

Rivkin & Rivkin
ESTATE PLANNING

CONFIDENTIAL
ESTATE PLANNING
QUESTIONNAIRE

We understand that this questionnaire is designed to provide Rivkin & Rivkin, LLC with important information for estate planning purposes and that the firm's ability to advise us 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. We hereby confirm that such information is substantially correct and complete.

Signature

Date

Signature

Date

PERSONAL AND GENERAL INFORMATION

	YOU	YOUR SPOUSE
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"/> _____	<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 & Fax	T: _____ F: _____	
Mobile Phone		
E-mail Address		
How often checked?		
Employer/Business Name		
Position		
Business Street Address		
Business City, State, Zip		
Business Telephone & Fax	T: _____ F: _____	T: _____ F: _____
Preferred form of communication <i>(e.g. e-mail, work ph., home ph., or fax)</i>		
Birth Date		
City and State of Birth		
Relevant Health Issues		
Insurance	Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No Long-Term Care: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No Long-Term Care: <input type="checkbox"/> Yes <input type="checkbox"/> No
Referred to us by:		

PERSONAL AND GENERAL INFORMATION (continued)

Marriage Date:		
While married, have you ever lived 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 If yes, please provide a copy.		
	YOU	YOUR SPOUSE
Previously Married?	<input type="checkbox"/> Yes <input type="checkbox"/> No How many times? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No 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.	_____	_____
	_____	_____
	_____	_____
	_____	_____

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)	CHILD OF	SPOUSE (if married)	NOTES*
1	<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____		___/___/___	<input type="checkbox"/> You <input type="checkbox"/> Your Spouse <input type="checkbox"/> Both		
2	<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____		___/___/___	<input type="checkbox"/> You <input type="checkbox"/> Your Spouse <input type="checkbox"/> Both		
3	<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____		___/___/___	<input type="checkbox"/> You <input type="checkbox"/> Your Spouse <input type="checkbox"/> Both		
4	<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____		___/___/___	<input type="checkbox"/> You <input type="checkbox"/> Your Spouse <input type="checkbox"/> Both		
5	<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____		___/___/___	<input type="checkbox"/> You <input type="checkbox"/> Your Spouse <input type="checkbox"/> Both		

* 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.

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"/> _____		___/___/___		
	<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"/> _____		___/___/___		
	<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.

SIBLINGS

NAME AND PRONOUNS (include deceased siblings)	SPOUSE (if married)	CITY AND STATE OF RESIDENCE	SIBLING OF	NOTES (include relevant health or financial condition)
<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____			<input type="checkbox"/> You <input type="checkbox"/> Your Spouse	<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"/> You <input type="checkbox"/> Your Spouse	<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"/> You <input type="checkbox"/> Your Spouse	<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"/> You <input type="checkbox"/> Your Spouse	<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"/> You <input type="checkbox"/> Your Spouse	<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"/> You <input type="checkbox"/> Your Spouse	<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"/> You <input type="checkbox"/> Your Spouse	<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	PARENT OF	NOTES (include relevant health or financial condition)
<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____			<input type="checkbox"/> You <input type="checkbox"/> Your Spouse	<input type="checkbox"/> Deceased
<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____			<input type="checkbox"/> You <input type="checkbox"/> Your Spouse	<input type="checkbox"/> Deceased
<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____			<input type="checkbox"/> You <input type="checkbox"/> Your Spouse	<input type="checkbox"/> Deceased
<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> _____			<input type="checkbox"/> You <input type="checkbox"/> Your Spouse	<input type="checkbox"/> Deceased

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

ADVISORS AND SAFE DEPOSIT BOX INFORMATION

	YOU	YOUR SPOUSE
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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bank		
City/State		
Co-Signers		

EXISTING DOCUMENTS

Please supply a copy of all documents listed below	YOU		YOUR SPOUSE	
	Date	Location of Document	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				
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) by type and indicate if they are held individually or jointly.

ASSETS (CURRENT AND POTENTIAL)		YOU	YOUR SPOUSE	JOINT OWNERSHIP
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		\$	\$	\$
Total		\$	\$	\$

LIABILITIES (CURRENT AND POTENTIAL)		YOU	YOUR SPOUSE	JOINT
Loans and Notes		\$	\$	\$
Loan Guarantees		\$	\$	\$
Mortgages (including home equity lines)				
Residential		\$	\$	\$
Rental/Commercial		\$	\$	\$
Other Liabilities		\$	\$	\$
Total		\$	\$	\$