

**ESTATE PLANNING QUESTIONNAIRE
(SINGLE)**

Date _____

File Number _____

Home Phone No. _____

Business Phone No. _____

E-mail address _____

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 our initial appointment.

I. BACKGROUND

A. PERSONAL DATA

Full Name _____
(print full legal name)

Street Address _____

City _____ State _____ Zip _____

Birth Date _____ Social Security No. _____

U.S. Citizen? Yes No Annual Income _____

If widowed, please list date of death of spouse _____

B. REFERRAL

By whom were you referred to this office?

Name _____

Street Address _____

City _____ State _____ Zip _____

II. LAST WILL AND TESTAMENT

A. DISPOSITIVE INTENTIONS

1. CHILDREN

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

Do you wish to treat all of your grandchildren equally? ___ Yes ___ No

If not, why? _____

How much do you want to leave your grandchildren? _____

At what age do you want distributions to your grandchildren? _____
(e.g., typical plans provide for immediate distributions or for 1/3 at age 25, 1/2 of the remaining amount at age 30 and the entire remaining amount at age 35)

3. OTHER BENEFICIARIES

Do you want your Will to benefit anyone other than children, grandchildren ie. Charity or other person?
___ Yes ___ No

If yes, please list:

Name of Beneficiary	Address of Beneficiary	Relationship	Dollar Amount

Do you have a partner?
___ Yes ___ No

If yes, have you entered into a civil union or domestic partnership?
___ Yes ___ No

If yes, on what date and in what municipality?
Date _____ Municipality _____

B. EXECUTOR

Whom do you wish to serve as your Executor?

First Choice _____

Second Choice _____

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

Full Name of Physician _____

Street Address _____

City _____ State _____ Zip _____

V. MISCELLANEOUS

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

If yes, please explain _____

Have you ever made gifts to any one person in excess of \$13,000 in any one calendar year?

Yes ___ No ___

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

Have you visited our Website? Yes No

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

What is the location of your important papers? _____

VI. FINANCIAL SUMMARY

	<u>ASSETS</u>	<u>LIABILITIES</u>
Bank Accounts [attach copies of statements]	\$ _____	\$ _____
Real Estate (residence) [attach copy of deed]	\$ _____	\$ _____
Real Estate (other) [attach copies of all deeds]	\$ _____	\$ _____
Certificates of Deposit (CDS) [attach copies of statements]	\$ _____	\$ _____
Stocks - (Not Held by Broker) [attach copies of all certificates]	\$ _____	\$ _____
Stocks - (Held by Broker) [attach copies of brokerage statements]	\$ _____	\$ _____
Bonds - (Not Held by Broker) [attach copies of all bonds]	\$ _____	\$ _____
Bonds - (Held by Broker) [attach copies of brokerage statements]	\$ _____	\$ _____
Mutual Funds [attach copies of statements]	\$ _____	\$ _____
Note and Mortgage Receivables [attach copies of Notes & Mortgages]	\$ _____	\$ _____
Business Interests [attach copies of stock certificates, partnership agreements and/or other documentation]	\$ _____	\$ _____
Future Inheritance, etc.	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____
Jewelry & Collections	\$ _____	\$ _____
IRAs [attach copies of statements]	\$ _____	\$ _____
Non-IRA Tax Qualified Retirement Plans [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)

VII. CERTIFICATION

The undersigned hereby represents to Fendrick & Morgan, LLC that the information contained in this intake form is accurate and complete. The undersigned is aware that the law firm will rely on this information and further understands that 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:
