

RIVKIN & RIVKIN, LLC  
ESTATE PLANNING ATTORNEYS

**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**

	<b>HUSBAND</b>	<b>WIFE</b>
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		
City and State of Birth		
Relevant Health Issues		
Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long-Term Care Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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.		
	<b>HUSBAND</b>	<b>WIFE</b>
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.	_____	_____
	_____	_____
	_____	_____
	_____	_____

Please list children in order of birth.

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

**PERSONAL AND GENERAL INFORMATION (continued)**

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				
		<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				
		<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.

**PERSONAL AND GENERAL INFORMATION (continued)**

<b>SIBLINGS (including deceased siblings)</b>	<b>SPOUSE (if married)</b>	<b>CITY AND STATE OF RESIDENCE</b>	<b>SIBLING OF:</b>	<b>NOTES*</b>
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife	
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife	
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife	
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife	
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife	
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife	
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife	
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife	

<b>LIVING PARENTS</b>	<b>CITY AND STATE OF RESIDENCE</b>	<b>AGE</b>	<b>PARENT OF:</b>	<b>NOTES*</b>
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife	
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife	
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife	
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife	

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)**

	<b>HUSBAND</b>		<b>WIFE</b>	
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				
Bank				
City/State				
Co-Signors				
	Mortgage	Home Equity	Mortgage	Home Equity
Mortgage/Home Equity Company				
Loan Number				
Phone				
Fax				
Address				

**EXISTING DOCUMENTS**

Please supply a copy of all documents listed below	HUSBAND		WIFE	
	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)		HUSBAND	WIFE	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    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		\$	\$	\$
<b>Total</b>		\$	\$	\$

LIABILITIES (CURRENT AND POTENTIAL)		HUSBAND	WIFE	JOINT OWNERSHIP
Loans and Notes		\$	\$	\$
Loan Guarantees		\$	\$	\$
Mortgages (including home equity lines)				
----- Residential		\$	\$	\$
----- Rental/Commercial		\$	\$	\$
Other Liabilities		\$	\$	\$
<b>Total</b>		\$	\$	\$

- END OF QUESTIONNAIRE -