FEENEY & DIXON, L.L.C
Counsellors At Law

ESTATE PLANNING QUESTIONNAIRE (COUPLE)

This form is extremely important. Your accuracy and completeness in responding will help Feeney & Dixon LLC represent you. Please bring this completed information packet, including each of the attached schedules, to your initial consultation.

Date: _____ File No.: _____

A. CLIENT DATA

CLIENT

Full Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Date of Birth: _____

Social Security Number: _____

E-mail Address: _____

Cell Phone Number: _____

Business Phone Number: _____

U.S. Citizen? O Yes O No

Veteran? O Yes O No

If yes, please list branch and dates of service:

_____

CO-CLIENT

Full Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Date of Birth: _____

Social Security Number: _____

E-mail Address: _____

Cell Phone Number: _____

Business Phone Number: _____

U.S. Citizen? O Yes O No

Veteran? O Yes O No

If yes, please list branch and dates of service:

_____

B. MARITAL INFORMATION

Date of Marriage: _____

Place of Marriage: _____

City: _____ State or Province: _____ Country: _____

620 Newark Pompton Tpk., Suite 2, Pompton Plains, NJ 07444 • T: 973-839-5100 • F: 973-839-4203 • lawoffice@feeneydixon.com

C. CHILDREN (if applicable, include adult and minor children, as well as any who have predeceased you)

NAME OF CHILD: _____

O Male O Female O Married O Single

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Date of Birth: _____ E-mail Address: _____

Relationship to Client: O Natural child O Adopted O Stepchild O Child born out of wedlock O Deceased

Relationship to Co-Client: O Natural child O Adopted O Stepchild O Child born out of wedlock O Deceased

Name of Child _____

O Male O Female O Married O Single

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Date of Birth: _____ E-mail Address: _____

Relationship to Client: O Natural child O Adopted O Stepchild O Child born out of wedlock O Deceased

Relationship to Co-Client: O Natural child O Adopted O Stepchild O Child born out of wedlock O Deceased

Name of Child _____

O Male O Female O Married O Single

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Date of Birth: _____ E-mail Address: _____

Relationship to Client: O Natural child O Adopted O Stepchild O Child born out of wedlock O Deceased

Relationship to Co-Client: O Natural child O Adopted O Stepchild O Child born out of wedlock O Deceased

Name of Child _____

O Male O Female O Married O Single

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Date of Birth: _____ E-mail Address: _____

Relationship to Client: O Natural child O Adopted O Stepchild O Child born out of wedlock O Deceased

Relationship to Co-Client: O Natural child O Adopted O Stepchild O Child born out of wedlock O Deceased

O Please check this box and attach a separate page to list additional children.

CHILDREN (continued)

Are all of your children in good health?

O Yes O No

a re any of your children blind?

O Yes O No

a re any of your children disabled?

O Yes O No

a re any of your children receiving Supplemental Security Income or SS d I?

O Yes O No

If yes, how much is the child's monthly payment?

$ _____

a re any of your children receiving m edicaid or m edicare?

O Medicaid O Medicare

Do any of your children have any problems with:

Serious physical or mental illness?

O Yes O No

Drug Addiction?

O Yes O No

Alcoholism?

O Yes O No

Debt problems/ bankruptcy?

O Yes O No

Marital Difficulty?

O Yes O No

If you answered yes above, please list the name and reason for listing that child.

_____

_____

_____

Do any of your children owe you money, or have you made gifts to one or more of your children that you wish to treat as an advancement of their inheritance? If yes, please provide information:

_____

_____

_____

E. GRANDCHILDREN (if applicable)

NAME OF GRANDCHILD: _____

O Male O Female

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____

Name(s) of Grandchild's Parent(s): _____

Is this grandchild a direct descendant (natural or adopted) child of your child? O Yes O No

Name of Grandchild _____

O Male O Female

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____

Name(s) of Grandchild's Parent(s): _____

Is this grandchild a direct descendant (natural or adopted) child of your child? O Yes O No

Name of Grandchild _____

O Male O Female

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____

Name(s) of Grandchild's Parent(s): _____

Is this grandchild a direct descendant (natural or adopted) child of your child? O Yes O No

Name of Grandchild _____

O Male O Female

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____

Name(s) of Grandchild's Parent(s): _____

Is this grandchild a direct descendant (natural or adopted) child of your child? O Yes O No

O Please check this box and attach a separate page to list additional grandchildren.

GRANDCHILDREN (continued)

Are all of your grandchildren in good health?
O Yes O No

a re any of your grandchildren blind?
O Yes O No

a re any of your grandchildren disabled?
O Yes O No

a re any of your grandchildren receiving
Supplemental Security Income or SS d I?
O Yes O No

If yes, how much is the grandchild's monthly payment?
$ _____

a re the grandchildren receiving m edicaid or m edicare?
O Medicaid O Medicare

Do any of your grandchildren have any problems with:

Serious physical or mental illness?
O Yes O No

Drug Addiction?
O Yes O No

Alcoholism?
O Yes O No

Debt problems/ bankruptcy?
O Yes O No

Marital Difficulty?
O Yes O No

If you answered yes above, please list the name and reason for listing that grandchild.

_____

F. LONG TERM CARE INSURANCE

d o you have Long Term Care Insurance? O Yes O No
If yes, please provide a copy of the policy.

G. MISCELLANEOUS

1. do you have any legal issues I should be aware of? O Yes O No
   If yes, please explain:_____

2. Where do you store your important papers? _____

3. do you have a Safe d eposit Box? O Yes O No
   If yes, please indicate the name and address of the bank:_____

4. have you prepaid your burial and funeral arrangements? O Yes O No
   If yes, please provide copies of your cemetery deed and funeral contract.

5. are there any difficult family dynamics that could impact your planning? O Yes O No
   If yes, please provide information:_____

6. are you a contributor to a 529 Plan? O Yes O No
   If yes, please attach a statement of the 529 account.

7. does anyone in your immediate or extended family have
   special need issues (including any spouses of your children)? O Yes O No
   If yes, name and relationship of disabled family member:_____

H. REFERRAL

Who referred you to our office?

Name: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Have you visited our website at www.feeneydixon.com O Yes O No

Do you have any ideas for improving our website? If so, please discuss: _____

I. CERTIFICATION

The undersigned hereby represents to Feeney & Dixon, LLC that the information contained in this questionnaire (including the attached schedules) is accurate and complete, and that the undersigned understands that the law firm will rely on this information. If the information contained herein is inaccurate or incomplete, the recommendations made by Feeney & Dixon, LLC may not be appropriate.

_____ _____

Signature of Client or Client Representative *Date*

SCHEDULE 1: ASSETS AND RESOURCES

A. REAL ESTATE

(Please provide copies of deeds and most recent tax bills)

d escription (Location)	Cost (Basis)	m arket Value	m ortgage Bal.	h ow Title h eld
123 Know Way *(Sample)*	$ xxx,xxx.xx	$ xxx,xxx.xx	$ xx,xxx.xx	Joint tenant
$ _____	$ _____	$ _____	$ _____	_____
$ _____	$ _____	$ _____	$ _____	_____
$ _____	$ _____	$ _____	$ _____	_____
$ _____	$ _____	$ _____	$ _____	_____

B. CASH AND BANK ACCOUNTS (CDs, Checking, Savings, etc.)

(Please provide copies of most recent statements)

Name of Bank/Branch	a ccount No.	Type of a ccount	Balance/Value	h ow Title h eld
Big Bank/Main St. *(Sample)*	xxx-xxxx	Savings	$ xx,xxx.xx	Jointly w/ son
_____	_____	_____	$ _____	_____
_____	_____	_____	$ _____	_____
_____	_____	_____	$ _____	_____
_____	_____	_____	$ _____	_____
_____	_____	_____	$ _____	_____
_____	_____	_____	$ _____	_____

C. SECURITIES (Bonds, Marketable Securities, etc.)

(Please provide copies of most recent statements)

Name of Company	Type of Sec.	# Shares/ f ace Val.	Cost	Current Val.	h ow Title h eld
Acme Corp. *(Sample)*	Common *(or Preferred)*	xx Shares	$ x,xxx.xx	$ x,xxx.xx	Sole owner
_____	_____	_____	$ _____	$ _____	_____
_____	_____	_____	$ _____	$ _____	_____
_____	_____	_____	$ _____	$ _____	_____
_____	_____	_____	$ _____	$ _____	_____
_____	_____	_____	$ _____	$ _____	_____
_____	_____	_____	$ _____	$ _____	_____

D. RETIREMENT ACCOUNTS (IRAs, Annuities, Keoghs, etc.)

(Please provide copies of most recent statements and beneficiary designations)

