



Law Offices of
Gary Cornick, LLC

LAW OFFICES OF GARY CORNICK, LLC

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ESTATE PLANNING QUESTIONNAIRE (SINGLE)

Date _____
Home Phone No. _____
Cell No. _____
E-mail Address _____

File Number _____
Business Phone No. _____
Fax No. _____

This form is extremely important. Your accuracy and completeness in responding will help me best represent you. Please bring this information with you to the appointment.

A. PERSONAL DATA

Full Name _____
(print name as shown on your checks)

Street Address _____

City _____ State _____ Zip _____

Birth Date _____ Last 4 of Social Security No. XXX-XX-_____

U.S. Citizen? Yes No Annual Income _____

If widowed, please list date of death of spouse _____

Do any of your family members have any problems with:

Aids? ___ Yes ___ No
Drug Addiction? ___ Yes ___ No
Alcoholism? ___ Yes ___ No
Spendthrift? ___ Yes ___ No

Please indicate any other issues regarding your child/children that you would like to discuss. This could, though need not be, any issues that might affect any inheritance you might wish to leave to them, or any issues that might affect your decision to name them as a fiduciary in your estate documents.

D. GRANDCHILDREN (if applicable)

Grandchild's Name	Address (including zip code)	Date of Birth

Please indicate any other issues regarding your grandchild/grandchildren that you would like to discuss. This could, though need not be, any issues that might affect any inheritance you might wish to leave to them.

E. DISPOSITIVE INTENTIONS

1. CHILDREN

If you have children, do you wish to treat all of your children equally? Yes No

If not, why not? _____

After your death, at what age do you want distribution to your children? _____
(e.g. a typical plan provides for 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35 or immediate)

2. GRANDCHILDREN

If you have grandchildren, do you wish to leave a specific amount of money or a percentage of your estate to your grandchildren? Yes No

Do you wish to treat all of your grandchildren equally? Yes No

If not, why not? _____

How much do you want to leave your grandchildren? _____

At what age do you want distributions to your grandchildren? _____
(e.g., a typical plan provides for 1/3 at age 25, 1/3 at age 30, 1/3 at age 35 or immediate)

3. CHARITIES

Do you want to leave a specific amount of money or other assets to any charity? ___ Yes ___ No

If yes, please list:

Name of Charity	Address of Charity	Dollar/Percentage Amount

4. OTHER BENEFICIARIES

Do you want your Will to benefit anyone other than children, grandchildren or a charity? ___ Yes ___ No

If yes, please list:

Name of Beneficiary	Address of Beneficiary	Relationship	Dollar/Percentage Amount

F. EXECUTOR

Whom do you wish to serve as your Executor?

First Choice _____

Second Choice _____

G. TRUSTEE

Whom do you want to serve as your Trustee?

First Choice _____

Second Choice _____

H. GUARDIAN

If you have **minor** or **disabled** child/children, whom do you want to act as Guardian?

First Choice _____

Second Choice _____

I. ADVANCED MEDICAL DIRECTIVE

Do you want your Advanced Medical Directive to provide for withdrawal of artificial food and fluid?

___ Yes ___ No

Do you want to donate your eyes or organs?

___ Yes ___ No

Do you want your Health Care Agent to consult with any other person prior to acting?

___ Yes ___ No

If yes, with whom? _____

Name of Proposed Health Care Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate Health Care Agent _____

Street Address _____

City _____ State _____ Zip _____

What is the name and address of your primary care physician?

Full Name of Physician _____

Street Address _____

City _____ State _____ Zip _____

Do you have any religious or ethical beliefs that you wish to have stated in your advanced medical directive? This could include wanting your end of life decisions to comply with a particular religious doctrine or wishing your funeral and/or burial comply with a particular religious practice?

___ Yes ___ No

If yes, please elaborate?

J. POWER OF ATTORNEY

Name of Proposed Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate Financial Agent _____

Street Address _____

City _____ State _____ Zip _____

K. MISCELLANEOUS

Do you have any other legal issues which I should be aware of? ___ Yes ___ No

If yes, please explain _____

What is the location of your important papers? _____

Do you have a Safe Deposit Box? Yes No

If yes, please indicate the name and address of the location _____

Have you ever made gifts to any one person in excess of \$14,000 in any one calendar year?

Yes No

Have you ever filed a Federal Gift Tax Return? Yes No

L. FINANCIAL SUMMARY

	<u>ASSETS</u>	<u>LIABILITIES</u>
Bank Accounts [attach copies of statements]	\$ _____	\$ _____
Real Estate (residence) [attach copy of deed or title policy]	\$ _____	\$ _____
Real Estate (other) [attach copies of all deeds]	\$ _____	\$ _____
Certificates of Deposit (CDS) [attach copies of statements]	\$ _____	\$ _____
Stocks - Non Mutual Funds (Not Held by Broker) [attach copies of all certificates]	\$ _____	\$ _____
Stocks - Non Mutual Funds (Held by Broker) [attach copies of brokerage statements]	\$ _____	\$ _____
Bonds - Non Mutual Funds (Not Held by Broker) [attach copies of all bonds]	\$ _____	\$ _____
Bonds - Non Mutual Funds (Held by Broker) [attach copies of brokerage statements]	\$ _____	\$ _____
Mutual Funds [attach copies of statements]	\$ _____	\$ _____
Note and Mortgage Receivables [attach copies of Notes & Mortgages]	\$ _____	\$ _____
Business Interests [attach copies of stock certificates, partnership agreements and/or other documentation]	\$ _____	\$ _____
Inheritance, etc. \$ _____	\$ _____	
Automobiles	\$ _____	\$ _____
Jewelry & Collections	\$ _____	\$ _____
Non-IRA Tax Qualified Retirement Plans [attach copies of statements]	\$ _____	\$ _____
IRAs [attach copies of statements]	\$ _____	\$ _____
Life Insurance [attach copies of all policies]	\$ _____	\$ _____
Annuities [attach copies of all policies]	\$ _____	\$ _____
Other Assets [attach copies of documentation pertaining to such assets]	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____

Personal Residence:

Tax Block # _____, Lot # _____ (Can be obtained from tax bill)

Addresses of real property other than personal residence:

(1) Street _____ City _____ State _____ Zip _____

Tax Block # _____, Lot # _____ (Can be obtained from Tax Bill)

(2) Street _____ City _____ State _____ Zip _____

Tax Block # _____, Lot # _____ (Can be obtained from Tax Bill)

M. CERTIFICATION

The undersigned hereby represents to the Law Offices of Gary Cornick, LLC, and each of its attorneys, that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information, but will **not** independently verify its accuracy. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client or Client Representative:
