

For Office Use Only: File No.: EP _____ Fee: \$ _____ Execution Date: _____

LAW OFFICE OF FRANK M. WILLIAMS, L.L.C.
ESTATE PLANNING QUESTIONNAIRE

Husband:

1. Husband's Full Legal Name: _____
2. Husband's Name on Driver's License: _____
3. Birth date: _____
4. Home Address: _____
 Town: _____ County: _____ State: _____ Zip: _____
5. Telephone: Home: _____ Cell: _____
6. Citizenship: USA Other _____ 7. How long a resident of New Jersey? _____
8. Any existing Wills and how old are they? _____

Wife:

9. Wife's Full Legal Name: _____
10. Wife's Name on Driver's License: _____
11. Birth date: _____
12. Citizenship: USA Other _____ 13. How long a resident of New Jersey? _____
14. Telephone: Home: _____ Cell: _____
15. Any existing Wills and how old are they? _____

(If additional space required, please check here and continue to Page 23.)

Marriage(s):

16. Date and place of present marriage: _____

17. Prior marriage(s): date, how and when terminated: _____

Children (Please provide the following information for your child(ren):

18. Children of present marriage (include any legally adopted children):

a) Full Legal Name: _____ Male Female

Home Address: _____ Age: _____

Town: _____ County: _____ State: _____ Zip: _____

Home Telephone: _____ Cell: _____

b) Full Legal Name: _____ Male Female

Home Address: _____ Age: _____

Town: _____ County: _____ State: _____ Zip: _____

Home Telephone: _____ Cell: _____

c) Full Legal Name: _____ Male Female

Home Address: _____ Age: _____

Town: _____ County: _____ State: _____ Zip: _____

Home Telephone: _____ Cell: _____

(If additional space required, please check here and continue to Page 23.)

19. Children of prior marriage(s) (i.e. step-children) (if applicable):

a) Full Legal Name: _____ Male Female
Home Address: _____ Age: _____
Town: _____ County: _____ State: _____ Zip: _____
Home Telephone: _____ Cell: _____
Child of: Husband Wife

b) Full Legal Name: _____ Male Female
Home Address: _____ Age: _____
Town: _____ County: _____ State: _____ Zip: _____
Home Telephone: _____ Cell: _____
Child of: Husband Wife

c) Full Legal Name: _____ Male Female
Home Address: _____ Age: _____
Town: _____ County: _____ State: _____ Zip: _____
Home Telephone: _____ Cell: _____
Child of: Husband Wife

(If additional space required, please check here and continue to Page 23.)

20. Please provide the following information for your grandchild(ren):

- a) Full Legal Name: _____ Male Female
His/Her Parent (i.e, your child): _____ Age: _____
Home Address: _____
Town: _____ County: _____ State: _____ Zip: _____
- b) Full Legal Name: _____ Male Female
His/Her Parent (i.e, your child): _____ Age: _____
Home Address: _____
Town: _____ County: _____ State: _____ Zip: _____
- c) Full Legal Name: _____ Male Female
His/Her Parent (i.e, your child): _____ Age: _____
Home Address: _____
Town: _____ County: _____ State: _____ Zip: _____
- d) Full Legal Name: _____ Male Female
His/Her Parent (i.e, your child): _____ Age: _____
Home Address: _____
Town: _____ County: _____ State: _____ Zip: _____

(If additional space required, please check here and continue to Page 23.)

Other Relatives:

21. Parents of Clients:

Husband

Father's name: _____ Living Deceased

Mother's name: _____ Living Deceased

Wife

Father's name: _____ Living Deceased

Mother's name: _____ Living Deceased

22. Siblings:

Husband

a) Name: _____ Brother Sister
Step-Brother Step-Sister

b) Name: _____ Brother Sister
Step-Brother Step-Sister

Wife

a) Name: _____ Brother Sister
Step-Brother Step-Sister

b) Name: _____ Brother Sister
Step-Brother Step-Sister

(If additional space required, please check here and continue to Page 23.)

Special Needs:

23. Special medical or financial needs of dependents or any individuals you may include in your Last Will and Testament, or who may remotely inherit anything under your Last Will and Testament (i.e., a disabled grandchild)

If so, do they require a: Special Needs Trust Support Trust?