Name of Institution	Account No.	Owner	Beneficiary	Date Est.	Current Value
Big Broker *(Sample)*	xxx-xxxx	Client	Spouse	Jan, 1970	$ xx,xxx.xx
_____	_____	_____	_____	_____	$ _____
_____	_____	_____	_____	_____	$ _____
_____	_____	_____	_____	_____	$ _____
_____	_____	_____	_____	_____	$ _____
_____	_____	_____	_____	_____	$ _____
_____	_____	_____	_____	_____	$ _____

E. LIFE INSURANCE (Whole Life, Term, Endowment, etc.)

(Please provide copies of most recent statements and beneficiary designations)

Name of Institution	a ccount No.	Owner	Beneficiary	d ate Est.	Current Value
Apple Ins. Co. *(Sample)*	xxx-xxxx	Client	Son/Daughter	Jan, 1970	$ xx,xxx.xx
_____	_____	_____	_____	_____	$ _____
_____	_____	_____	_____	_____	$ _____
_____	_____	_____	_____	_____	$ _____
_____	_____	_____	_____	_____	$ _____
_____	_____	_____	_____	_____	$ _____
_____	_____	_____	_____	_____	$ _____

F. PERSONAL PROPERTY

	Market Value and Item	How Title Held
Home Furnishings:	$ _____	_____
Cars, RVs, Boats, etc.:	$ _____	_____
Cars, RVs, Boats, etc.:	$ _____	_____
Cars, RVs, Boats, etc.:	$ _____	_____
Jewelry , Furs, etc.:	$ _____	_____
Other :	$ _____	_____
Other :	$ _____	_____

G. RIGHTS OR INTERESTS IN TRUSTS, ESTATES, OR PROSPECTIVE INHERITANCES

Briefly describe or give the name of any Trust in which you have an interest, or the person who is the source of the inheritance and what you expect to receive. Please provide a copy of the Will or Trust which creates the interest, if available. If not, please advise if and how we may obtain a copy.

H. BUSINESS INTERESTS

If either client has an ownership in any business (whether sole proprietorship, corporation or partnership), please provide additional information regarding the nature of the interest and value of the business interest. If there are business documents (such as Buy-Sell Agreements, Stock Certificates, etc.) please provide copies.

I. MISCELLANEOUS

If either client has any property interests not described above, please explain the nature of the interests and the estimated value of each.

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SCHEDULE 2. – SELECTING BENEFICIARIES

Please note we will spend time during our first meeting completing Schedule 2 and Schedule 3. However, you may want to review your existing documents (if any) and the following choices of beneficiaries and fiduciaries in preparation for our meeting.

In general, to whom and how do you want your property distributed upon your death? Think about your family members, friends, former benefactors, and charities, such as public benefit nonprofit organizations, educational or religious organizations. Are there certain items of personal property that should pass to designated individuals? Are there specific charities or individuals that you intend to leave a gift? Are some selected beneficiaries going to require a Trustee to manage their fund on their behalf?

Please note any differences between spousal wishes.

A. First-choice beneficiaries: O Spouse O Children O Spouse and Children O Other

_____

_____

B. Second-choice beneficiaries: O Spouse O Children O Spouse and Children O Other

_____

_____

_____

C. Third-choice beneficiaries: O Spouse O Children O Spouse and Children O Other

_____

_____

D. Any specific disposition of your residence?

_____

_____

E. Any specific gifts of special articles, such as art or jewelry?

_____

_____

F. Any specific disposition of other household and/or personal effects?

_____

_____

G. Other information you think is important to your estate planning:

_____

_____

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SCHEDULE 3. – SELECTING FIDUCIARIES

(Please provide names, addresses and phone numbers if chosen person is not a child or spouse.)

POSITION	CLIENT	CO-CLIENT
WILL SELECTIONS:		
Executor or Co-Executors	_____	_____
1st Successor(s)	_____	_____
2nd Successor(s)	_____	_____
Trustee or Co-Trustees	_____	_____
Guardian(s) for minor of disabled Children	_____	_____

Power of Attorney

Agent or Co-Agents	_____	_____
1st Successor(s)	_____	_____
2nd Successor(s)	_____	_____

If more than one Agent is selected, may either Agent act alone, independently of the other Agent, or must all Co-Agents act together?

___ Yes, my Co-Agents may act independently of each other.

___ No, each task must be undertaken jointly by all Co-Agents

Living Will & Advance Medical Directive

Agent or Co-Agents	_____	_____
1st Successor(s)	_____	_____
2nd Successor(s)	_____	_____

If more than one Agent is selected, may either Agent act alone, independently of the other Agent, or must all Co-Agents act together?

___ Yes, my Co-Agents may act independently of each other.

___ No, each task must be undertaken jointly by all Co-Agents