

Rivkin & Rivkin
ESTATE PLANNING

CONFIDENTIAL

ESTATE PLANNING AND ADMINISTRATION

QUESTIONNAIRE

I understand that this questionnaire is designed to provide Rivkin & Rivkin, LLC with important information for estate planning and administration purposes and that the firm's ability to advise me with respect to proper estate administration and 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.

Signature

Date

PERSONAL AND GENERAL INFORMATION

	DECEDENT (as of date of death)	SURVIVING SPOUSE
Full Legal Name		
Called By		
Social Security Number		
Citizenship		
Residence Street Address		
Residence City, State, Zip		
Year Residence in State Established		
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		

DECEDENT		SURVIVING SPOUSE	
Date of Death		Relevant Health Issues	
Death Certificate Number and Issuing Authority		Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Long-Term Care Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL AND GENERAL INFORMATION (continued)

Marriage Date:		
While married, did you and the decedent live in: Alaska, Arizona, California, Idaho, Louisiana, Nevada, Texas, Washington, or Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pre-Marital Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide a copy.</i>		
	DECEDENT	SURVIVING SPOUSE
Previously Married?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times? _____
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.	_____	_____
	_____	_____
	_____	_____

Please list children in order of birth.

CHILDREN (including deceased children) <small>Please list children in order of birth.</small>	ADDRESS (if different from surviving spouse)	BIRTH DATE	SOCIAL SECURITY NUMBER	CHILD OF	SPOUSE	NOTES*
1				<input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Decedent <input type="checkbox"/> Both		
2				<input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Decedent <input type="checkbox"/> Both		
3				<input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Decedent <input type="checkbox"/> Both		
4				<input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Decedent <input type="checkbox"/> Both		
5				<input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Decedent <input type="checkbox"/> Both		
6				<input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Decedent <input type="checkbox"/> Both		

* Note if adopted or deceased and any relevant issues regarding health, financial condition, or ability to handle money responsibly.

PERSONAL AND GENERAL INFORMATION (continued)

In the case of each grandchild listed below, indicate that grandchild's parent by placing the number of such parent (from the previous chart) to the left of the grandchild's name. *(If necessary, please attach an additional sheet.)*

#	GRANDCHILDREN/ GREAT GRANDCHILDREN	ADDRESS	BIRTH DATE	SOCIAL SECURITY NUMBER	SPOUSE	NOTES*

* Note if adopted or deceased and any relevant issues regarding health, financial condition, or ability to handle money responsibly.

PERSONAL AND GENERAL INFORMATION (continued)

PARENTS (including deceased parents)	ADDRESS	BIRTH DATE	PARENT OF	SPOUSE	NOTES*
			<input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Decedent		
			<input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Decedent		
			<input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Decedent		
			<input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Decedent		

SIBLINGS (including deceased siblings)	ADDRESS	BIRTH DATE	SIBLING OF	SPOUSE	NOTES*
			<input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Decedent		
			<input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Decedent		
			<input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Decedent		
			<input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Decedent		
			<input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Decedent		
			<input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Decedent		
			<input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Decedent		
			<input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Decedent		

* Note any relevant issues regarding health or financial condition, and if parent or sibling is deceased.

PERSONAL AND GENERAL INFORMATION (continued)

	DECEDENT (as of date of death)	SURVIVING SPOUSE
Personal Banker		
Bank		
Address		
City, State, Zip		
Phone		
Accountant		
Firm		
Address		
City, State, Zip		
Phone		
Stock Broker		
Firm		
Address		
City, State, Zip		
Phone		
Life Insurance Agent		
Firm		
Address		
City, State, Zip		
Phone		
Safe Deposit Box	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bank		
Address		
City, State, Zip		
Co-Signers (if any)		

PERSONAL AND GENERAL INFORMATION (continued)

	DECEDENT (as of date of death)		SURVIVING SPOUSE	
	Name	Phone	Name	Phone
Closely-Held-Business Partners				