Note: a “special needs trust” is a trust for individuals who are, or may require government benefits; a “support trust” is a trust for an individual who may not require government benefits, but has difficulty managing money.

ASSETS

24. Bank Account(s):

a) Name of Bank: _____ Total Approx. Value \$ _____

Type(s) of Account(s): Checking Savings CD IRA Other: _____

b) Name of Bank: _____ Total Approx. Value \$ _____

Type(s) of Account(s): Checking Savings CD IRA Other: _____

c) Name of Bank: _____ Total Approx. Value \$ _____

Type(s) of Account(s): Checking Savings CD IRA Other: _____

d) Name of Bank: _____ Total Approx. Value \$ _____

Type(s) of Account(s): Checking Savings CD IRA Other: _____

(If additional space required, please check here and continue to Page 23.)

25. Brokerage account(s):

a) Name of Brokerage: _____ Approx. Value \$ _____

Title of Account: _____

b) Name of Brokerage: _____ Approx. Value \$ _____

Title of Account: _____

c) Name of Brokerage: _____ Approx. Value \$ _____

Title of Account: _____

d) Name of Brokerage: _____ Approx. Value \$ _____

Title of Account: _____

26. Individual Securities/Mutual Funds (securities not in a brokerage account):

a) Name _____ Shares _____ Approx. Value \$ _____

Title of Security: _____

b) Name _____ Shares _____ Approx. Value \$ _____

Title of Security: _____

c) Name _____ Shares _____ Approx. Value \$ _____

Title of Security: _____

d) Name _____ Shares _____ Approx. Value \$ _____

Title of Security: _____

(If additional space required, please check here and continue to Page 23.)

27. Real Estate:

a) Property Address: _____

Town: _____ State _____ City: _____

Date of Purchase: _____ Approximate Value: _____

Name(s) on Deed: _____

b) Property Address: _____

Town: _____ State _____ City: _____

Date of Purchase: _____ Approximate Value: _____

Name(s) on Deed: _____

28. Life Insurance Policies:

a) Name of Company: _____ Face Value \$ _____

Policy No. _____ Type of Policy: Whole Term If term, _____ years

Owner: _____ Primary Beneficiary: _____

Contingent Beneficiary/Beneficiaries: _____

b) Name of Company: _____ Face Value \$ _____

Policy No. _____ Type of Policy: Whole Term If term, _____ years

Owner: _____ Primary Beneficiary: _____

Contingent Beneficiary/Beneficiaries: _____

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(If additional space required, please check here and continue to Page 23.)

Life Insurance Policies (continued)

c) Name of Company: _____ Face Value \$ _____
 Policy No. _____ Type of Policy: Whole Term If term, _____ years
 Owner: _____ Primary Beneficiary: _____
 Contingent Beneficiary/Beneficiaries: _____

d) Name of Company: _____ Face Value \$ _____
 Policy No. _____ Type of Policy: Whole Term If term, _____ years
 Owner: _____ Primary Beneficiary: _____
 Contingent Beneficiary/Beneficiaries: _____

29. Annuities:

a) Name of Company: _____ Value \$ _____
 Annuity No. _____ Term _____ years
 Owner: _____ Primary Beneficiary: _____
 Contingent Beneficiary/Beneficiaries: _____

b) Name of Company: _____ Value \$ _____
 Annuity No. _____ Term _____ years
 Owner: _____ Primary Beneficiary: _____
 Contingent Beneficiary/Beneficiaries: _____

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(If additional space required, please check here and continue to Page 23.)

Annuities (continued)

c) Name of Company: _____ Value \$ _____
 Annuity No. _____ Term _____ years
 Owner: _____ Primary Beneficiary: _____
 Contingent Beneficiary/Beneficiaries: _____

30. **Expectancies (inheritances, gifts, etc. in the foreseeable future):** _____

31. **Business affiliations and interests (i.e., do you have an ownership in a business):**

a) Name of Business: _____
 Business Type: LLC LLP P.C. S Corp. Other _____
 Your Ownership Interest: _____% or Number of Shares You Own _____
 Registered Agent: _____

b) Name of Business: _____
 Business Type: LLC LLP P.C. S Corp. Other _____
 Your Ownership Interest: _____% or Number of Shares You Own _____
 Registered Agent: _____

(If additional space required, please check here and continue to Page 23.)

