

RUSSO LAW GROUP, P.C.

Estate Planning, Elder Law & Special Needs



Attorneys and Counselors at Law

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ESTATE PLANNING QUESTIONNAIRE

Please complete the following questionnaire to the best of your ability. This information is helpful to us so that we may properly plan for you and it will be held in the strictest confidence.

CLIENT PERSONAL INFORMATION

Name: _____
Last First M.I. Date of Birth

Telephone: _____
Cell Business Email Address

Military Service: _____ Citizenship: _____ Social Security Number: _____

Status of Health: _____
Mental Condition Physical Condition

SPOUSE/PARTNER PERSONAL INFORMATION (if applicable)

Name: _____
Last First M.I. Date of Birth

Telephone: _____
Cell Business Email Address

Military Service: _____ Citizenship: _____ Social Security Number: _____

Status of Health: _____
Mental Condition Physical Condition

Client's Address: _____
Town State & Zip Code

Client's Objective: _____
Home Phone

CONTACT PERSON (if not client)

Name: _____ Relationship: _____
Last First M.I.

Address: _____
Street Town State & Zip Code

Telephone: _____

Home Cell Business Email Address

PERSON WHO REFERRED YOU TO RUSSO LAW GROUP, P.C.

_____ Name

_____ Address Telephone

MARITAL INFORMATION

Marital Status: Married Partnered Single Widowed Divorced

Date and Place of Marriage (if applicable): _____

If married, have either of you been married previously? _____

If yes, please provide copy of divorce decree, Spouse/Partner's name and address, date of death, or divorce from prior Spouse/Partner, the title, location, and case number of probate or divorce court:

CHILDREN (OR OTHER RELATIVES)

Children of present marriage/partnership (living and deceased). Indicate if adopted, and give the date adopted and the court granting adoption order. (Indicate if deceased by putting "D" and give date of death next to name)

Name	Address	Phone #	Email Address	Spouse/Partner

Client:

Children of a prior marriage/partnership: _____

Spouse/Partner

Children of a prior marriage/partnership: _____

GRANDCHILDREN: (Use back of sheet if more space is needed)

Name	Address	Phone #	Email Address	D.O.B

DO YOU HAVE ANY PETS?

Yes

No

ESTATE PLANNING CHECKLIST

Please complete the following checklist which will allow us to identify how we can help you.

Does your estate plan:		<u>Yes</u>	<u>No</u>	<u>Not Sure</u>
1.	Meet your current desires as stated in your Will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Name the right people as agents under a Durable Power of Attorney and/or Health Care Proxy or guardian for your children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Name executor(s) and trustee(s) that you are confident will carry out your wishes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Take into consideration any special medical or educational needs of family members or other loved ones?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Provide for long-term care protection for you and/or your spouse/partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Take advantage of estate tax planning strategies to save estate taxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Provide for charitable gifting, if you are so inclined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Protect you and your assets during your retirement years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Minimize income and estate taxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Provide a smooth and tax-advantaged transfer of your business interests at your retirement, if you become disabled, or upon your death?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY OF ASSETS AND LIABILITIES

ASSETS	Client	Spouse/ Partner	Joint	Other	Total
1. Real Estate					
2. Cash					
3. Checking					
4. Savings/Money Market					
5. Certificates of Deposit					
6. Stocks and bonds					
Individually held					
Brokerage					
Mutual Funds					
Savings Bonds					
7. Cryptocurrency/NFT (Non-fungible token)					
8. Life Insurance (face value)					
9. Retirement Benefits					
Pension					
401 (K)					
IRA Accounts					
10. Annuities/Mortgages/Notes					
11. Personal Property					
12. Do you own any firearms? Yes <input type="checkbox"/> No <input type="checkbox"/>					
13. Business Interests					
14. Miscellaneous					
Total Assets					
LIABILITIES					
1. Debt					
2. Mortgage Payables					
Total Liabilities					
NET WORTH					



DOCUMENT CHECKLIST

Please send in advance of the meeting or bring to the meeting, the following documents (if relevant and available):

- Last Will and Testament
- Trust Agreements
- Advance Directives:
 - Durable Power of Attorney
 - Health Care Proxy
 - Living Will
- Deed(s) to real property or condominium and most recent real estate bill
- Stock Certificate for a cooperative apartment
- Retirement Beneficiary Designation Forms (such as IRA, 401K)
- Life Insurance Policies: Terms and Beneficiary designations for policy including current cash surrender value of each policy
- Long Term Care Insurance Policies
- A recent statement from each financial account where your name appears:
 - Checking
 - Savings
 - CD
 - Stocks, brokerage, annuities
 - Treasury bills, bonds, mutual funds
 - IRAs and retirement accounts
- Most recent personal income tax return