate Planning documents?

Will	Yes	No
Trust	Yes	No
Power of Attorney	Yes	No
Health Care Proxy	Yes	No
HIPAA Privacy Authorization	Yes	No
Living Will	Yes	No
Pre or Post Nuptial Agreement	Yes	No
Business Agreement	Yes	No

Food for Thought

Please write the names, address and phone number on the following page of all adults that may be nominated for the following roles:

1. Please think about who you would like to name as Executor and Alternate Executor of your Will. You can name more than one.
2. Please think about who you would like to name as a Trustee and Alternate Trustee if you require a Trust. You can name more than one.
3. Please think about who you would like to name as Attorney-in-Fact and Alternate Attorney-in-Fact of your Durable Power of Attorney. You can name more than one. However, if more than one person is selected, must they act together or can they act separately?
4. Please think about who you would like to name as your Health Care Agent and Alternate Health Care Agent in care you cannot make healthcare decisions yourself. You can only name one individual at a time.
5. If you have minor children, please think about who you would like to name as Guardian and Alternate Guardian if both parents are deceased. If a married couple is listed, what happens if they divorce before they are appointed and what if one passes away before appointment? Please also consider if you wish to add any directions and/or value statements for your child's potential Guardian. If you would like examples, please contact the office.

6. If you have minor children or grandchildren, please think about which age or ages you would like them to receive their entire or partial inheritance?
7. Please think about whether or not you wish to be cremated or if you wish to have any of your organs donated.
8. Please consider whether you would like to add a personal Testimony to your Last Will and Testament. While a personal Testimony is often of a spiritual nature, a paragraph or two of encouraging and supporting sentiments is often appreciated by those who will read your Last Will and Testament. For examples of Christian Testimonies, please contact the office.
9. Please think about end-of-life health care. For instance, do you want artificial hydration and nutrition through a feeding tube? Does the future 'quality' of your life have an impact on your decisions? Do you have any spiritual beliefs that should be incorporated into a Living Will so that your Health Care Agent will know your wishes?
10. If you travel, would you like to have digital copies of your health care advance directives available to a treating physician in case of an emergency?

Name: _____ Relation: _____

Address: _____

Phone: _____

Email: _____

Name: _____ Relation: _____

Address: _____

Phone: _____

Email: _____

Name: _____ Relation: _____

Address: _____

Phone: _____

Email: _____

Name: _____ Relation: _____

Address: _____

Phone: _____

Email: _____

Name: _____ Relation: _____

Address: _____

Phone: _____

Email: _____



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Documents Requested for Initial Estate Planning Consultation

If you have them, please bring originals or certified copies of the following items to your consultation:

- _____ Last Will & Testament
- _____ Trusts
- _____ Powers of Attorney
- _____ Living Wills
- _____ Health Care Proxy
- _____ Completed Estate Planning Intake Questionnaire
- _____ Marital Agreements (pre-nuptial or post-nuptial)
- _____ Recorded deeds to all Real Property owned (regardless of location)
- _____ Most recent tax bill for each parcel of Real Property owned
- _____ Long Term Care Insurance Policy
- _____ Life Insurance Policy
- _____ Annuity Contract(s)
- _____ Medicare Supplemental Insurance Policies (i.e., plan identification information)
- _____ Business Agreements (e.g., contracts for sale/purchase/investment)
- _____ Pre-arranged Funeral Agreements and/or Burial Plot Deeds