32. Pension(s) (include any vested pension benefit plan):

Husband

a) Name of Company: _____ Monthly Benefit \$ _____

Survivor's Benefit: Yes No If Yes, name of Beneficiary? _____

b) Name of Company: _____ Monthly Benefit \$ _____

Survivor's Benefit: Yes No If Yes, name of Beneficiary? _____

Wife

a) Name of Company: _____ Monthly Benefit \$ _____

Survivor's Benefit: Yes No If Yes, name of Beneficiary? _____

b) Name of Company: _____ Monthly Benefit \$ _____

Survivor's Benefit: Yes No If Yes, name of Beneficiary? _____

33. Safe deposit box (include location and how registered): _____

34. Personal effects (including furs, jewelry, art, cash on hand, and other items of substantial value):

(If additional space required, please check here and continue to Page 23.)

35. Do you wish to forgive any loans to anyone who owes you money? No Yes

If Yes, to who and amount: _____

36. Other investments not mentioned above (include nature and in what name(s) held): _____

LIABILITIES

37. Do you owe anyone any money requiring long-term payments (i.e., mortgages, promissory notes, loans, judgments, etc.): _____

(If additional space required, please check here and continue to Page 23.)

DISPOSITION OF ESTATE

SPECIFIC DEVICES

38. If you desire to leave anything else to anyone that is NOT PERSONALTY (i.e., land, stocks, bonds, a lump sum of money, etc., please set forth below:

Note: All of our wills includes the following standard clause as to the disposition of specific items of personalty (i.e., such as jewelry, furs, works of art, silverware, china, etc.):

I may dispose of certain items of my tangible property by a written statement prepared pursuant to N.J.S.A. 3B:3-11. I instruct my Executor to honor the dispositions set forth in any such statement.

(Where shares of stock are bequeathed, please indicate if increments, splits, mergers, and substitutions are included, and where income of stock is bequeathed, please indicate if cash dividends are included.)

a) I desire to leave (Name) _____

(Item/ \$Amount) _____.

His/Her/Their Address: _____

Special conditions or contingencies: _____

b) I desire to leave (Name) _____

(Item/ \$Amount) _____.

His/Her/Their Address: _____

c) I desire to leave (Name) _____

(Item/ \$Amount) _____.

His/Her/Their Address: _____

(If additional space required, please check here and continue to Page 23.)

RESIDUARY ESTATE

Note: The residue of an estate refers to that which remains after debts, expenses, taxes, and other property charges have been paid or provided for.

39. Primary Distribution to Spouse. (please select one of the following):

- a) I desire to leave everything to my spouse outright, free of trust. (Recommended if your combined worth is less than \$11.7 million and all your children are from the same marriage.)
- b) I desire to leave everything to my spouse, subject to his/her disclaimer rights for a Credit Shelter Trust. (Recommend if your combined worth is over \$11.7 million and all your children are from the same marriage.)
- c) I desire to leave everything to Part A (Credit Shelter Trust)/Part B (QTIP Trust). (Recommended if your combined worth is over \$11.7 million and either spouse has had more than one marriage.)
- d) I do not desire to leave anything to my spouse, or I only desire to leave my spouse his/her elective share amount. (Recommended if your net worth is less than \$200,000.00 for Medicaid purposes.)

40. Contingent Distribution. In the event you survive your spouse, how do you desire your residuary estate to be distributed; please see next page for an explanation of “per stirpes,” “per capita” and “lapse.”

- a) _____ % to _____
If beneficiary predeceases, does their share follow: per stirpes per capita lapse
- b) _____ % to _____
If beneficiary predeceases, does their share follow: per stirpes per capita lapse
- c) _____ % to _____
If beneficiary predeceases, does their share follow: per stirpes per capita lapse
- d) _____ % to _____
If beneficiary predeceases, does their share follow: per stirpes per capita lapse

(If additional space required, please check here and continue to Page 23.)

