

**DREW & COHEN, P.C.**  
**CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE**

Please attempt to complete all applicable questions and bring in all requested documents for the first meeting, but do not be concerned if you are unable to complete all of the questions or all of the requested documents are not readily available.

You should bring the following documents with you for the initial estate planning consultation:

1. Existing estate planning documents such as Wills, Trusts and Powers of Attorney.
2. Information provided by employer(s), including copies of retirement plans and group life insurance policies.
3. Deeds to real estate owned by either spouse.
4. Documents indicating legal title to investments.
5. Copies of any Trust Agreements under which either spouse is a beneficiary.
6. Any gift tax returns.
7. Property settlement agreements, divorce decrees, separation agreements from prior marriages.
8. Premarital and Marital Agreements.

With respect to many of these documents, a brief review will be sufficient to obtain the required information. Therefore, it will not be necessary for you to make copies of these documents.

**1. Family Information**

Date Prepared: \_\_\_\_\_

Spouse #1's Full Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Spouse #2's Full Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number:(\_\_\_\_\_)\_\_\_\_\_

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Spouse #1's Cell Phone Number: (\_\_\_\_)\_\_\_\_\_ Spouse #1's Work Phone Number: (\_\_\_\_)\_\_\_\_\_

Spouse #1's E-mail Address: \_\_\_\_\_

Spouse #1's Social Security Number: \_\_\_\_\_ Spouse #1's Date of Birth: \_\_\_\_\_

Total number of marriages for Spouse #1 (counting the current marriage): \_\_\_\_\_

Date of current marriage \_\_\_\_\_

Is Spouse #1 a United States Citizen? Yes  No

Spouse #1's Occupation: \_\_\_\_\_ Spouse #1's Annual Salary: \_\_\_\_\_

Spouse #1's Employer (and address): \_\_\_\_\_

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Spouse #2's Cell Phone Number: (\_\_\_\_)\_\_\_\_\_ Spouse #2's Work Phone Number: (\_\_\_\_)\_\_\_\_\_

Spouse #2's E-mail Address: \_\_\_\_\_

Spouse #2's Social Security Number: \_\_\_\_\_ Spouse #2's Date of Birth: \_\_\_\_\_

Total number of marriages for Spouse #2 (counting the current marriage): \_\_\_\_\_

Date of current marriage \_\_\_\_\_

Is Spouse #2 a United States Citizen? Yes  No

Spouse #2's Occupation: \_\_\_\_\_ Spouse #2's Annual Salary: \_\_\_\_\_

Spouse #2's Employer (and address): \_\_\_\_\_

**Children:** Full legal names and nicknames of all children (adult and minor) and all other dependents. Indicate the name of the other parent if child is not of the current marriage. Indicate if the child has any special needs such as a physical or mental handicap. Please attach an additional page if necessary.

1.	Name: _____	Date of Birth: _____
	Nickname: _____	Soc. Sec. #: _____
	Address: _____	Marital Status: _____
	_____	Home Phone: _____
	Email: _____	Cell Phone: _____
2.	Name: _____	Date of Birth: _____
	Nickname: _____	Soc. Sec. #: _____
	Address: _____	Marital Status: _____
	_____	Home Phone: _____
	Email: _____	Cell Phone: _____
3.	Name: _____	Date of Birth: _____
	Nickname: _____	Soc. Sec. #: _____
	Address: _____	Marital Status: _____
	_____	Home Phone: _____
	Email: _____	Cell Phone: _____
4.	Name: _____	Date of Birth: _____
	Nickname: _____	Soc. Sec. #: _____
	Address: _____	Marital Status: _____
	_____	Home Phone: _____
	Email: _____	Cell Phone: _____

**Grandchildren:** Full legal names and nicknames of all grandchildren. Indicate if the grandchild has any special needs such as a physical or mental handicap. Please attach an additional page if necessary.

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_  
Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
\_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_  
Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
\_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_  
Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
\_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_  
Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
\_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Other Beneficiaries:** Individuals, other than your children/grandchildren, and/or charities that you would like to include in your estate.

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
\_\_\_\_\_ Home Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
\_\_\_\_\_ Home Phone: \_\_\_\_\_

**2. Estate Planning Considerations**

Do you have current wills, trust agreements, powers of attorney, health care documents or other estate planning documents? Yes  No

At your death, your **Executor** will be responsible for collecting the assets of your estate, carrying out the directions contained in your will and filing any tax returns which may be due.