EXISTING DOCUMENTS

		DECEDENT (as of date of death)		SURVIVING SPOUSE	
		Date	Location of Document	Date	Location of Document
Please supply a copy of all documents.					
Will	<i>Named Executor:</i> _____				
Revocable Trust	<i>Named Trustee or Successor Trustee (if decedent was acting):</i> _____				
Irrevocable Trust					
Health Care Power of Attorney/Living Will					
Property Power of Attorney					
Prior Gift Tax Returns					
Real Estate Deed (Home)					
Other _____					
Other _____					
Shareholder, Partnership, or LLC Operating Agreement					

ASSET AND LIABILITY INFORMATION (SECTIONS A - L)

For each of the following Sections, please estimate the value of your and the decedent’s assets and liabilities (to the nearest \$100) by type and indicate if they are held individually or jointly. Also, please supply copies of account statements, life insurance policies, stock certificates, business agreements, or other related information. Attach a separate page if necessary. A summary of Sections A – L is provided on the last page.

SECTION A - CASH AND NOTES

CASH ACCOUNTS (CHECKING, SAVINGS, MONEY MARKET, CD)						
BANK OR OTHER INSTITUTION	TYPE	DECEDENT	SURVIVING SPOUSE	JOINT TENANCY		
		VALUE (as of date of death)	VALUE	VALUE (as of date of death)		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market <input type="checkbox"/> _____	\$	\$	\$		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market <input type="checkbox"/> _____	\$	\$	\$		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market <input type="checkbox"/> _____	\$	\$	\$		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market <input type="checkbox"/> _____	\$	\$	\$		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market <input type="checkbox"/> _____	\$	\$	\$		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market <input type="checkbox"/> _____	\$	\$	\$		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market <input type="checkbox"/> _____	\$	\$	\$		
SUBTOTAL CASH ACCOUNTS		\$	\$	\$		
LOANS BY DECEDENT OR SURVIVING SPOUSE TO THIRD PARTY (MONEY OWED TO DECEDENT/SURVIVING SPOUSE)						
OBLIGOR	RATE	DATE DUE	DECEDENT	SURVIVING SPOUSE	JOINT TENANCY	
			VALUE (as of date of death)	VALUE	VALUE (as of date of death)	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
SUBTOTAL LOANS AND NOTES			\$	\$	\$	
NET TOTAL (CASH PLUS LOANS AND NOTES)			\$	\$	\$	

SECTION B – CUSTODIAL ACCOUNTS, TRUSTS, AND 529 PLANS FOR CHILDREN/GRANDCHILDREN

DECEDENT AS CONTRIBUTOR				
TYPE OF ACCOUNT	FINANCIAL INSTITUTION OR STATE PLAN SPONSOR	FOR THE BENEFIT OF: CHILD/GRANDCHILD	DOLLAR VALUE OF ACCOUNT (as of date of death)	CUSTODIAN/TRUSTEE
<input type="checkbox"/> UTMA/UGMA (Custodianship)			\$	
<input type="checkbox"/> UTMA/UGMA (Custodianship)			\$	
<input type="checkbox"/> UTMA/UGMA (Custodianship)			\$	
<input type="checkbox"/> UTMA/UGMA (Custodianship)			\$	
<input type="checkbox"/> UTMA/UGMA (Custodianship)			\$	
<input type="checkbox"/> UTMA/UGMA (Custodianship)			\$	
TOTAL CUSTODIAN/TRUST ACCOUNTS - DECEDENT			\$	

SURVIVING SPOUSE AS CONTRIBUTOR				
TYPE OF ACCOUNT	FINANCIAL INSTITUTION OR STATE PLAN SPONSOR	FOR THE BENEFIT OF: CHILD/GRANDCHILD	DOLLAR VALUE OF ACCOUNT	CUSTODIAN/TRUSTEE
<input type="checkbox"/> UTMA/UGMA (Custodianship)			\$	
<input type="checkbox"/> UTMA/UGMA (Custodianship)			\$	
<input type="checkbox"/> UTMA/UGMA (Custodianship)			\$	
<input type="checkbox"/> UTMA/UGMA (Custodianship)			\$	
<input type="checkbox"/> UTMA/UGMA (Custodianship)			\$	
<input type="checkbox"/> UTMA/UGMA (Custodianship)			\$	
TOTAL CUSTODIAN/TRUST ACCOUNTS – SURVIVING SPOUSE			\$	

SECTION C - REAL ESTATE

For valuation purposes, use your best estimate of current total values, without regard to any mortgages that may be outstanding. Mortgage information should be described in Section L.

