

**RIVKIN & RIVKIN, LLC**  
ESTATE PLANNING ATTORNEYS

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

I 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 me 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. I hereby confirm that such information is substantially correct and complete.

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Signature

Date

**PERSONAL AND GENERAL INFORMATION**

Full Legal Name	
Nickname (if any)	
Social Security Number	
Citizenship	
Residence Street Address	
-----	
Residence City, State, Zip	
-----	
Residence County	
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	
Place of Birth	
Relevant Health Issues	
Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long-Term Care Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referred to us by:	

Previously married?	<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.	_____ _____ _____ _____ _____

**PERSONAL AND GENERAL INFORMATION (continued)**

Please list children in order of birth.

CHILDREN		MALE OR FEMALE?	CITY AND STATE OF RESIDENCE (if different)	BIRTH DATE (MM/DD/YY)	SPOUSE (if married)	NOTES*
1		<input type="checkbox"/> Male <input type="checkbox"/> Female		___/___/___		
2		<input type="checkbox"/> Male <input type="checkbox"/> Female		___/___/___		
3		<input type="checkbox"/> Male <input type="checkbox"/> Female		___/___/___		
4		<input type="checkbox"/> Male <input type="checkbox"/> Female		___/___/___		
5		<input type="checkbox"/> Male <input type="checkbox"/> Female		___/___/___		

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.

#	GRANDCHILDREN/ GREAT GRANDCHILDREN	MALE OR FEMALE ?	CITY AND STATE OF RESIDENCE	AGE	SPOUSE (if married)	NOTES*
		<input type="checkbox"/> Male <input type="checkbox"/> Female				
		<input type="checkbox"/> Male <input type="checkbox"/> Female				
		<input type="checkbox"/> Male <input type="checkbox"/> Female				
		<input type="checkbox"/> Male <input type="checkbox"/> Female				
		<input type="checkbox"/> Male <input type="checkbox"/> Female				

\* 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.

**PERSONAL AND GENERAL INFORMATION (continued)**

<b>SIBLINGS (including deceased siblings)</b>	<b>SPOUSE (if married)</b>	<b>CITY AND STATE OF RESIDENCE</b>	<b>NOTES*</b>

<b>LIVING PARENTS</b>	<b>CITY AND STATE OF RESIDENCE</b>	<b>AGE</b>	<b>NOTES*</b>

Please list other relatives, friends, or charities to be considered in estate plans:	_____ _____ _____ _____
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\_\_\_\_\_  
 \*Note any relevant issues regarding health or financial condition.

**PERSONAL AND GENERAL INFORMATION (continued)**

Personal banker		
Bank		
Phone		
Accountant		
Firm		
Phone		
Investment Advisor/Broker		
Firm		
Phone		
Life Insurance Agent		
Firm		
Phone		
Other Advisor ( <i>e.g.</i> Business Lawyer, Financial Planner)		
Firm		
Phone		
Safe Deposit Box Number(s)		
Bank		
City/State		
Co-Signors		
	Mortgage	Home Equity
Mortgage/Home Equity Company		
Loan Number		
Phone		
Fax		
Address		

**EXISTING DOCUMENTS**

Please supply a copy of all documents listed below.

	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/GRANDCHILDREN				
TYPE OF ACCOUNT	CHILD	DOLLAR VALUE OF ACCOUNT	CONTRIBUTORS	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 (cont'd)**

Please estimate the value of your assets and liabilities (to the nearest \$1,000) and indicate if any assets are held jointly with another person.

ASSETS (CURRENT AND POTENTIAL)			NAME OF JOINT OWNER
Cash and Notes		\$	
Real Estate	Approx. Year Purchased		
Residential (gross value)		\$	
Residential (gross value)		\$	
Rental/Commercial (gross value)		\$	
Stocks/Bonds/Mutual Funds		\$	
Options Nonqualified <input type="checkbox"/> ISO <input type="checkbox"/>		\$	
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		\$	
Other Assets		\$	
Total		\$	

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

- END OF QUESTIONNAIRE -