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**INFORMATION FOR ESTATE PLANNING**

In the course of our representation, we will need information to design and implement your estate plan. It is essential that the information you provide us is complete and accurate. Please take a few minutes to complete this questionnaire as best as possible. If information requested is not applicable to your specific situation, please state so. We will assume, without independent verification, that all representations, assumptions, information and data supplied by you are complete and accurate to the best of your knowledge.

**PERSONAL INFORMATION**

Name (as appears on driver's license): \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Home E-mail: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

**YOUR PARENTS** (if deceased, provide dates of death)

Names: \_\_\_\_\_

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

**YOUR CHILDREN**, if applicable (include all biological, adopted and stepchildren)

Name:	Date of Birth:	Address:
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

**FINANCIAL INFORMATION**

Name(s) and telephone number(s) of accountant and financial advisor, if any:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated annual income: \_\_\_\_\_

Have you or anyone else, established any separate fund for your children, grandchildren or other beneficiaries (e.g., UTMA acct, 529 plan account)? If so, please provide a description of each account, and the account owner, account beneficiary, custodian and value for each account (Ex: BNY - UTMA for Peter, Jr. - \$10,000, Custodian - Peter Doe):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Do you receive income from, or do you have any present or future interest in a trust? If so, please provide a copy of the trust instrument, if available.

Yes\_\_\_ No\_\_\_

Do you expect to receive a significant inheritance in the foreseeable future from a family member or other individual? If so, please explain and provide expected value.

Yes\_\_\_ No\_\_\_

Have you ever filed one or more federal gift tax returns? If so, please provide copies of the returns, if available.

Yes\_\_\_ No\_\_\_

Do you own any property jointly with someone? If so, please describe.

Yes\_\_\_ No\_\_\_

Do you own any stock in a closely held corporation? Is so, please describe.

Yes\_\_\_ No\_\_\_

Have you been previously married?

If so, please provide their name(s):

Do you have any financial obligation to a former spouse or to children? If so, please describe.

Yes\_\_\_ No\_\_\_

Do you have adequate liability insurance, including an umbrella policy?

Yes\_\_\_ No\_\_\_

**ASSETS**

It is important for us to know both the assets and approximate value of the assets, as well as the form of ownership. If any of the assets have beneficiary designations (“POD” account, “TOD” account, “In Trust For” account, IRA, 401(k) etc.), please also identify the current beneficiary after the value of the asset. For example:

“Bank of New York - \$25,000” (Payable on Death – beneficiary - children)

“Vanguard – 401k - \$550,000 (beneficiary-spouse)”

“Jewelry - \$10,000”

“Vacation home – Lake Wallenpaupack - \$150,000”

Description (see above)	Sole ownership	Jointly Held (Name of joint-owner(s))
Automobiles, furniture, personal effects etc. 1. _____ 2. _____ 3. _____ 4. _____ 5. _____		
Cash and Bank Accounts 1. _____ 2. _____		

3. _____		
<b>Marketable stocks and bonds</b> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____		
<b>Stock in closely held corporations, partnerships, other business interests</b> 1. _____ 2. _____		
<b>Real estate (include location)</b> 1. _____ (Residence) 2. _____ (Residence) 3. _____ (Residence)		
<b>Pensions; Retirement Plans; Death Benefits; IRAs; Roth IRAs; 401 (k)s (include beneficiary for each account)</b> 1. _____ 2. _____ 3. _____		
<b>Other Assets (Describe):</b> 1. _____ 2. _____		

3. _____		
TOTAL		

**LIFE INSURANCE**

Face Amount	Name of Company	Type (Ordinary Life; Term)	Policy Owned By	Present Beneficiaries	Policy Loans (if any) and Cash Value (if any)
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

**LIABILITIES**

Description	Amount Outstanding	Payee
Mortgage(s)		
Loans Payable		
Other Liabilities (Describe):		
TOTAL		

**FIDUCIARIES**

You will need to select individuals who should act as **executor** after your death to administer your estate, including collecting assets, paying debts, preparing tax returns, and distributing your estate in accordance with your will. A **trustee** is an individual or bank who holds, invests and administers funds in further trust for your named beneficiaries on an ongoing basis for the term of the trust. A **guardian** is the person you select to raise your minor children and make all medical and personal care

decisions on their behalf. You can select more than one person to serve at a time in these roles together. We will discuss the roles of these various individuals and your potential choices at our initial consultation. Please identify any preliminary choices.

Proposed Executor(s): \_\_\_\_\_

Proposed Substitute/Backup Executor(s): \_\_\_\_\_

Proposed Trustee(s): \_\_\_\_\_

Proposed Substitute/Backup Trustee(s): \_\_\_\_\_

Proposed Guardian(s) of minor children: \_\_\_\_\_

Proposed Substitute/Backup Guardian(s): \_\_\_\_\_

**OTHER DOCUMENTS**

Are you interested in a **Financial Power of Attorney**? Yes \_\_\_ No \_\_\_

[A legal document appointing someone you trust (your agent) to act as your attorney-in-fact if you become sick and unable to handle your business/financial affairs rather than court appointing a guardian]

Proposed Agent: \_\_\_\_\_

Proposed Substitute/Backup Agent: \_\_\_\_\_

Are you interested in a **Health Care Proxy/ Living Will**? Yes \_\_\_ No \_\_\_

[A legal document designating someone (your agent) to act on your behalf to make medical decisions if you are mentally incapable of doing so yourself without the need to have a guardian appointed by a court. A Living Will addresses end-of-life issues, such as how long to continue life support using artificial respiration, nourishment and hydration]

Proposed Agent: \_\_\_\_\_

Proposed Substitute/Backup Agent: \_\_\_\_\_

**ADDITIONAL INFORMATION**

List any **additional information or concerns** (for example: special needs child or adult or child with history of substance abuse) you have which you believe will assist us in understanding your estate planning:

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**SIGNATURE**

Please sign and print your name:

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Date: 

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