			DECEDENT	SURVIVING SPOUSE	JOINT TENANCY
	ADDRESS/LOCATION	TYPE	VALUE (as of date of death)	VALUE	VALUE (as of date of death)
1.	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <input type="checkbox"/> Residential <input type="checkbox"/> Rental <input type="checkbox"/> Commercial	<input type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Co-Op <input type="checkbox"/> _____	\$	\$	\$
2.	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <input type="checkbox"/> Residential <input type="checkbox"/> Rental <input type="checkbox"/> Commercial	<input type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Co-Op <input type="checkbox"/> _____	\$	\$	\$
3.	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <input type="checkbox"/> Residential <input type="checkbox"/> Rental <input type="checkbox"/> Commercial	<input type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Co-Op <input type="checkbox"/> _____	\$	\$	\$
4.	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <input type="checkbox"/> Residential <input type="checkbox"/> Rental <input type="checkbox"/> Commercial	<input type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Co-Op <input type="checkbox"/> _____	\$	\$	\$
5.	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <input type="checkbox"/> Residential <input type="checkbox"/> Rental <input type="checkbox"/> Commercial	<input type="checkbox"/> Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Co-Op <input type="checkbox"/> _____	\$	\$	\$
TOTAL			\$	\$	\$

Annual Income from Real Estate: \$ _____
Comments:

SECTION D - STOCKS/BONDS/MUTUAL FUNDS

ASSET TYPE	DECEDENT	SURVIVING SPOUSE	JOINT TENANCY
	VALUE (as of date of death)	VALUE	VALUE (as of date of death)
Publicly-Traded Stocks	\$	\$	\$
Mutual Funds	\$	\$	\$
Corporate Bonds	\$	\$	\$
U.S. Government Bonds, Notes, and Bills	\$	\$	\$
Municipal Bonds	\$	\$	\$
Other _____	\$	\$	\$
Other _____	\$	\$	\$
TOTAL	\$	\$	\$

SECTION E – STOCK OPTIONS

ISSUING COMPANY	DECEDENT			SURVIVING SPOUSE		
	EXERCISE PRICE (as of date of death)	CURRENT VALUE	VESTED (as of date of death)	EXERCISE PRICE	CURRENT VALUE	VESTED
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL	\$	\$		\$	\$	

SECTION F – CLOSELY-HELD BUSINESS INTERESTS

ASSET (NAME OF BUSINESS)	TYPE	DECEDENT	SURVIVING SPOUSE	JOINT TENANCY
		VALUE (as of date of death)	VALUE	VALUE (as of date of death)
	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> _____	\$	\$	\$
	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> _____	\$	\$	\$
	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> _____	\$	\$	\$
	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> _____	\$	\$	\$
	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> _____	\$	\$	\$
	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> _____	\$	\$	\$
TOTAL		\$	\$	\$

Comments:

SECTION G - LIFE INSURANCE

INSURING LIFE OF DECEDENT (as of date of death)						
COMPANY	POLICY NO.	WHOLE LIFE, TERM, VARIABLE LIFE, OR UNIVERSAL LIFE	FACE AMOUNT (DEATH BENEFIT)	LOANS	OWNER	BENEFICIARY/ BENEFICIARIES
			\$	\$		
			\$	\$		
			\$	\$		
TOTAL			\$	\$		

INSURING LIFE OF SURVIVING SPOUSE								
COMPANY	POLICY NO.	WHOLE LIFE, TERM, VARIABLE LIFE, OR UNIVERSAL LIFE	FACE AMOUNT (DEATH BENEFIT)	CASH SURRENDER VALUE	LOANS	ANNUAL PREMIUM	OWNER	BENEFICIARY/ BENEFICIARIES
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
TOTAL			\$	\$	\$			

INSURING LIFE OF DECEDENT AND SURVIVING SPOUSE (SECOND-TO-DIE POLICY)								
COMPANY	POLICY NO.	WHOLE LIFE, TERM, VARIABLE LIFE, OR UNIVERSAL LIFE	FACE AMOUNT (DEATH BENEFIT)	LOANS	CASH SURRENDER VALUE	ANNUAL PREMIUM	OWNER	BENEFICIARY/ BENEFICIARIES
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
TOTAL			\$	\$				

