



Law Offices of
Gary Cornick, LLC

LAW OFFICES OF GARY CORNICK, LLC
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**ESTATE PLANNING QUESTIONNAIRE
(MARRIED)**

Date _____

File Number: _____

Home Phone No. _____

Husband's Work Phone No. _____

Husband's Cell No. _____

E-mail Address _____

Wife's Work Phone No. _____

Wife's Cell No. _____

Fax No. _____

This form is extremely important. Your accuracy and completeness in responding will help me best represent you. Please bring this information with you to the appointment.

A. PERSONAL DATA

(Husband)

Full Name _____
(print name as shown on your checks)

(Wife)

Full Name _____
(print name as shown on your checks)

Street Address _____

City _____

State _____

Zip _____

Birth Date _____

Birth Date _____

Last 4 of Social Security No. XXX-XX-_____

Last 4 of Social Security No. XXX-XX-_____

U.S. Citizen? Yes No

U.S. Citizen? Yes No

Annual Income _____

Annual Income _____

B. REFERRAL

By whom were you referred to this office?

Name _____

Street Address _____

City _____ State _____ Zip _____

Have you visited our Website? Yes No

Do you have any ideas for improving our Website? If so, please discuss.

C. CHILDREN (if applicable)

Child's Name	Address (including zip code)	Date of Birth

Does the Husband have any children by a previous marriage? Yes No

Does the Wife have any children by a previous marriage? Yes No

Are all of your children in good health? Yes No

Are any of your children blind? Yes No

Are any of your children disabled? Yes No

Have all of your children completed their education? Yes No

2. GRANDCHILDREN

Do you want to leave a specific amount of money or a percentage of your estate to your grandchildren?

Yes No

Do you wish to treat all of your grandchildren equally?

Yes No

If not, why not? _____

How much do you want to leave your grandchildren? _____

At what age do you want distribution to your grandchildren? _____

(e.g. a typical plan provides for 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35 or immediate)

IS A TRUST RIGHT FOR YOU?

When it comes to distributing your assets to minors, the three general options are (1) leaving an inheritance to them “outright,” (2) placing an inheritance into a Uniform Transfers to Minors Act account, or (3) leaving an inheritance “in trust.” These (and other options) can be further discussed at the initial consultation.

1. “OUTRIGHT” – Unless you have a trust in place or specify that an inheritance left to a minor should pass to an UTMA, a minor child might need a guardian of his or her estate appointed to administer the money or have the monies held by a Court until the minor reaches the age of eighteen (18). This option can create complications and, as discussed below, is typically the least popular option.

2. UNIFORM TRANSFERS TO MINORS ACT (“UTMA”) ACCOUNT – An UTMA account can be created for any minor by any person, either while living or at death. The accounts are held until the child reaches a certain age. In New Jersey, like most states, that age is 21. A custodian of a child’s UTMA account manages the money without court supervision until the child reaches the age of 21, at which point the child receives all that remains in the account.

3. TRUST – The third option is to leave a child’s inheritance in trust. Trusts offer much more flexibility than either one of the first two options discussed above.

3. CHARITIES

Do you want to leave a specific amount of money or other assets to any charity? Yes No

If yes, please list:

Name of Charity	Address of Charity	Dollar Amount

4. OTHER BENEFICIARIES

Do you want your Will to benefit anyone other than children, grandchildren or a charity? Yes No

If so, please list:

Name of Beneficiary	Address of Beneficiary	Relationship	Dollar Amount

F. EXECUTOR

EXECUTORS – The Executor is the person responsible for handling your probate estate at your death. He or she sees to it that any debts or taxes your estate must pay do, in fact, get paid, and oversees all other administrative matters pertaining to your estate. The Executor is then responsible for distributing the remaining estate according to your Will.

Whom do you want to serve as your Executor?

(Husband)

First Choice: ___ Spouse ___ Other _____

Second Choice _____

Third Choice _____

(Wife)

First Choice: ___ Spouse ___ Other _____

Second Choice _____

Third Choice _____

G. TRUSTEE

Whom do you want to serve as your Trustee?

(Husband)

First Choice _____

Second Choice _____

(Wife)

First Choice _____

Second Choice _____

H. GUARDIAN

GUARDIANS (for minor children, i.e. children who are under the age of 18) – The guardian of the estate of a minor child is responsible for overseeing the assets of the child. The guardian of the person of a minor child is responsible for the child’s care and custody. You can name different people to serve in each capacity, or the same person to serve in both capacities, or two people to serve together in one or both capacities. When choosing a guardian, keep in mind a person’s (1) age, (2) location (the school district of the child is determined by where the guardian resides), and (3) religious and educational values.

If you have **minor** or **disabled** child/children, whom do you want to act as Guardian?

