



**CONFIDENTIAL  
ESTATE PLANNING  
QUESTIONNAIRE**

I understand that this questionnaire is designed to provide Rivkin, Rivkin, & Kaplan, LLC with important information for estate planning purposes and that the firm's ability to advise me with respect to the tax, creditor protection, and intangible consequences of lifetime and testamentary disposition of assets depends on the accuracy and completeness of such information. I hereby confirm that such information is substantially correct and complete.

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Signature

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Date

## PERSONAL AND GENERAL INFORMATION

First Name	
Middle Name	
Last Name	
Called By ( <i>e.g., Rob rather than Robert</i> )	
Pronouns	<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____
Social Security Number	
Citizenship	
Residence Street Address	
Residence City, State, Zip	
Residence County	
Home Telephone	
Home Fax	
Mobile Phone	
E-mail Address	
How often checked?	
Employer/Business Name	
Position	
Business Street Address	
Business City, State, Zip	
Business Telephone	
Business Fax	
Preferred form of communication ( <i>e.g. e-mail, work ph., home ph., or fax</i> )	

Birth Date	
Place of Birth	
Insurance Disability <input type="checkbox"/> Yes <input type="checkbox"/> No Long-Term Care <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relevant Health Issues  _____ _____ _____ _____ _____ _____	
Previously married? <input type="checkbox"/> Yes, Number of times: _____ <input type="checkbox"/> No	
For prior marriages, please indicate name of prior spouse, marriage date, termination date, reason for termination (divorce, death), and whether prior spouse is living. Please supply copies of divorce decrees.  _____ _____ _____ _____ _____	
Referred to us by:	

## CHILDREN

Please list children in order of birth.

	NAME AND PRONOUNS	CITY AND STATE OF RESIDENCE (if not residing with you)	BIRTH DATE (MM/DD/YY)	SPOUSE (if married)	NOTES*
1	<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____		____/____/____		
2	<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____		____/____/____		
3	<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____		____/____/____		
4	<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____		____/____/____		
5	<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____		____/____/____		

## GRANDCHILDREN / GREAT GRANDCHILDREN

In the case of each grandchild listed below, indicate that grandchild's parent by placing the number of such parent (from the previous chart) in the column to the left of the grandchild's name.

#	NAME AND PRONOUNS	CITY AND STATE OF RESIDENCE	BIRTH DATE (MM/DD/YY)	SPOUSE (if married)	NOTES*
	<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____		____/____/____		
	<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____		____/____/____		
	<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____		____/____/____		
	<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____		____/____/____		
	<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____		____/____/____		

\* Note if adopted or deceased and any relevant issues regarding health, financial condition, or ability to handle money responsibly. If any child is likely to require a guardian (if or when the child is over age 18), or may be eligible for public benefits, we ask that you complete a brief Supplemental Questionnaire for Special Needs Planning for that child. Please contact us if you do not already have the Supplemental Questionnaire.

### SIBLINGS

NAME AND PRONOUNS (include deceased siblings)	SPOUSE (if married)	CITY AND STATE OF RESIDENCE	NOTES (include relevant health or financial condition)
<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____			<input type="checkbox"/> Deceased <input type="checkbox"/> Half-Sibling <input type="checkbox"/> Step-Sibling
<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____			<input type="checkbox"/> Deceased <input type="checkbox"/> Half-Sibling <input type="checkbox"/> Step-Sibling
<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____			<input type="checkbox"/> Deceased <input type="checkbox"/> Half-Sibling <input type="checkbox"/> Step-Sibling
<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____			<input type="checkbox"/> Deceased <input type="checkbox"/> Half-Sibling <input type="checkbox"/> Step-Sibling
<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____			<input type="checkbox"/> Deceased <input type="checkbox"/> Half-Sibling <input type="checkbox"/> Step-Sibling
<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____			<input type="checkbox"/> Deceased <input type="checkbox"/> Half-Sibling <input type="checkbox"/> Step-Sibling
<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____			<input type="checkbox"/> Deceased <input type="checkbox"/> Half-Sibling <input type="checkbox"/> Step-Sibling

