

# RUSO LAW GROUP, P.C.

*Estate Planning, Elder Law & Special Needs*



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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

Home Phone \_\_\_\_\_

Client's Objective: \_\_\_\_\_

### CONTACT PERSON (if not client)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Town State & Zip Code

Telephone: \_\_\_\_\_  
Home Cell Business Email Address

Note: Also, please bring the following documents to our meeting, if available and applicable: (a) Will(s), (b) Power(s) of Attorney, (c) deed to residence and real properties with tax bills, (d) last two years tax returns, (e) life and health insurance policies, (f) beneficiary designation on retirement plans and life insurance policies and (g) any other documents or information you deem relevant.

Russo Law Group, P.C. Use Only (January 2021)

Matter No.: \_\_\_\_\_ Date: \_\_\_\_\_

**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

# 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>
1. Meet your current desires as stated in your Will?	<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"/>
3. Name executor(s) and trustee(s) that you are confident will carry out your wishes?	<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"/>
5. Provide for long-term care protection for you and/or your spouse/partner?	<input type="checkbox"/>	<input type="checkbox"/>
6. Take advantage of estate tax planning strategies to save estate taxes?	<input type="checkbox"/>	<input type="checkbox"/>
7. Provide for charitable gifting, if you are so inclined?	<input type="checkbox"/>	<input type="checkbox"/>
8. Protect you and your assets during your retirement years?	<input type="checkbox"/>	<input type="checkbox"/>
9. Minimize income and estate taxes?	<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"/>

## 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. Life Insurance (face value)					
8. Retirement Benefits .....					
Pension .....					
401 (K) .....					
IRA Accounts .....					
9. Annuities/Mortgages/Notes					
10. Personal Property .....					
11. Business Interests .....					
12. Miscellaneous .....					
<b>Total Assets</b> .....					
<b>LIABILITIES</b>					
1. Debt .....					
2. Mortgage Payables .....					
<b>Total Liabilities</b> .....					
<b>NET WORTH</b>					

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Please bring the following Documents to our meeting if available:

- Last Will and Testament (if any)
- Trust Agreements (if any)
- Existing Advance Directives (if any)  
(such as Durable Power of Attorney, Health Care Proxy, Living Will)
- Deed(s) to real property or condominium (if any) and most recent real estate tax bill (if readily available)
- Stock Certificate for a cooperative apartment (if applicable)
- Long Term Care Insurance Policies (if any)
- A recent statement from each financial account where your name appears, including checking, savings, CD, stocks, brokerage, annuities, treasury bills, bonds, mutual funds, IRAs and retirement accounts (if readily available)
- Beneficiary designation for each life insurance policy and current cash surrender value of each policy ( if readily available)
- Retirement Beneficiary Designation Forms (such as IRA, 401K)- if available
- Tax return for most recent tax year (if you filed)