Law Office of Michelle Peretz PLLC

CONFIDENTIAL
YOUNG ADULT (18+) PLANNING QUESTIONNAIRE

Congratulations on becoming a Young Adult. Along with newly gained independence comes newly attained responsibilities. As a Young Adult, you can legally enter into contracts and execute legal documents. It also means you are no longer a minor and therefore your parents/legal guardians may no longer be able to do this things for you.

This questionnaire is designed to help us gather the information necessary to properly plan to protect you and your assets. Whether you are a new or an established client, we have found this questionnaire extremely helpful and we ask your indulgence in completing it fully. Those questions that do not apply to you, your family, or your financial situation should be marked as N/A or NONE. Please feel free to attach additional pages where space is insufficient, or to provide other information you feel is relevant.

DATE: _____

SECTION 1. NAME AND CONTACT INFORMATION

Person Completing Form: _____
(first) (middle) (last)

Home Address: _____

_____

Relationship to Client: _____

Client's Full Name: _____
(first) (middle) (last)

Home Address: _____

_____

Telephone Numbers: _____ _____
(home) (mobile)

Email Address: _____

Date of Birth: __ __ / __ __ / 20 __ __ SSN: __ __ __ - __ __ - __ __ __ __

Marital Status: [ ] Single [ ] Married [ ] Other: _____

US Citizen: [ ] Yes [ ] No Military Service: [ ] Yes [ ] No

College/University: [ ] Yes [ ] No

If yes, name of college/university: _____ City/State: _____

SECTION 2. FAMILY MEMBER INFORMATION

Tell us about your family members. List your parents, step-parents, siblings and any other prominent family members you want to mention. Please identify any adopted, incarcerated or deceased family members. Please identify any family members that have health issues, are under a disability or have special needs.

(Use additional pages, if needed)

SECTION 3. FIDUCIARIES / AGENTS DURING YOUR LIFETIME

Please consider who you want to handle your affairs when you cannot.

A. MEDICAL DECISIONS - AGENTS UNDER HEALTH CARE PROXY

This instrument is for medical matters. Your Agent will have access to all your medical and health information and can make all medical decisions on your behalf when you cannot make those decisions for yourself (i.e., stop life support). Name only people you trust, who are over 18 years old, and discuss your wishes with them. You may only have one Medical Agent at a time. Please list them in order of priority.

1. _____ _____
(name) (relationship)

_____ _____
(current address) (phone number)

2. _____ _____
(name) (relationship)

_____ _____
(current address) (phone number)

3. _____ _____
(name) (relationship)

_____ _____
(current address) (phone number)

Under the Health Insurance Portability and Accountability Act (HIPAA), you must give authorization for another individual to have access to all your medical records and speak to the medical professionals regarding your condition. Your Agents will need this, but besides your Agents, please list if there are any additional people that should have this authorization.

1. _____ _____
(name) (relationship)

2. _____ _____
(name) (relationship)

Are you (or do you plan to be) an organ donor? [ ] Yes [ ] No

B. FINANCIAL DECISIONS - AGENTS UNDER A POWER OF ATTORNEY

This instrument is for financial matters. Your Agent will be authorized to do anything with your money / assets that you would be able to do (i.e., withdraw all the funds in your bank account, take out credit cards in your name etc.). You can name one person for this position or more than one person to act together or even independent of each other. You should also name a Successor Agent(s) as backup if the Agent(s) cannot act for any reason. Name only people you trust and they must be 18+ years old.

1. _____ _____
(name) (relationship)

_____ _____
(current address) (phone number)

2. _____ _____
(name) (relationship)

This person shall be [ ] Co-Agent with #1 or [ ] Successor Agent after #1

_____ _____
(current address) (phone number)

3. _____ _____
(name) (relationship)

This person shall be [ ] Co-Agent with #1 and #2, or [ ] Successor Co-Agent with #2, or [ ] Successor Agent after #2

_____ _____
(current address) (phone number)

4. _____ _____
(name) (relationship)

This person shall be [ ] Co-Agent with #1, #2, and #3 or [ ] Successor Co-Agent with #2 and #3, [ ] Successor Co-Agent with #3, or [ ] Successor Agent after #3

_____ _____
(current address) (phone number)

SECTION 4. DISPOSITIVE PLANNING – LAST WILL & TESTAMENT

In general, to whom and how do you want your property distributed upon your death? Under New York law, if you were to pass away without a Will (i.e., die intestate), your parents would automatically inherit your estate in equal shares. Having a Will allows you to name the beneficiaries you want to inherit. Think about your family members, friends, former benefactors, and charities, such as public benefit nonprofit organizations, educational or religious organizations.

A. First-choice beneficiaries: [ ] Parents [ ] Other: _____

List beneficiar(ies) full legal name(s): _____

_____

If more than one beneficiary is named, please provide distribution breakdown (i.e., 50/50, ¼ each, etc):

_____

_____

Consider to whom your property should go if your first-choice beneficiaries do not survive you.

B. Second-choice beneficiaries: [ ] Siblings [ ] Other: _____

List their full legal names: _____

_____

If more than one beneficiary is named, please provide distribution breakdown (i.e., 50/50, ¼ each, etc):

_____

_____

Any specific disposition of household and personal effects (clothing, jewelry, books etc) or same as person(s) listed as First-choice beneficiar(ies)?

_____

_____

Other information you think is important to your estate planning:

_____

_____

A. EXECUTORS. Executors carry out the instructions of your Will. If you name Co-Executors (more than one), they must act: [ ] Independently or [ ] Together)

1. _____ _____
(name) (relationship)

_____ _____
(current address) (phone number)

2. _____ _____
(name) (relationship)

_____ _____
(current address) (phone number)

3. _____ _____
(name) (relationship)

_____ _____
(current address) (phone number)

4. _____ _____
(name) (relationship)

_____ _____
(current address) (phone number)

SECTION 5. HEALTH-RELATED PROBLEMS

Please describe any specific health-related problems you may have.

_____

_____

_____

SECTION 6. CAPACITY

A. MEMORY AND UNDERSTANDING

Do you have any known problems with memory or understanding? [ ] Yes [ ] No

If yes, please explain:

_____

_____

_____

B. OTHER ISSUES

Are you able to sign your name?:	[ ] Yes [ ] No
Are you able to speak to communicate?:	[ ] Yes [ ] No
Are you able to recognize friends and family?:	[ ] Yes [ ] No
Are you cognizant of your property and possessions?:	[ ] Yes [ ] No

SECTION 7. PLANNING AND OTHER DOCUMENTS

If you have any of the following documents already in place, please provide a copy of each document.

Will:	[ ] Yes [ ] No	
General Durable Power of Attorney:	[ ] Yes [ ] No	
Health Care Power of Attorney (or Proxy):	[ ] Yes [ ] No	
Living Will:	[ ] Yes [ ] No	
Any Trusts to which you are a Beneficiary:	[ ] Yes [ ] No	[ ] I don't know
_____:	[ ] Yes [ ] No	
_____:	[ ] Yes [ ] No	

(specify)

SECTION 8. CLIENT'S GOALS

What are your goals?

_____

_____

_____

_____

_____

_____

_____

_____

_____