

Date: _____

Referred By: _____

Pfalzgraf Beinhauer & Menzies, LLP

ATTORNEYS AT LAW
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(716) 204-1055
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Estate Planning Questionnaire (For Single Persons)

PART A: PERSONAL INFORMATION

Full Name: _____

Street Address: _____

City/Town/Village: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

U.S. Citizen: Yes No

Date of Birth: _____

Social Security # _____

General Health Information: _____

List Date(s) and Location of Hospitalization(s) During the Past Year: _____

Medicare: Yes No

Veteran: Yes No

PART B: MONTHLY INCOME

| <i>INCOME DESCRIPTION</i> | <i>MONTHLY INCOME</i> |
|-------------------------------------|-----------------------|
| Net Salary or Wages (Take Home Pay) | |
| Social Security Benefits | |
| Retirement Benefits | |
| Interest | |
| Dividends | |
| Other | |
| TOTAL MONTHLY INCOME | |

If there is a pension, please list the gross pension amount and the name of the company or governmental entity paying the pension:

Name of Entity: _____ **Gross Amount \$** _____

PART C: ASSETS

Please insert the approximate value of each asset/liability in the appropriate space:

| <i>ASSET</i> | <i>VALUE OR BALANCE</i> | <i>LIABILITY</i> |
|---------------------|---------------------------------|------------------|
| Primary Residence | | |
| Other Real Estate | | |
| Personal Effects | | |
| Automobile(s) | | |
| Business Interest | | |
| | | |
| Checking Account(s) | | |
| | | |
| Savings Account(s) | | |
| | | |

| <i>ASSET</i> | <i>VALUE OR BALANCE</i> | <i>LIABILITY</i> |
|--|---------------------------------|------------------|
| | | |
| | | |
| Money Market Account(s) | | |
| | | |
| | | |
| | | |
| Certificate(s) of Deposit | | |
| Mutual Funds | | |
| Stocks | | |
| Bonds | | |
| Annuities | | |
| Cash Surrender Value of Life Insurance | | |
| | | |
| IRA Account(s) | | |
| | | |
| | | |
| | | |
| TOTAL | | |

Is there a safe deposit box? YES NO **If yes, Location:** _____

Box Number _____ **Joint Tenant or Deputy:** _____

Address of any real property other than personal residence:

Street: _____ City: _____ State: _____

What is your cost basis for your personal residence? _____

Do you expect to inherit any property in the near future from any person? YES NO

If YES, List Particulars: _____

PART D: LIFE INSURANCE

(1) Company: _____ Type: _____

Face Value \$ _____ Cash Value \$ _____ Insured: _____

Owner: _____ Beneficiary: _____

(2) Company: _____ Type: _____

Face Value \$ _____ Cash Value \$ _____ Insured: _____

Owner: _____ Beneficiary: _____

(3) Company: _____ Type: _____

Face Value \$ _____ Cash Value \$ _____ Insured: _____

Owner: _____ Beneficiary: _____

(4) Company: _____ Type: _____

Face Value \$ _____ Cash Value \$ _____ Insured: _____

Owner: _____ Beneficiary: _____

It is important to know the cash surrender value of your life insurance policy. To obtain the cash surrender value of the policies, please call your insurance agent, or call the insurance company directly.

PART E: GIFTS

Please list any gifts made by you in excess of \$1,000 to any individual within the past 36 months:

| RECIPIENT | DATE | AMOUNT |
|-----------|------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |

PART F:

Please furnish our office with the following documents, if applicable:

1. Deed to Home and current County Tax Bill;
2. Deed to other Real Property and County Tax Bill;
3. Copy of Last Will and Testament;
4. Copy of Power of Attorney;
5. Copy of Health Care Proxy;
6. Long Term Care Insurance Policy; and
7. Copy of any trust documents.