

# GLORIA FLORES BALDWIN ESQ.

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## ESTATE PLANNING QUESTIONNAIRE

	Personal Information		1	
	Client 1	Client 2		
Full Name:				
Date of Birth:				
Social Security Number:				
Home Telephone:	(     )	(     )		
Work Telephone:	(     )	(     )		
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Prior Marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Prior Marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupation:				
	Address			
Home Address:	Street Address:			
	City. State. Zip:			
City/ Town/ Village of:				
Count				
		Children		
Child's Name:	Age	Names and ages of children, if any.	Any physical or other disability?	Child of both clients?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Executor/Guardian/Trustee	
	Name/Relationship	Address
Primary Executor:		
Alternate Executor:		
Second Alternate Executor (if desired):		
Trustee for children:		
Alternate/Successor Trustee:		
Guardian of Child or Children (if any are minors):		
Alternate/Successor Guardian:		

Planning Questions		
	Client 1	Client 2
Have you ever lived with your current spouse/partner in a community property state, state which recognizes domestic partnerships, common law marriage or other union?	<input type="checkbox"/> Yes <input type="checkbox"/> No where?	<input type="checkbox"/> Yes <input type="checkbox"/> No where?
Do you want to consider executing a durable power of attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to consider executing a health care proxy giving another person authority to make medical decisions on your behalf if you cannot speak for yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to consider executing a living will (an advance health care directive usually concerning the use of invasive life support procedures when death is imminent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or any child have special health care needs or disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a party to any pre-nuptial agreements for your current or any prior marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently subject any separation agreement, divorce decree, or other settlement of marital property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you the creator, beneficiary, trustee or a power holder under any existing estate or trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or have you been a party to any litigation or tax proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect to receive any significant distribution or inheritance from any deceased or living relative or from an trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**DOCUMENTS**

In addition to the information requested, please provide copies of documents relevant to estate and financial planning (to the extent not already in your file), including:

- a. Wills, Codicils, and Trust Agreements.
- b. Powers of Attorney.
- c. Living Wills and Health Care Proxy(ies).
- d. Ante-Nuptial or Post-Nuptial Agreements.
- e. Separation and Property Agreements and Divorce Decrees.
- f. Life Insurance and Annuity Policies.
- g. Buy-Sell Agreements or similar agreements relating to Closely-Held Businesses.
- h. Current and Deferred Employment and Executive Compensation Agreements.
- i. Stock Option or Similar Equity Incentive Agreements.
- j. Summary Description of and Most Recent Statement Concerning Employer-Sponsored Retirement or Profit-Sharing Plans.
- k. Financial Analyses and Reports for all major investments and tax shelters.

	Asset Summary	(use additional sheets	if necessary)	
Bank Accounts (Bank)	Type of Account Checking/Savings/CD Other	Owned by: Client 1/Client 2/Joint	Approximate Balance	Beneficiary

		D		

Real Estate	Location (Address)	Owned by: Client 1/Client 2/Joint	Value	Mortgage Bal.
Personal Residence				
Vacation Home				
Other				

Investments (Company )	Type Of Investment	Owned by: Client 1/Client 2/Joint	Value	Approximate Income Tax Basis

Life Insurance (Company)	Face Amount (death benefit) and beneficiary	Cash Surrender Value and beneficiary	Insured: Client 1/Client 2/Joint	Policy Owned by: Client 1/Client 2/Joint

ANY LOANS ON THE ABOVE POLICIES?	WHICH ONES	ORIGINAL AMOUNT	BALANCE DUE	

Retirement Plans and IRAs (employer or IRA custodian)	Participant/Owner: Client 1/Client 2/Joint	Current Value	Beneficiary	
Personal Property with significant value (e.g. luxury auto's, antiques, jewelry, etc.)	Owned by: Client 1/Client 2/Joint	Current Value	Approximate Basis	
Business (Company)	Type of Entity Formation	Owned by: Client 1 /Client 2/Joint	Valuation	

	Client 1	Client 2		
Monthly Income				
Salary and Wages- W2				
Salary and Wages- I 099 self employment				
Social Security				
Pension				
Annuities				
Interest/Dividend				
Rent/Royalties				
Deferred Compensation				
Other				
asset	who owns - client/joint	current value	how acquired	cost of asset/loan on asset
Marketable securities				
non marketable securities				
bonds				

receivables				
tax shelters				
OTHER				

CORPORATE RETIREMENT, IRA'S, COMPENSATION, SAVINGS, AND STOCK PLANS NOTE: (1)

Death Benefit Beneficiary and Death Benefit Contingent Beneficiary: Indicate Client #1

Client #2, Child or Children, Trust, or Other.

Type of Plan	Employee	Present Value	Tax Qualified (Yes or No)	Post-Death Lump Sum Benefit	Post-Death Annual Retirement Benefit	Death Benefit Beneficiary	Death Benefit Contingent Beneficiary




OTHER FINANCIAL INTERESTS

I. Do either of you , or any of your children have any interest in a trust, as grantor, beneficiary (income or remainder), trustee, or other?

Yes  No

If yes, describe briefly and attach a copy of any trust instruments (with appropriate notes showing value of each trust):

Except as answered in the prior question, have either of you , or any of your children received property by inheritance within the last ten years?

Yes  No

If yes, describe briefly, give date of death of each person from whom inheritance was received, and give approximate value of each inheritance:

3. Do either of you, or any of your children expect to inherit or receive by gift any substantial amounts from any source ( including from each of you )?

Yes  No

If yes, describe briefly and give estimate of amount(s) and date(s) of receipt:

GENERAL

m. Burial Information.

Funeral

Director:

Cemetery:

Address:

Location:

Instructions:

n. Anatomical Gifts:

Instructions:

o. Physician: (Client 1)

(Client 2)

Address:

Phone:

Hospital:

Instructions:

Other Agreements or Relevant Facts.

#### ADDITIONAL INFORMATION

For any item as to which the spaces provided in this Questionnaire are not sufficient to permit a complete description, and for any item to which a response was Other, please supply appropriate additional information.

If either of you have no children or more remote descendants, please supply your family tree (showing your closest blood [or legally adopted] relatives and their addresses).

Please supply any additional information you believe would be helpful in understanding your situation (e.g., information concerning particular problems relating to any family member or to any assets, etc.).