### PARENTS

NAME AND PRONOUNS (include deceased parents)	AGE	CITY AND STATE OF RESIDENCE	NOTES (include relevant health or financial condition)
<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____			<input type="checkbox"/> Deceased
<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____			<input type="checkbox"/> Deceased
<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____			<input type="checkbox"/> Deceased
<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____			<input type="checkbox"/> Deceased

Please list other relatives, friends, or charities to be considered in estate plans:	

### ADVISORS AND SAFE DEPOSIT BOX INFORMATION

Personal banker	
Bank	
Phone	
Accountant	
Firm	
Phone	
Investment Advisor/Financial Planner	
Firm	
Phone	
Life Insurance Agent	
Firm	
Phone	
Other Advisor <i>(e.g. Business Lawyer, Public Benefits Planner)</i>	
Firm	
Phone	
Safe Deposit Box	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bank	
City/State	
Co-Signers	

## EXISTING DOCUMENTS

Please supply a copy of all documents listed below.

	Date	Location of Document
Will		
Revocable Trust		
Irrevocable Trust		
Healthcare Power of Attorney/Living Will		
Property Power of Attorney		
Prior Gift Tax Returns		
Real Estate Deed (Home)		
Other _____		
Shareholder, Partnership, or LLC Operating Agreement		

## ASSET INFORMATION

ACCOUNTS FOR CHILDREN/GRANDCHILDREN				
TYPE OF ACCOUNT	CHILD	DOLLAR VALUE OF ACCOUNT	CONTRIBUTOR(S)	CUSTODIAN/TRUSTEE
<input type="checkbox"/> UTMA <input type="checkbox"/> Trust <input type="checkbox"/> 529 Plan <input type="checkbox"/> Education IRA		\$		
<input type="checkbox"/> UTMA <input type="checkbox"/> Trust <input type="checkbox"/> 529 Plan <input type="checkbox"/> Education IRA		\$		
<input type="checkbox"/> UTMA <input type="checkbox"/> Trust <input type="checkbox"/> 529 Plan <input type="checkbox"/> Education IRA		\$		
<input type="checkbox"/> UTMA <input type="checkbox"/> Trust <input type="checkbox"/> 529 Plan <input type="checkbox"/> Education IRA		\$		
<input type="checkbox"/> UTMA <input type="checkbox"/> Trust <input type="checkbox"/> 529 Plan <input type="checkbox"/> Education IRA		\$		
<input type="checkbox"/> UTMA <input type="checkbox"/> Trust <input type="checkbox"/> 529 Plan <input type="checkbox"/> Education IRA		\$		

### ASSET INFORMATION (continued)

Please estimate the value of your assets and liabilities (to the nearest \$1,000) and indicate if any assets are held jointly with another person.

ASSETS (CURRENT AND POTENTIAL)			NAME OF JOINT OWNER
Cash and Notes		\$	
Real Estate	Approx. Year Purchased		
Residential (gross value)		\$	
Residential (gross value)		\$	
Rental/Commercial (gross value)		\$	
Stocks/Bonds/Mutual Funds		\$	
Options <input type="checkbox"/> Nonqualified <input type="checkbox"/> ISO		\$	
Closely-held Business Interests (Proprietorship, Corporation, LLC, Partnership)		\$	
Life Insurance			
Death Benefit		\$	
Approximate Cash Surrender Value		\$	
IRAs/ Other Retirement Plans/Commercial Annuities		\$	
Tangible Personal Property		\$	
Interests in Existing Estates or Trusts		\$	
Expected Future Inheritance		\$	
Other Assets		\$	
<b>Total</b>		\$	

LIABILITIES (CURRENT AND POTENTIAL)			NAME OF JOINT OBLIGOR
Loans and Notes		\$	
Loan Guarantees		\$	
Mortgages (including home equity lines)			
Residential		\$	
Rental/Commercial		\$	
Other Liabilities		\$	
<b>Total</b>		\$	