

# PUFF & COCKERILL L.L.C.

ATTORNEYS AT LAW

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## **CONFIDENTIAL** **ESTATE PLANNING QUESTIONNAIRE**

The following information will provide facts about your estate as well as your desired disposition of your estate. It will assist in making recommendations of methods for carrying out your desires and planning for the reduction of taxes. Please fill out as much of the form as you can and note where your answers are incomplete. We will rely on your responses as to title ownership and value so please be accurate. Use extra pages if necessary. Some of the information requested will not apply to you. You may not know the answer to some of the questions, but please indicate where you think more information is available from another source.

Please be certain that you have confirmed the current ownership of any assets and the beneficiary designations of any retirement accounts or life insurance policies. We will not undertake an independent confirmation of your responses.

Please print your full name, phone number and email below so that we can contact you if needed:

**Your Name(s):** \_\_\_\_\_

**Your Phone Number (s):** \_\_\_\_\_

**Your Email Address (s):** \_\_\_\_\_

Please summarize or provide copies of the following that may be applicable to your situation:  
Trusts which you have created. (Bring a copy)

- Powers of Attorney you have signed. (Bring a copy)
- Wills or trusts which name you as a beneficiary (if available).
- Partnership Agreements and Shareholder Agreements to which you may be a party.
- Qualified pension profit sharing plan or IRA benefits and current beneficiary designations.
- Life insurance policies and beneficiary designations.
- Real property owned by you or your spouse.
- Installment Sales Contracts to which you may be a party.
- Pre-nuptial Agreement, separation agreement, divorce decree or other documents of support obligation for former spouse or children. (Bring a copy)



Child 1 Name:		
Date of Birth:	Social Security No.	- -
Address: Street		
City	State	Zip
Telephone No.:		

Child 2 Name:		
Date of Birth:	Social Security No.	- -
Address: Street		
City	State	Zip
Telephone No.:		

Child 3 Name:		
Date of Birth:	Social Security No.	- -
Address: Street		
City	State	Zip
Telephone No.:		

Child 4 Name:		
Date of Birth:	Social Security No.	- -
Address: Street		
City	State	Zip
Telephone No.:		

Are there any frozen and stored sperm, eggs or embryos that might create future children, or that should be disposed of in the Will?       Yes       No

a.      Other Intended Beneficiaries:

Name	Address	Relationship

a.      Particulars as to Family: (special needs, circumstances, or problems of particular members, adoptions, prior marriages, etc.)

\_\_\_\_\_

b.      List any charitable beneficiaries.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c.      Names, addresses and phone numbers of Advisors:

Accountant: \_\_\_\_\_  
Financial Planner: \_\_\_\_\_  
Insurance Agent: \_\_\_\_\_  
Investment Advisor: \_\_\_\_\_  
Trust Officer: \_\_\_\_\_  
Other: \_\_\_\_\_

ASSETS AND LIABILITIES

D. Real Estate: (including oil and other mineral interests)

Description & Location	In Whose Name; (Any Co-Ownership)*	Mortgage Amount	Gross Value

\* NOTE: If you co-own any property with another person please note the details. Property co-owned by you and another may be either as tenants in common (in which case each of your one-half interest passing under your will) or as joint tenants with right of survivorship (in which case your interest passes automatically at death to the surviving joint tenant). Special language is required to create a joint tenancy. Ownership simply in the names of you and another person creates a tenancy in common.

A. Life Insurance and Non Investment Type Annuities:

Name of Company Policy No. & Type	Owner of Policy	Face Amount	Name of Insured	Designated Beneficiaries (Primary and Contingent)

NOTE: If your estate plan may involve gifts of life insurance policies to attempt to remove them from your taxable estate, we will also need the present cash surrender value of each policy and the annual amount of premiums payable on each policy.

A. Checking and Savings Accounts:

Name of Bank & Location	Account Type	Typical Balance	Ownership

A. Government Bonds: (federal, state, and municipal)

Type	Amount	Ownership

A. Corporate Stocks and Bonds (including mutual funds and investment type annuities):

Name of Company	Type and No of Shares	Current Quotes	Value	Ownership

A. Notes and Mortgages Payable to You; Accounts Receivable Owned by You:

Debtor	Type	Value	Ownership

A. Business Interests: (Closely Held Stock; Partnership Interests; etc.)

Description	Value	Ownership

A. Personal and Household Property: (including household articles, autos, jewelry, furs, sporting goods, art objects, collections, etc.)

Description	Value	Ownership

A. Trusts, Powers of Appointment, Expectancies:

Description	Value	Interest

A. Pension and Retirement Benefits: (including IRA, 401(k) plans, “qualified plans” and social security coverage)

Description	Value	Ownership	Beneficiary Designation

A. Other Assets: (including copyrights, patent rights, royalties, sports tickets, transferable club memberships, etc.)

Description	Value	Ownership

A. Liabilities: (including personal, business and life insurance loans, mortgages, notes, etc.)

Description	Creditor	Amount

A. Summary of Assets and Liabilities:

Description:	Total Value
1. Real Estate	
2. Life Insurance	
3. Checking and Savings Accounts	
4. Government Bonds	
5. Corporate Stocks and Bonds	
6. Notes, Mortgages and A/R	
7. Business Interests	
8. Personal and Household Property	
9. Trusts, Powers, Expectancies	
10. Pension and Retirement Benefits	
11. Other Assets	
	\$
	\$
	\$

N. Safety Deposit Box:

Bank	Box No.	Location of Key	Name or Names in which Rented

III.  
GIFT TRANSFERS

A. Taxable Transfers:

Have you made gifts which may be reportable for gift tax purposes (or any more than \$10,000)?

Yes                       No                       Don't know

B. Returns:

Have you filed any gift tax returns?

Yes                       No

If yes, please attach copies of the returns.

IV  
EXISTING DOCUMENTS

Do you presently have:

- A. A financial power of attorney? \_\_\_\_\_
- B. A health care power of attorney? \_\_\_\_\_
- C. Wills? \_\_\_\_\_
- D. Revocable or Irrevocable Trusts? \_\_\_\_\_
- E. Living Will? \_\_\_\_\_
- F. If divorced, dissolution of marriage agreement or court order? \_\_\_\_\_

If so, please provide us with copies of these documents.

PROPOSED DESIGNATION OF PERSONAL REPRESENTATIVE, ETC.

A. Personal Representative (Executor) of your estate (primary and backup):

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B. Personal Guardian or Guardians for minor children (primary and backup):

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C. Holder of your financial power of attorney (primary and backup):

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D. Holder of your health care power of attorney (primary and backup):

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E. Trustee for any assets held in trust for minor children or other beneficiaries (primary and backup):

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Signature \_\_\_\_\_