

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

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

SINGLE/WIDOWED/WIDOWER

CLIENT

1. Your Full Legal Name: _____
2. Your Name as it appears on your 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 what date were they written? _____

FORMER SPOUSE

(IF MORE THAN ONE, PLEASE USE LAST PAGE AND LIST ALL INFORMATION FOR EACH)

9. Former Spouse's Full Name: _____
10. Date of Marriage: _____ 11. Date Marriage Ended: _____
12. How Did Marriage End: Death Divorce Other (If Other) _____
13. If marriage ended by death, was an estate opened? Yes No County: _____
14. If marriage ended by death, is the estate fully closed? Yes No
15. Was the former spouse a U.S. Veteran? Yes No Wartime Service? _____

(If additional space required, please check here and continue to Page 16.)

CHILDREN/GRANDCHILDREN

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

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: _____

d) 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 16.)

17. 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 16.)

OTHER RELATIVES

18. Parents of Client:

Father's name & age: _____

Address: _____

Mother's name & age: _____

Address: _____

19. Other relatives, i.e., brothers, sisters, grandparents, aunts, uncles, nieces, nephews, etc. (to be included in Will):

SPECIAL NEEDS

20. 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.

(If additional space required, please check here and continue to Page 16.)

ASSETS

21. Bank Accounts (savings, C.D., checking, etc. and also include how registered - joint, survivorship, trust, custodial, etc.): _____

22. Stock, bonds, and other securities. (include how registered, i.e., joint-survivorship, P.O.D., trust, custodial, etc.): _____

23. Real Estate: Location and general description (records owners, how and when acquired, estimated value, mortgages): _____

24. Insurance policies, pensions, retirement and death benefits (identification and beneficiary):

(If additional space required, please check here and continue to Page 16.)

25. Do you own a business (i.e., S Corp., C Corp., LLC, etc.) or interest in a business? (details):

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

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

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

29. Please set forth any funeral, burial, monument, services, grave care, you may have already arranged: _____

(If additional space required, please check here and continue to Page 16.)

30. Other investments (include nature and in what name(s) held): _____

31. Liabilities (mortgages, promissory notes, loans, judgments, etc.): _____

DISPOSITION OF ESTATE

SPECIFIC DEVICES

32. 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) To (indicate name, age [if under 18] and relationship): _____

Address: _____

Special conditions or contingencies: _____

(If additional space required, please check here and continue to Page 16.)

b) To (indicate name, age [if under 18] and relationship): _____

Address: _____

Special conditions or contingencies: _____

c) To (indicate name, age [if under 18] and relationship): _____

Address: _____

Special conditions or contingencies: _____

d) To (indicate name, age [if under 18] and relationship): _____

Address: _____

Special conditions or contingencies: _____

33. Charitable bequests: _____

34. Do you wish to forgive any loans? Yes No If yes, to who? _____

(If additional space required, please check here and continue to Page 16.)

RESIDUARY ESTATE

35. 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. Please further indicate below if a beneficiary pre-deceases you, what do you desire to come of that individual’s share (i.e., should the share be distributed to the individual’s child(ren) “per stirpes,” should the individual’s estate receive the distribution “per capita”, or does the share “lapse”).

Example – Testator (you) have two children, Justin and Nicholas. Justin does not have any children, and Nicholas has three; namely, Abigail, Becky, and Caitlin. You 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)

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 16.)

MINOR’S TRUST

36. 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)

FIDUCIARIES

Note: 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 against the estate/trust for a percentage of the principal value and will be due annually until the estate/trust is closed.

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

Primary Executor

Name: _____ Relationship: _____ Age: _____

Address: _____

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

(If additional space required, please check here and continue to Page 16.)

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

38. 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)

Name: _____ Relationship: _____ Age: _____

Address: _____

Tel. No.: _____

First Alternative Guardian

Name: _____ Relationship: _____ Age: _____

Address: _____

Tel. No.: _____

(If additional space required, please check here and continue to Page 16.)

Second Alternative Guardian

Name: _____ Relationship: _____ Age: _____

Address: _____

Tel. No.: _____

39. 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: 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 additional space required, please check here and continue to Page 16.)

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

40. Health Care Agent for Combined Advanced Directive for Health Care/Living Will: a person who makes decisions in accordance with Power of Attorney for Health Care/ Living Will.

Primary Health Care Agent

Name: _____ Relationship: _____ Age: _____

Address: _____

Tel. No.: _____

(If additional space required, please check here and continue to Page 16.)

First Alternative Health Care Agent

Name: _____ Relationship: _____ Age: _____

Address: _____

Tel. No.: _____

Second Alternative Health Care Agent

Name: _____ Relationship: _____ Age: _____

Address: _____

Tel. No.: _____

41. 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

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 additional space required, please check here and continue to Page 16.)

42. 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 child(ren) (if multiple, the arrangements must be made jointly), and if no child(ren), then your parents, grandparents, aunts/uncles, cousins, etc., and if no family members, then to a person appointed by the Court.

Do you desire to be: Cremated Buried

Primary Funeral Agent

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 additional space required, please check here and continue to Page 16.)

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