



GOLDSTEIN LAW FIRM, LLC  
Attorneys at Law  
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**ESTATE PLANNING QUESTIONNAIRE  
(MARRIED)**

Date \_\_\_\_\_

File Number \_\_\_\_\_

Home Phone No. \_\_\_\_\_

Spouse 1 Work Phone No. \_\_\_\_\_

Spouse 1 Cell No. \_\_\_\_\_

Spouse 1 Email \_\_\_\_\_

Fax No. \_\_\_\_\_

Spouse 2 Work Phone No. \_\_\_\_\_

Spouse 2 Cell No. \_\_\_\_\_

Spouse 2 Email 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 the appointment.**

**A. PERSONAL DATA**

**(Spouse 1)**

Full Name

(print name as shown on your checks)

**(Spouse 2)**

Full Name

(print name as shown on your checks)

Street Address

City

State

Zip

Birth Date \_\_\_\_\_

Birth Date \_\_\_\_\_

Social Security No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

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.

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**C. CHILDREN (if applicable)**

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

Does Spouse 1 have any children by a previous marriage?     \_\_\_ Yes     \_\_\_ No

Does Spouse 2 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

Are any of your children receiving SSI or other form of government entitlement?  Yes  No

Do any of your family members have any problems with:

Aids?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drug Addiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alcoholism?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spendthrift?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**D. GRANDCHILDREN (if applicable)**

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

**E. DISPOSITIVE INTENTIONS**

**1. SPOUSE AND CHILDREN**

Do you wish to provide primarily for your spouse and secondarily for your children?  Yes  No

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

If not, why not? \_\_\_\_\_

After your spouse's death, at what age do you want distribution to your children? \_\_\_\_\_  
 (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)

**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)

**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**

Whom do you want to serve as your Executor?

**(Spouse 1)**

First Choice: \_\_\_ Spouse \_\_\_ Other \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

**(Spouse 2)**

First Choice: \_\_\_ Spouse \_\_\_ Other \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

**G. TRUSTEE**

Whom do you want to serve as your Trustee?

**(Spouse 1)**

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

**(Spouse 2)**

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

**H. FUNERAL AND DISPOSITION REPRESENTATIVE**

Whom do you want to serve as your Funeral and Disposition Representative?

**(Spouse 1)**

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

(Spouse 2)

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

**I. GUARDIAN**

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

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

**J. ADVANCED MEDICAL DIRECTIVE**

**(Spouse 1)**

Do you want your Advanced Medical Directive 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 \_\_\_\_\_

**(Spouse 2)**

Do you want your Advanced Medical Directive 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 \_\_\_\_\_

**K. POWER OF ATTORNEY**

**(Spouse 1)**

Name of Proposed Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Proposed Alternate Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**(Spouse 2)**

Name of Proposed Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Proposed Alternate Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**L. 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 \$15,000 in any one calendar year?

Yes  No

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



**M. FINANCIAL SUMMARY**

		<u>ASSETS</u>		<u>LIABILITIES</u>
	Spouse 1	Spouse 2	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]	\$ _____	\$ _____	\$ _____	\$ _____
<b>TOTALS</b>	\$ _____	\$ _____	\$ _____	\$ _____

**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)

**N. CERTIFICATION**

The undersigned hereby represents to Goldstein Law Firm, 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:

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