SECTION H - IRAs/OTHER RETIREMENT PLANS/COMMERCIAL ANNUITIES

RETIREMENT ASSET	PLAN PROVIDER/FINANCIAL INSTITUTION	DECEDENT	SURVIVING SPOUSE
		VALUE (as of date of death)	VALUE
IRAs		\$	\$
		\$	\$
401(k) Plans		\$	\$
		\$	\$
Profit Sharing/Stock Bonus/ Money Purchase/Keogh Plans		\$	\$
		\$	\$
Defined Benefit Plans		\$	\$
		\$	\$
Nonqualified Deferred Compensation Arrangements		\$	\$
		\$	\$
Other Pension Plans		\$	\$
		\$	\$
Commercial Annuities		\$	\$
		\$	\$
TOTAL		\$	\$

SECTION I - TANGIBLE PERSONAL PROPERTY

ITEM	DECEDENT	SURVIVING SPOUSE	JOINT TENANCY
	VALUE (as of date of death)	VALUE	VALUE (as of date of death)
Furniture and Furnishings	\$	\$	\$
Automobiles	\$	\$	\$
Artwork or Art Collections	\$	\$	\$
Other Collections	\$	\$	\$
Goods in Storage	\$	\$	\$
Jewelry	\$	\$	\$
Furs	\$	\$	\$
Other _____	\$	\$	\$
Other _____	\$	\$	\$
Other _____	\$	\$	\$
Other _____	\$	\$	\$
Other _____	\$	\$	\$
TOTAL	\$	\$	\$
Describe collections, antiques, heirlooms, etc. that require special consideration, and give any other pertinent comments:			

SECTION J – INTEREST IN EXISTING ESTATES OR TRUSTS

List existing estates and trusts in which the decedent or surviving spouse had or has a beneficial interest, including the power to control the ultimate disposition of the assets.

INTERESTS IN	NAME OF ESTATE/TRUST	DECEDENT	SURVIVING SPOUSE
		VALUE (as of date of death)	VALUE
Existing Probate Estates		\$	\$
		\$	\$
Existing Trusts		\$	\$
		\$	\$
TOTAL		\$	\$

Indicate any fiduciary positions (e.g. executor, trustee, guardian) held.

DECEDENT (as of date of death)	SURVIVING SPOUSE

SECTION K – EXPECTED FUTURE INHERITANCE (SURVIVING SPOUSE)

EXPECTED INHERITANCE FROM	VALUE
	\$
	\$
	\$
	\$
TOTAL	\$

SECTION L - LIABILITIES

	DECEDENT	SURVIVING SPOUSE	JOINT TENANCY
Mortgages (use same property numbers as in Section C)	VALUE (as of date of death)	VALUE	VALUE (as of date of death)
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
4.	\$	\$	\$
5.	\$	\$	\$
6.	\$	\$	\$
TOTAL	\$	\$	\$
Loans/Notes (identify creditor)	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL	\$	\$	\$
Other current and potential liabilities (including charitable pledges and loan guarantees)	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL	\$	\$	\$

SUMMARY OF SECTIONS A – L

ASSETS AND LIABILITIES	DECEDENT (as of date of death)	SURVIVING SPOUSE	JOINT OWNERSHIP (as of date of death)
Cash and Notes (Section A)	\$	\$	\$
Custodial/Trust Accounts (Section B)	\$	\$	
Real Estate (Section C)			
Residential	\$	\$	\$
Rental/Commercial	\$	\$	\$
Stocks/Bonds/Mutual Funds (Section D)	\$	\$	\$
Stock Options (Section E)	\$	\$	\$
Closely-Held Business Interests (Section F)	\$	\$	\$
Life Insurance (Section G)	\$	\$	\$
IRAs/Other Retirement Plans/Commercial Annuities (Section H)	\$	\$	\$
Tangible Personal Property (Section I)	\$	\$	\$
Interest in Existing Estates or Trusts (Section J)	\$	\$	
Expected Future Inheritance (Section K)		\$	
Sub Total	\$	\$	\$
Liabilities (Section L)	-\$	-\$	-\$
TOTAL	\$	\$	\$

- END OF QUESTIONNAIRE -