Explanation of “per stirpes,” “per capita” and “lapse.” – Testator (you) have two surviving children, namely: Justin and Nicholas. Justin does not have any children, and Nicholas has three; namely, Abigail, Becky, and Caitlin. Your spouse has predeceased you. You desire to leave everything to the Justin and Nicholas. Nicholas dies one year after you sign your will, and then you die a year later. The following are examples of what would happen...:

- *per stirpes*: “proportionately divided between beneficiaries according to their deceased ancestor’s share”
Example – Justin gets one-half, and Abigail, Becky and Caitlin each receive 1/3 of Nicholas one-half. (MOST COMMON)
- *per capita*: “taking as an individual and not as a representative of an ancestor.”
Example- Justin, Abigail, Becky and Caitlin each would receive 1/4. (RARELY USED)
- *lapse*: “the failure of a gift when the beneficiary dies before the testator, resulting in the gift to be void”
Example-Justin would receive all. (SOMETIMES USED)

MINOR’S TRUST (if applicable)

41. In leaving money to a minor for his/her health, support maintenance and education (a “minor” can be anyone that you do not desire them to receive an inheritance outright such as a child, grandchild, nephew, niece, etc.), do you have any special provisions for when they receive their inheritance, such as...

At what age does a minor start to receive income? _____ (Note: Normally 18)

At what age does a minor start to receive principal? _____ (Note: Normally 21-25)

How much principal? _____ (Note: Normally half)

At what age does a minor receive the remaining principal? _____ (Note: Normally 25-30)

(If additional space required, please check here and continue to Page 23.)

FIDUCIARIES

A fiduciary is, “a person who acts for the benefit of another person on all matters within the scope of their relationship.” For our purposes, we may have the following fiduciary relationships in a Last Will and Testament, Power of Attorney for Health Care/Living Will or Durable Power of Attorney:

Note: a “surety bond” is a bond by a surety to ensure the timely performance of a job (i.e., an estate administration, a trust, a guardianship, etc.) In most instances, individuals waive the imposition of a bond, which if not waived will be imposed annually until the estate/trust is closed.

42. Executor(s): a person named in an individual’s Last Will and Testament to carry out their final wishes.

Primary Executor (if spouse, which is most common, please write “SPOUSE”)

Name: _____ Relationship: _____ Age: _____

Address: _____

Do you wish to waive the imposition of a surety bond? Yes No

First Alternate(s) Executor

Name: _____ Relationship: _____ Age: _____

Address: _____

Do you wish to waive the imposition of a surety bond? Yes No

Second Alternate(s) Executor

Name: _____ Relationship: _____ Age: _____

Address: _____

Do you wish to waive the imposition of a surety bond? Yes No

(If your answers for executors, please check here and write other spouse’s desires on Page 23.)

(If additional space required, please check here and continue to Page 23.)

43. **Guardian(s) of minor child(ren) or mentally incapacitated person:** a person who has the legal authority to care for another person’s person under a judgment of incompetency or minor in accordance with the terms of a Decedent’s Last Will and Testament; if NO GUARDIANSHIP, then this section can be left blank.

Name of Minor: _____

Primary Guardian(s) (if spouse, which is most common, please write “SPOUSE”)

Name: _____ Relationship: _____ Age: _____

Address: _____

Tel. No.: _____

First Alternative Guardian

Name: _____ Relationship: _____ Age: _____

Address: _____

Tel. No.: _____

Second Alternative Guardian

Name: _____ Relationship: _____ Age: _____

Address: _____

Tel. No.: _____

(If your answers for guardians, please check here and write other spouse’s desires on Page 23.)

(If additional space required, please check here and continue to Page 23.)

44. Testamentary Trustee(s): a trustee appointed by or acting under a will to carry out a trust created by a will, if a trust is required; IF NO TRUST; then this section can be left blank.

a) Applicable Trust: Credit Shelter Trust Minor’s Trust Special Needs Trust

Primary Trustee(s)

Name: _____ Relationship: _____ Age: _____

Address: _____

Do you wish to waive the imposition of a surety bond? Yes No

First Alternate Trustee(s)

Name: _____ Relationship: _____ Age: _____

Address: _____

Do you wish to waive the imposition of a surety bond? Yes No

Second Alternate Trustee(s)

Name: _____ Relationship: _____ Age: _____

Address: _____

Do you wish to waive the imposition of a surety bond? Yes No

(If your answers for trustees differ, please check here and write other spouse’s desires on Page 23.)

