

FRIEDMAN SCHUMAN

Applebaum, Nemeroff & McCaffery

A Professional Corporation

ATTORNEYS AT LAW

Client Questionnaire - Wealth Preservation and Estate Planning

I. Personal Profile

	<u>Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
Husband	_____	_____	_____
Wife	_____	_____	_____

Home Address _____

Telephone: () _____ Fax: () _____
E-mail: _____

Business Address (husband) _____

Annual compensation: _____
Telephone: () _____ Fax: () _____
Cell: () _____ E-mail: _____

Business Address (wife) _____

Annual compensation: _____
Telephone: () _____ Fax: () _____
Cell: () _____ E-mail: _____

Are there any special health circumstances? Yes No If yes, please describe:

Have you been married before? Yes No

If yes, please provide details and enclose a copy of the property settlement, if any.

Children from current marriage:

<u>Name</u>	<u>Birth Date</u>	<u>(N)atural/ (A)dopted</u>	<u>Marital Status</u>	<u>Address (if different from yours)</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Children from previous marriage:

<u>Name</u>	<u>Birth Date</u>	<u>(N)atural/ (A)dopted</u>	<u>Marital Status</u>	<u>Address (if different from yours)</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Grandchildren:

<u>Name</u>	<u>Birth Date</u>	<u>(N)atural/ (A)dopted</u>	<u>Marital Status</u>	<u>Address (if different from yours)</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are there any health, special needs, or other circumstances with any of the above listed children or grandchildren? Yes No If yes, please describe:

Current Estate Planning

Please indicate if any of the following apply:

Wills or Revocable Trustees: Yes No

If yes, please describe and attach a copy:

Antenuptial Agreement Between Clients: Yes No

If yes, please describe and attach a copy:

Prior Gifts and Gift Tax Returns: Yes No

If yes, please describe and attach a copy:

Life Insurance Trusts/Other Trusts: Yes No

If yes, please describe transfers and attach a copy:

Expected Inheritances Yes No

If yes, please describe:

Prior Inheritance of Property Subjected to Death Taxes: Yes No

If yes, please describe and attach a copy:

Income Producing Assets in Foreign Countries: Yes No

If yes, please describe and attach a copy:

Long Term Care insurance: Yes No

If yes, please describe and attach a copy:

Professionals

CPAs/Other Tax Preparers

Name: _____
Address: _____

Telephone: () _____ Fax: () _____
E-mail: _____

Name: _____
Address: _____

Telephone: () _____ Fax: () _____
E-mail: _____

Banking

Name: _____
Address: _____

Telephone: () _____ Fax: () _____
E-mail: _____

Name: _____
Address: _____

Telephone: () _____ Fax: () _____
E-mail: _____

Brokers/Financial Advisors

Name: _____
Address: _____

Telephone: () _____ Fax: () _____
E-mail: _____

Name: _____
Address: _____

Telephone: () _____ Fax: () _____
E-mail: _____

Life Insurance Agent(s)

Name: _____
Address: _____

Telephone: () _____ **Fax:** () _____
E-mail: _____

Name: _____
Address: _____

Telephone: () _____ **Fax:** () _____
E-mail: _____

Preferences For Fiduciaries

Guardians of Children

Primary:
Name: _____
Relationship: _____

Successor:
Name: _____
Relationship: _____

Executors of Estates

Primary:
Name: _____
Relationship: _____

Successor:
Name: _____
Relationship: _____

Trustees

Primary:

Name: _____

Relationship: _____

Successor:

Name: _____

Relationship: _____

Power of Attorney for Financial Management

(If you have existing documents, please enclose copies)

Agent: _____

Successor Agent: _____

Power of Attorney for Health Care Decisions

(If you have existing documents, please enclose copies)

Agent: _____

Successor Agent: _____

Advance Health Care Declaration - Living Will (If you have existing documents, please enclose copies)

Agent: _____

Successor Agent: _____

Other Facts Pertinent to Estate Planning:

II. Assets and Liabilities

REAL ESTATE

Description	Address (include County)	Ownership*	Date Acquired	Cost	Cost of Improvements	Estimated Fair Market Value
1. Primary Residence						
2.						
3.						
4.						
5.						

* If Joint, Source of Price and Mortgage Payments

MORTGAGES

Title	Mortgage Company	Date of Mortgage	Mortgage Amount	Interest Rate	Mortgage Balance
1.					
2.					
3.					
4.					
5.					

OTHER PERSONAL PROPERTY

Property Description*	Ownership	Estimated Value	Insured? Y or N	Comments
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

* Furniture/Household, Vehicles, Jewelry/Furs, etc.

