

COOK & ASSOCIATES

65 Broadway, Suite 830

NY, NY 10006

Telephone: (212) 430-6324

Facsimile: (646)219-4287

Estate Planning Questionnaire for Married Couple

The following information will provide facts about your estate as well as your desired disposition of your estate. It will assist in making recommendations of methods for carrying out your desires and planning for the reduction of taxes. Please fill out as much of the form as you can and note where your answers are incomplete. We will rely on your responses as to title ownership and value so please be accurate. Use extra pages if necessary. Some of the information requested will not apply to you. You may not know the answer to some of the questions, but please indicate where you think more information is available from another source.

When representing a married couple in an estate planning situation, we assume that the representation is joint and that all information given by either spouse may be freely shared among the three of us. We ask that each of you confirm his or her understanding of our sharing this information by signing the questionnaire at the space indicated below.

By signing my name below, I confirm that I understand and accept the sharing of related information among Cook & Associates, my spouse and myself.

Husband:

 First Name

 Last Name

 (signature)

 Date

Wife:

 First Name

 Last Name

 (signature)

 Date

If either of you prefers that the representation be regarded as separate, with the result that the confidences imparted by each spouse separately will not be communicated to the other, please indicate it by signing your name at the space indicated below. After consulting you further, we might all come to an agreement as to the effect of this decision.

By signing my name below, I confirm that I understand and accept that the sharing of related information between Cook & Associates and myself, but not with my spouse. I understand that I need to further consult the cook law firm in order to come to an agreement as the effect of this separate representation.

 First Name

 Last Name

 (signature)

 Date

Please print your full name and phone number below so that we can contact you if needed:

Your Name(s): _____

Your Phone Number (s): _____

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Please be certain that you have confirmed the current ownership of any assets and the beneficiary designations of any retirement accounts or life insurance policies. We will not undertake an independent confirmation of your responses.

Please summarize or provide copies of the following that may be applicable to your situation:

- Powers of Attorney you have signed. (Bring a copy)
- Trusts which you have created. (Bring a copy)
- Wills or trusts which name you as a beneficiary (if available).
- Partnership Agreements and Shareholder Agreements to which you may be a party.
- Qualified pension profit sharing plan or IRA benefits and current beneficiary designations.
- Life insurance policies and beneficiary designations.
- Real property owned by you or your spouse.
- Installment Sales Contracts to which you may be a party.
- Pre-nuptial Agreement, separation agreement, divorce decree or other documents of support obligation for former spouse or children. (Bring a copy)

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I. PERSONAL DATA
(This Part is for Wife to Fill Out)

1. First Name _____ Last Name: _____ Middle Initial: _____

2. Primary Residency Address: _____
street town county state & zip

Mailing Address (if different than primary residency address):

_____ street town county state & zip

3. Date of birth _____(mm/dd/yy)

4. Social Security No. _____

5. U.S. Citizen? Yes. _____ NO _____ If not U.S., then country of citizenship _____

6. Telephone: Work _____ Home _____ Fax _____ Cell _____

7. Prior Marriage? **Yes** _____ **No** _____

If yes, please provide below names of prior spouses and describe how prior marriage terminated.

8. Date of current marriage _____ (mm/dd/yy)

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9. Children/Stepchildren (Place "*" adjacent to stepchildren):

<u>Full Name</u>	<u>Age</u>	<u>City/State</u>

10. Employer: _____ Hire Date: _____ (mm/dd/yy)
Occupation: _____ Retirement date: _____(mm/dd/yy)

11. Grandchildren and their parents (Put "*" adjacent to name if adopted):

<u>Full Name</u>	<u>Parents</u>	<u>Age</u>	<u>City/State</u>

12. When did you establish residency in New York? _____(mm/dd/yy)

13. Provide an overview of your residences outside of New York during present marriage and approximate dates of each residency.

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14. Is anyone dependent on you for support? If so, please identify the person and provide some general information as to the reason for and the extent of support provided and any special educational, medical, financial or personal needs that your children or these individuals may have.

15. Have you made any gifts in excess of \$10,000 to any one individual in any particular year.

Yes ____ No ____ If yes, were gift tax returns filed. (Please provide copies)

16. Please list names and addresses of closest relatives other than children or spouse.

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I. PERSONAL DATA
(This Part is for Husband to Fill Out)

1. First Name _____ Last Name: _____ Middle Initial: _____

2. Primary Residency Address: _____
street town county state & zip

Mailing Address (if different than primary residency address):

_____ street town county state & zip

3. Date of birth _____(mm/dd/yy)

4. Social Security No. _____

5. U.S. Citizen? Yes.____ NO____ If not U.S., then country of citizenship _____

6. Telephone: Work _____ Home _____ Fax _____ Cell _____

7. Prior Marriage? **Yes** ____ **No** ____

If yes, please provide below names of prior spouses and describe how prior marriage terminated.