Name your spouse as Executor of your estate? Yes  No

Spouse #1's First Backup Executor: \_\_\_\_\_

Spouse #1's Second Backup Executor: \_\_\_\_\_

Spouse #2's First Backup Executor: \_\_\_\_\_

Spouse #2's Second Backup Executor: \_\_\_\_\_

Your **Trustee** will be responsible for investing any assets held in trust, preserving such assets for the beneficiaries of the trust and distributing such assets to the beneficiaries according to the directions contained in any trust agreement you might execute. Please indicate your preference for:

Spouse #1's Trustee: \_\_\_\_\_

Spouse #1's Backup Trustee: \_\_\_\_\_

Spouse #2's Trustee: \_\_\_\_\_

Spouse #2's Backup Trustee: \_\_\_\_\_

The **Guardian** of your minor children will assume responsibility for such children in the event that both of you die before your children become adults. Please indicate your preference for:

Guardian: \_\_\_\_\_

Backup Guardian: \_\_\_\_\_

Your **Agent** named in your Durable Power of Attorney will be allowed to make financial decisions for you.

Name your spouse as your financial Agent?            Yes             No

Spouse #1's First Backup Agent: \_\_\_\_\_

Spouse #1's Second Backup Agent: \_\_\_\_\_

Spouse #2's First Backup Agent: \_\_\_\_\_

Spouse #2's Second Backup Agent: \_\_\_\_\_

Your **Health Care Representative** named in your health care document will be allowed to make health care decisions for you if you are incapable of making them yourself.

Name your spouse as your Health Care Representative?            Yes             No

Spouse #1's First Backup Health Care Representative: \_\_\_\_\_

Spouse #1's Second Backup Health Care Representative: \_\_\_\_\_

Spouse #2's First Backup Health Care Representative: \_\_\_\_\_

Spouse #2's Second Backup Health Care Representative: \_\_\_\_\_

**3. Other Professionals with whom you do Business**

Please list the individual's name, the firm they work for and their phone number.

Accountant: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Stockbroker: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Investment/Financial Advisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Trust Officer or Banker: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Other Attorney: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**4. Asset Information**

**A. Real Estate**

<u>Description and Location</u>	<u>Owner</u> ( <u>S#1, S#2, or J</u> )	<u>Approximate</u> <u>Market Value</u>	<u>Mortgage</u>	<u>Equity</u>
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Total Equity \$ \_\_\_\_\_

**B. Cash, Checking, Savings And Money Funds**

<u>Description and Location</u>	<u>Owner</u> ( <u>S#1, S#2, or J</u> )	<u>Amount</u>
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Total \$ \_\_\_\_\_

**C. Investments (Stock, Taxable Bonds, Tax Exempt Bonds & Limited Partnership Interests)**

<u>Description and Location</u>	<u>Owner</u> ( <u>S#1, S#2, or J</u> )	<u>Cost</u> <u>Basis</u>	<u>Amount</u>
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Total \$ \_\_\_\_\_

**D. Employee Retirement Benefits (IRA, Pension, Retirement Plan & Profit Sharing Plan)**

<u>Description and Location</u>	<u>Owner</u> <u>(S#1, S#2, or J)</u>	<u>Beneficiary</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total	\$ _____

**E. Business Interests (Closely Held Corp, LLC, Partnership)**

<u>Description and Location</u>	<u>Owner</u> <u>(S#1, S#2, or J)</u>	<u>Percentage</u> <u>of Interest</u>	<u>Market</u> <u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
		Total	\$ _____

**F. Life Insurance Policies (Term, Whole Life, Universal & Group)**

**Policy #1**

Insured \_\_\_\_\_ Beneficiary(ies) \_\_\_\_\_

Company \_\_\_\_\_

Type of Policy \_\_\_\_\_ Annual Premium \_\_\_\_\_

Owner \_\_\_\_\_ Cash Value \_\_\_\_\_

Face Amount \_\_\_\_\_



**Policy #2**

Insured \_\_\_\_\_

Beneficiary(ies) \_\_\_\_\_

Company \_\_\_\_\_

\_\_\_\_\_

Type of Policy \_\_\_\_\_

Annual Premium \_\_\_\_\_

Owner \_\_\_\_\_

Cash Value \_\_\_\_\_

Face Amount \_\_\_\_\_

**Policy #3**

Insured \_\_\_\_\_

Beneficiary(ies) \_\_\_\_\_

Company \_\_\_\_\_

\_\_\_\_\_

Type of Policy \_\_\_\_\_

Annual Premium \_\_\_\_\_

Owner \_\_\_\_\_

Cash Value \_\_\_\_\_

Face Amount \_\_\_\_\_

Are there any loans outstanding on any of the above policies?    Yes     No

If yes, please provide the details.

