ESTATE PLANNING QUESTIONNAIRE

Complete and return to Michelle@MichelleLawOffice.com

PERSONAL INFORMATION

NAME	**ADDRESS**
TELEPHONE	**EMAIL**
BIRTH DATE	**US CITIZEN?**
OCCUPATION	**ANNUAL INCOME**
MARITAL STATUS *Please include date of marriage.* *Do you have a prenuptial agreement?* **Y / N**. *Please also indicate any previous marriages, and whether ended in death or divorce.*	

WHAT ASSETS DO YOU OWN? *Please give "ballpark" values. Please indicate financial institution, but no need for acct no.*

RETIREMENT ACCOUNTS		*Who is the beneficiary?*
LIFE INSURANCE	*On whose life?*	*Who is the beneficiary?*
REAL ESTATE	*Coop? Condo?*	*Owned Jointly? In Corporation? In Trust?*
CASH ACCOUNTS		*Owned Jointly? In Corporation? In Trust?*
OTHER INVESTMENTS		*Owned Jointly? In Corporation? In Trust?*
BUSINESSES / INTELLECTUAL PROPERTY		*Owned Jointly? In Corporation? In Trust?*

Law Office of Michelle Peretz PLLC
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(516) 202-1142 Michelle@MichelleLawOffice.com

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WHO ARE YOUR CLOSEST LIVING RELATIVES?

Please include people from whom you are estranged. Too complicated to describe here? We'll discuss in person.

SPOUSE
CHILDREN *Include those adopted or born out of wedlock.*
PARENTS *Include adoptive parents, but not stepparents.*
SIBLINGS *Include half-siblings, but not step-siblings.*

WHO SHOULD HANDLE YOUR AFFAIRS? *Please provide all contact information, either here, or in separate page or email.*

EXECUTOR *In charge of settling your estate after your death.*	
Primary:	*Alternate(s):*
POWER OF ATTORNEY *Able to handle your personal business during your life in the event of incapacity or other circumstances.*	
Primary:	*Alternate(s):*
HEALTH CARE PROXY *Makes medical decisions for you if you are unable to make them for yourself.*	
Primary:	*Alternate(s):*
GUARDIAN *Would have custody of your children if you are deceased or incapacitated.*	
Primary:	*Alternate(s):*

WHO WOULD YOU LIKE TO RECEIVE YOUR ESTATE? *Note that the disposition of specific items of personal property, and electronic files, can be directed in a separate memorandum, rather than in your will.*

NAME	*Current Age*	*Relation to you*	*Specific Asset?*	*Gift to be held in trust?*

DO YOU HAVE ANY HEALTH ISSUES?
FUNERAL / BURIAL WISHES:
SPECIAL CIRCUMSTANCES OR CONCERNS?

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