First Choice _____

Second Choice _____

I. LIVING WILL

AGENTS FOR ADVANCED MEDICAL DIRECTIVES- An Advanced Medical Directive enables someone to act on your behalf with respect to making medical decisions for you in the event you are incapacitated. If you do not have an Advanced Medical Directive (or Power of Attorney) and become incapacitated, a guardian will likely need to be appointed for you. Guardianships can be expensive, contentious and an added burden at a difficult time. An Advanced Medical Directive can help you avoid the need for a guardian.

(Husband)

Do you want your Living Will to provide for withdrawal of artificial food and fluid? Yes No

Do you want to donate your eyes or organs? Yes No

Do you want your Health Care Agent to consult with any other person prior to acting? Yes No

If yes, with whom? _____

Name of Proposed Health Care Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate Health Care Agent _____

Street Address _____

City _____ State _____ Zip _____

(Wife)

Do you want your Living Will to provide for withdrawal of artificial food and fluid? Yes No

Do you want to donate your eyes or organs? Yes No

Do you want your Health Care Agent to consult with any other person prior to acting? Yes No

If yes, with whom? _____

Name of Proposed Health Care Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate Health Care Agent _____

Street Address _____

City _____ State _____ Zip _____

What are the name and address of each of your primary care physician?

Full Name of Physician _____

Street Address _____

City _____ State _____ Zip _____

J. POWER OF ATTORNEY

AGENTS FOR POWERS OF ATTORNEY – “Financial” powers of attorney enable someone to act on your behalf with respect to financial matters. If you do not have a Power of Attorney (or Advanced Medical Directive) and become incapacitated, a guardian will likely need to be appointed for you. Guardianships can be expensive, contentious, and an added burden at a difficult time. A Power of Attorney can help you avoid the need for a guardian.

(Husband)

Name of Proposed Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

(Wife)

Name of Proposed Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

K. MISCELLANEOUS

Do you have any other legal issues which I should be aware of? Yes No

If yes, please explain _____

What is the location of your important papers? _____

Do you have a Safe Deposit Box? ___ Yes ___ No

If yes, please indicate the name and address of the location _____

Have you ever made gifts to any one person in excess of \$19,000 in any one calendar year?

Yes ___ No ___

Have you ever filed a Federal Gift Tax Return? Yes No

L. FINANCIAL SUMMARY

ASSETS

LIABILITIES

	Husband	Wife	Joint	
Bank Accounts [attach copies of statements]	\$ _____	\$ _____	\$ _____	\$ _____
Real Estate (residence) [attach copy of deed or title policy]	\$ _____	\$ _____	\$ _____	\$ _____
Real Estate (other) [attach copies of all deeds]	\$ _____	\$ _____	\$ _____	\$ _____
Savings Certificates (CDS) [attach copies of statements]	\$ _____	\$ _____	\$ _____	\$ _____
Stocks - Non Mutual Funds (Not Held by Broker) [attach copies of all certificates]	\$ _____	\$ _____	\$ _____	\$ _____
Stocks - Non Mutual Funds (Held by Broker) [attach copies of brokerage statements]	\$ _____	\$ _____	\$ _____	\$ _____
Bonds - Non Mutual Funds (Not Held by Broker) [attach copies of all bonds]	\$ _____	\$ _____	\$ _____	\$ _____
Bonds - Non Mutual Funds (Held by Broker) [attach copies of brokerage statements]	\$ _____	\$ _____	\$ _____	\$ _____
Mutual Funds [attach copies of statements]	\$ _____	\$ _____	\$ _____	\$ _____
Note and Mortgages Receivables [attach copies of Notes & Mortgages]	\$ _____	\$ _____	\$ _____	\$ _____
Business Interests [attach copies of stock certificates, partnership agreement and/or other documentation]	\$ _____	\$ _____	\$ _____	\$ _____
Inheritance, etc.	\$ _____	\$ _____	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____	\$ _____	\$ _____
Jewelry & Collections	\$ _____	\$ _____	\$ _____	\$ _____
Non-IRA Tax Qualified Retirement Plans [attach copies of statements]	\$ _____	\$ _____	\$ _____	\$ _____
IRAs [attach copies of statements]	\$ _____	\$ _____	\$ _____	\$ _____
Life Insurance [attach copies of all policies]	\$ _____	\$ _____	\$ _____	\$ _____
Annuities [attach copies of all policies]	\$ _____	\$ _____	\$ _____	\$ _____
Other Assets [attach copies of documentation pertaining to such assets]	\$ _____	\$ _____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____

Personal Residence:

Tax Block # _____, Lot # _____ (Can be obtained from Tax Bill)

Addresses of real property other than personal residence:

(1) Street _____ City _____ State _____ Zip _____

Tax Block # _____, Lot # _____ (Can be obtained from Tax Bill)

(2) Street _____ City _____ State _____ Zip _____

Tax Block # _____, Lot # _____ (Can be obtained from Tax Bill)

M. CERTIFICATION

The undersigned hereby represents to the Law Offices of Gary Cornick, LLC, and each of its attorneys, that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information, but will **not** independently verify its accuracy. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client or Client Representative:

Date: