

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

**Rice & Quattrone, PC**  
**1236 Brace Road, Suite F**  
**Cherry Hill, NJ 08034**  
**Phone: 856-673-0048**  
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**2021 New Road, #9, Linwood, NJ 08221**  
**Phone: 609-398-3447**  
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**ESTATE PLANNING QUESTIONNAIRE**

**(Please Print Legibly)**

CLIENT NAME:

\_\_\_\_\_  
First MI Last

\_\_\_\_\_  
Also Known As (if any)

DATE OF BIRTH:

\_\_\_\_\_

SOCIAL SECURITY #:

\_\_\_\_\_

HOME ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOME TELEPHONE:

\_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL:

\_\_\_\_\_

OCCUPATION:

\_\_\_\_\_

EMPLOYER NAME:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

WORK TELEPHONE:

\_\_\_\_\_

**CHILDREN (if any):**

CHILD #1

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Name

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Address

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Telephone No.	Email	Age	DOB	Marital Status
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Born of this Marriage or prior Marriage?

CHILD #2

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Name

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Address

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Telephone No.	Email	Age	DOB	Marital Status
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Born of this Marriage or prior Marriage?

CHILD #3

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Name

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Address

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Telephone No.	Email	Age	DOB	Marital Status
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Born of this Marriage or prior Marriage?

CHILD #4

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Name

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Address

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Telephone No.	Email	Age	DOB	Marital Status
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Born of this Marriage or prior Marriage?

CHILD #5

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Name

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Address

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Telephone No.	Email	Age	DOB	Marital Status
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Born of this Marriage or prior Marriage?



HAVE YOU EVER BEEN MARRIED? Yes \_\_\_\_ No \_\_\_\_

If yes, please list any applicable date(s) and method of termination (death, divorce, annulment) of prior marriages, including names of former spouse(s):

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IF DIVORCED, indicate whether you entered any property settlement agreements with a former spouse.

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ARE YOU A UNITED STATES CITIZEN? Yes \_\_\_\_ No \_\_\_\_

If no, please indicate country of citizenship:

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ARE YOU IN GOOD HEALTH? Yes \_\_\_\_ No \_\_\_\_

If no, please indicate the diagnosis of your ailment(s):

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DO YOU HAVE LONG TERM CARE INSURANCE? Yes \_\_\_\_ No \_\_\_\_

If so, please indicate from which company, what the monthly or daily benefit is and the terms:

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ARE YOU A VETERAN OF THE UNITED STATES ARMED FORCES? Yes \_\_\_\_ No \_\_\_\_

IF YOU ARE A VETERAN, ARE YOU RECEIVING TRI-CARE? Yes \_\_\_\_ No \_\_\_\_

HOW WERE YOU REFERRED TO OUR FIRM? \_\_\_\_\_

PLEASE LIST NAME, ADDRESS AND TELEPHONE NUMBER OF THE FOLLOWING:

Family/Corporate Attorney

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Accountant

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Financial Planner/Broker

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Banker

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Insurance Agents

Homeowners

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Auto

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Life

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PLEASE INDICATE WHETHER YOU HAVE EXECUTED ANY OF THE FOLLOWING ESTATE PLANNING DOCUMENTS:

	No	Yes – Date Signed	Do you want to make changes?
Will			
Living Will (a/k/a Advance Directive or Healthcare Power of Attorney)			
Financial Power of Attorney			
Trust			

Assets:

Name: \_\_\_\_\_

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

<b>NON-RETIREMENT ASSETS (Fill in Amounts/Values in boxes; check left column if no such asset)</b>					
	<b>✓ if None</b>	<b>In Your Name Only</b>	<b>In Your Name - With Beneficiary listed (POD or ITF)</b>	<b>Joint with Someone Else</b>	<b>Loans/Mortgages against - liabilities</b>
Checking Account(s)					
Savings Account(s)					
Money Market Account(s)					
CD(s)					
Residence					
Other Real Estate:					
(State: _____)					
Time Shares					
Businesses					
(Name: _____)					
Mutual Funds (non-retirement)					
Stocks					
Bonds					
Automobiles					
Personal Effects					
Anticipated Inheritances					
Pending Litigation					
Other					
<b>TOTALS</b>					

Assets:

Name: \_\_\_\_\_

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

RETIREMENT (TAX-QUALIFIED) ASSETS (Fill in Amounts/Values)					
	✓ if None	OWNER	INSURED / ANNUITANT	BENEFICIARY	VALUE/DEATH BENEFIT
IRA'S (including rollovers)					
401(K)					
403(b)					
TIAA/CREF					
Savings Plans					
Qualified Annuities					
NON-QUALIFIED ANNUITIES					
TOTALS					

HAVE YOU BEEN GIVEN A POWER OF APPOINTMENT IN A TRUST CREATED BY ANOTHER PERSON OR IN ANOTHER PERSON'S ESTATE? Yes \_\_\_\_ No \_\_\_\_

Assets:

Name: \_\_\_\_\_

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

**LIFE INSURANCE**

<b>INSURED</b>	<b>COMPANY</b>	<b>POLICY #</b>	<b>WHOLE LIFE OR TERM?</b>	<b>FACE VALUE</b>	<b>CASH SURRENDER VALUE</b>	<b>DEATH BENEFIT</b>	<b>BENEFICIARY</b>