LIABILITIES (Other than Real Estate Mortgages)

Description	Owed By	Balance Owed	Annual Principal Reduction	Period of Debt Service (Short/Long Term)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

ACCOUNTS AND CERTIFICATES WITH BANKS

Name of Bank	Type of Account	Owner*	Maturity Date (if CD)	Source of Deposit	Balance	Current Interest Rate
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

*** Please include all Custodial, Trustee, UGMA, and UTMA accounts.**

BROKERAGE ACCOUNTS, SECURITIES, AND MUTUAL FUNDS

Name of Broker or Fund*	Stock/Bond/Fund	Title	Value	Contribution	Holding Period
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

*** If you hold securities or bonds directly, please describe on this page.
 Also, please include all Custodial, Trustee, UGMA, and UTMA accounts.
 Report IRA and Retirement accounts on the next two schedules. You may enclose copies of your brokerage and mutual fund statements.**

IRAs

IRA #1

IRA #2

Bank, Broker, or Mutual Fund Name:

Owner:

Present balance:

Type (Traditional or Roth):

Average annual contributions:

Beneficiary – 1st

Beneficiary – 2nd

Rolled over from Plan (Yes/No):

IRA #3

IRA #4

Bank, Broker, or Mutual Fund Name:

Owner:

Present balance:

Type (Traditional or Roth):

Average annual contributions:

Beneficiary – 1st

Beneficiary – 2nd

Rolled over from Plan (Yes/No):

IRA #5

IRA #6

Bank, Broker, or Mutual Fund Name:

Owner:

Present balance:

Type (Traditional or Roth):

Average annual contributions:

Beneficiary – 1st

Beneficiary – 2nd

Rolled over from Plan (Yes/No):

RETIREMENT PLANS

Plan #1

Plan #2

Plan Name: _____
Which client is employee? _____
Employer: _____
Type (Pension, Profit Sharing, 401k, etc.): _____
Approximate value: _____
Estimated Employer Contributions: _____
Beneficiary – 1st _____
Beneficiary – 2nd _____

Plan #3

Plan #4

Plan Name: _____
Which client is employee? _____
Employer: _____
Type (Pension, Profit Sharing, 401k, etc.): _____
Approximate value: _____
Estimated Employer Contributions: _____
Beneficiary – 1st _____
Beneficiary – 2nd _____

Plan #5

Plan #6

Plan Name: _____
Which client is employee? _____
Employer: _____
Type (Pension, Profit Sharing, 401k, etc.): _____
Approximate value: _____
Estimated Employer Contributions: _____
Beneficiary – 1st _____
Beneficiary – 2nd _____

BUSINESS INTERESTS (Interests in Closely Held Businesses)

Name	Owned By	% of Total Business Owned	Kind of Entity	Book Value	Estimated Market Value	A/R Value (if separate)	Related Real Estate Value	Buy-Sell Agreement (Yes/No)*
1.								
2.								
3.								
4.								
5.								

* If yes, please enclose copy.

NOTES/LOANS RECEIVABLE

Owned By	Payable To	Original Balance	Current Balance	Payments	Interest Rate	Expect To Collect
1.						
2.						
3.						
4.						
5.						

LIFE INSURANCE*

Policy # 1

Company: _____
Insured: _____
Owner: _____
Beneficiary – 1st: _____
Beneficiary – 2nd: _____

Death Benefit: _____
Type of Policy: _____
Cash Value: _____
Loans: _____
Use of Loans: _____

Policy # 2

Company: _____
Insured: _____
Owner: _____
Beneficiary – 1st: _____
Beneficiary – 2nd: _____

Death Benefit: _____
Type of Policy: _____
Cash Value: _____
Loans: _____
Use of Loans: _____

Policy # 3

Company: _____
Insured: _____
Owner: _____
Beneficiary – 1st: _____
Beneficiary – 2nd: _____

Death Benefit: _____
Type of Policy: _____
Cash Value: _____
Loans: _____
Use of Loans: _____

Policy # 4

Company: _____
Insured: _____
Owner: _____
Beneficiary – 1st: _____
Beneficiary – 2nd: _____

Death Benefit: _____
Type of Policy: _____
Cash Value: _____
Loans: _____
Use of Loans: _____

Policy # 5

Company: _____
Insured: _____
Owner: _____
Beneficiary – 1st: _____
Beneficiary – 2nd: _____

Death Benefit: _____
Type of Policy: _____
Cash Value: _____
Loans: _____
Use of Loans: _____

If any additional policies, please enclose separate sheet.

*** Please enclose copies of the policies or the Policy Information Summary for each policy, if available.**

INTEREST IN TRUSTS*

#1

Trust Name: _____
Which client has an interest? _____
Who created the trust? _____

Current Balance: _____
Power to Appoint? _____
(Yes/No) _____

#2

Trust Name: _____
Which client has an interest? _____
Who created the trust? _____

Current Balance: _____
Power to Appoint? _____
(Yes/No) _____

#3

Trust Name: _____
Which client has an interest? _____
Who created the trust? _____

Current Balance: _____
Power to Appoint? _____
(Yes/No) _____

#4

Trust Name: _____
Which client has an interest? _____
Who created the trust? _____

Current Balance: _____
Power to Appoint? _____
(Yes/No) _____

#5

Trust Name: _____
Which client has an interest? _____
Who created the trust? _____

Current Balance: _____
Power to Appoint? _____
(Yes/No) _____

*** Please enclose a copy of trust document.**