(If additional space required, please check here and continue to Page 23.)

b) Applicable Trust: Minor’s Trust Special Needs Trust Support Trust

Primary Trustee(s)

Name: _____ Relationship: _____ Age: _____

Address: _____

Do you wish to waive the imposition of a surety bond? Yes No

First Alternate Trustee(s)

Name: _____ Relationship: _____ Age: _____

Address: _____

Do you wish to waive the imposition of a surety bond? Yes No

Second Alternate Trustee(s)

Name: _____ Relationship: _____ Age: _____

Address: _____

Do you wish to waive the imposition of a surety bond? Yes No

(If your answers for trustees, please check here and write other spouse’s desires on Page 23.)

(If additional space required, please check here and continue to Page 23.)

45. Health Care Agent: a person who makes decisions in accordance with Power of Attorney for Health Care.

Primary Health Care Agent (if spouse, which is most common, please write "SPOUSE")

Name: _____ Relationship: _____ Age: _____

Address: _____

Tel. No.: _____

First Alternative Health Care Agent

Name: _____ Relationship: _____ Age: _____

Address: _____

Tel. No.: _____

Second Alternative Health Care Agent

Name: _____ Relationship: _____ Age: _____

Address: _____

Tel. No.: _____

(If your answers for health care agents differ, please check here and write other spouse's desires on Page 23.)

NOTE: Check here if you DO NOT desire this firm to prepare you a Combined Advanced Directive for Healthcare/Living Will. Otherwise, please complete the document entitled "Living Will Intake Sheet."

(If additional space required, please check here and continue to Page 23.)

46. Attorney(s)-in-Fact for Durable Power of Attorney: a person who manages an individual’s finances in accordance with a Durable Power of Attorney.

Primary Attorney(s)-in-Fact for Durable Power of Attorney (if spouse, which is most common, please write “SPOUSE”)

Name: _____ Relationship: _____ Age: _____

Address: _____

First Alternative for Attorney(s)-in-Fact for Durable Power of Attorney

Name: _____ Relationship: _____ Age: _____

Address: _____

Second Alternative for Attorney(s)-in-Fact for Durable Power of Attorney

Name: _____ Relationship: _____ Age: _____

Address: _____

(If your answers for your Attorney-in-Facts differ, please check here and write other spouse’s desires on Page 2.)

(If additional space required, please check here and continue to Page 23.)

47. **Funeral and Disposition Representative (for Funeral Arrangements):** N.J.S.A. 45:37-22 provides for the appointment of a Funeral and Disposition Representative, which is a person who shall have the authority and power to control the arrangements for your funeral and the disposition of your remains. If none is included in your Last Will and Testament, the law will default to your spouse, child(ren) (if multiple, the arrangements must be made jointly), and if no spouse or child(ren), then your parents, grandparents, aunts/uncles, cousins, etc., and if no family members, then to a person appointed by the Court.

Husband: How do you desire to be: Cremated Buried
Wife: How do you desire to be: Cremated Buried

Primary Funeral Agent (if spouse, which is most common, please write "SPOUSE")

Name: _____ Relationship: _____ Age: _____

Address: _____

Tel. No.: _____

First Alternative Funeral Agent

Name: _____ Relationship: _____ Age: _____

Address: _____

Tel. No.: _____

Second Alternative Funeral Agent

Name: _____ Relationship: _____ Age: _____

Address: _____

Tel. No.: _____

(If your answers for your funeral agents differ, please check here
and write other spouse's desires on Page 23.)

(If additional space required, please check here and continue to Page 23.)

ADDITIONAL INFORMATION

CHECKLIST OF ITEMS TO BRING TO OUR MEETING

For your convenience, I have included a checklist of the items that you may want to bring to our conference, or have available during our telephone conference, in addition to this Questionnaire:

1. A list of all stocks, bonds, mortgages, notes, contracts, etc., which you own;
2. All deeds to real estate owned in whole or in part by you;
3. If any insurance policies on your life are owned by another, a statement as to all premiums paid by you;
4. All insurance policies on your life;
5. All insurance policies on the life of another which you own;
6. Copies of all your gift tax returns;
7. Copies of all trust agreements you have executed, and the value of the trust estate;
8. A copy of any will or trust agreement under which you are beneficiary, and the value of the estate or trust;
9. Copies of your Federal income tax returns for the past three years;
10. A copy of the Federal income tax return or the year-end statements for each of the past five year in respect to any business in which you are principally interested;
11. A copy of any stock or business interest purchase agreement to which you are a party; and
12. A copy of your present Last Will & Testament, Living Will and Durable Power of Attorney.