**G. Tangible Personal Property (Automobiles, Jewelry, Collections & Furnishings)**

<u>Description and Location</u>	<u>Owner (S#1, S#2, or J)</u>	<u>Approximate Value</u>
_____		
_____		
_____		
_____		
_____		

Total            \$ \_\_\_\_\_

**5. Miscellaneous Information**

- a. Have either of you made substantial lifetime gifts (an amount over \$15,000 in any one year) to your children or grandchildren?      Yes       No

If yes, please indicate years gift tax returns were filed and provide us with copies of the most recent gift tax returns. \_\_\_\_\_

- b. Do either of you have a serious medical condition which will affect the decisions which you make with respect to estate planning?      Yes       No

If yes, briefly describe: \_\_\_\_\_

- c. Does either spouse expect to receive substantial gifts or inheritance in the near future?  
Yes       No

If yes, briefly describe: \_\_\_\_\_

- d. Is either spouse a beneficiary of any trusts?      Yes       No

If yes, briefly describe: \_\_\_\_\_

- e. Do you have a safe deposit box?      Yes       No

If yes, at what location? \_\_\_\_\_

**6. Asset Summary**

<u>Asset</u>	<u>Joint</u>	<u>Spouse #1</u>	<u>Spouse #2</u>	<u>Total</u>
Real Estate	\$ _____	\$ _____	\$ _____	\$ _____
Cash, Checking, Savings & Money Funds	\$ _____	\$ _____	\$ _____	\$ _____
Investments	\$ _____	\$ _____	\$ _____	\$ _____
Employee Retirement Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Life Insurance Policies (Face Value)	\$ _____	\$ _____	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____	\$ _____	\$ _____
Tangible Personal Property	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____	\$ _____

## 7. Goals and Specific Estate Planning Questions

1. What goals do you have as you create this estate plan? Please see the attached checklist with some sample goals that people have. If you would like instead to write out your goals, please do so in the space provided. If you need additional space, please feel free to continue on an additional page.

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2. Are there any specific gifts (items or money) you would like to make to an individual, organization or charity?

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3. Who would you like to name as beneficiary of your estate? You may designate that your beneficiaries receive equal or unequal shares, percentages, or dollar amounts.

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4. Who would you like to name as beneficiary in the unlikely situation that you and your named beneficiaries are involved in a catastrophic accident? You may name other individuals, charities, or your closest heirs as determined under Connecticut intestacy law.

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5. How did you learn about Drew & Cohen, P.C.?

- We are current clients.
- We were referred by \_\_\_\_\_.
- We found your firm online.
- Other: \_\_\_\_\_.

## Goals Checklist

Please rate the items below on a scale of 1 to 3, with 1 being very important, 2 being somewhat important and 3 being not important.

1. \_\_\_\_\_ Provide for our spouse
2. \_\_\_\_\_ Provide for our children
3. \_\_\_\_\_ Provide guardians for minor children
4. \_\_\_\_\_ Minimize estate taxes
5. \_\_\_\_\_ Minimize the probate process
6. \_\_\_\_\_ Plan for our possible disability
7. \_\_\_\_\_ Provide for children of previous marriage
8. \_\_\_\_\_ Provide for charitable causes
9. \_\_\_\_\_ Disinherit a natural heir
10. \_\_\_\_\_ Make gifts to people during our lives
11. \_\_\_\_\_ Provide for a child or grandchild with special needs
12. \_\_\_\_\_ Protect heirs from spendthrift tendencies
13. \_\_\_\_\_ Provide for grandchildren
14. \_\_\_\_\_ Get specific items to certain heirs
15. \_\_\_\_\_ Protect our estate against publicity
16. \_\_\_\_\_ Minimize the possibility of family quarrels over the estate