8. Date of current marriage _____ (mm/dd/yy)

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9. Children/Stepchildren (Place "*" adjacent to stepchildren):

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II. DISTRIBUTION OBJECTIVES

(This Part is for Wife to Fill Out)

1. Upon your death, describe generally how you want your assets distributed?

2. If you and your spouse both die prematurely, should your children receive property at majority (age 18), at age 21, or at a later age?

3. Do you want your spouse to manage your estate from an investment standpoint?

4. Is minimizing estate taxation of great importance to you? _____

5. Do you wish to make bequests to any charitable organization? _____

Name

Address

Amount

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6. If none of your children are living when you and your spouse die, how should your estate be distributed?

7. If you own an interest in a business, is there a buy-sell agreement in effect? Do you desire your interest in that business to be distributed in a particular way?

8. Do you want specific assets (like jewelry, collections, furniture or heirlooms) to go to a specific person, charity or institution?

9. Are you willing to make any substantial gifts to reduce your estate and the tax on your estate?

10. Do you currently have a Power-of-Attorney? _____

11. If you execute a Power-of-Attorney, should that agent be restricted in his or her authority to make gifts of your property to your spouse _____ or descendants _____?

12. Are you interested in protecting your assets from the claims of your heir's creditors? Yes ___ No ___

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II. DISTRIBUTION OBJECTIVES

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1. Upon your death, describe generally how you want your assets distributed?

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Name

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III. FIDUCIARIES & ADVISERS

(This part is for Wife to fill out)

Please provide the names, city and telephone numbers, if available of the following professionals:

1. Cook & Associates, 65 Broadway, Suite 830, NY, NY, 10006

Phone: (212) 430-6324, Email: peter_cook_esq@yahoo.com

2. Accountant: _____

3. Life insurance agent: _____

4. Banker: _____

5. Executor of your estate: _____

6. Substitute executor: _____

7. Trustee: _____

8. Substitute trustee: _____

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Telephone: (212) 430-6324

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9. Attorney-in-Fact: _____

10. Substitute Attorney-in-Fact: _____

11. Health Care Agent: _____

12. Guardian for minor children: _____

13. Substitute guardian for minor children: _____

14. Investment adviser _____

15. Physician: _____

16. Clergyman: _____

17. Location of safe deposit box: _____

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III. FIDUCIARIES & ADVISERS

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2. Accountant: _____

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10. Substitute Attorney-in-Fact: _____

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14. Investment adviser _____

15. Physician: _____

16. Clergyman: _____

17. Location of safe deposit box: _____

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IV. YOUR ESTATE

(This Part is for Wife to Fill Out)

1. Have any gifts or inheritances been received by you or do you expect any in the future? If yes, please describe possibility and estimated value. _____

2. Do you own any "special" assets such as unique collections, family collections, antiques, art work or jewelry which require special consideration and valuation? . _____

3. Are you the custodian or trustee over any assets belonging to others? Is there a substitute or successor custodian or trustee named? If yes, please explain. _____

4. List approximate value of property received after date of present marriage by gift, inheritance or survivorship. _____

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IV. YOUR ESTATE

(This Part is for Husband to Fill Out)

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2. Do you own any "special" assets such as unique collections, family collections, antiques, art work or jewelry which require special consideration and valuation? . _____

3. Are you the custodian or trustee over any assets belonging to others? Is there a substitute or successor custodian or trustee named? If yes, please explain. _____

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V. PROPERTY

(This Part is for Husband and Wife to Fill Out Jointly)

Please Indicate Property Ownership or Title (where applicable) by Using the Following Abbreviations:

- "J" = Joint
- "H" = Husband
- "W" = Wife
- "T" = Trust (where held in trust, please indicate name of trustee(s))

This is an important part of the estate planning process. As a result, it is important that you verify asset ownership and beneficiary designations.

_____ Family residence

Address _____

Estimated fair market value _____

Mortgage Balance _____

Year of purchase _____

Purchase price _____

_____ General household furniture and furnishings _____

_____ Household effects of special value (such as china, silver, art works, antiques, jewelry, collections, etc.)

Estimated Value _____

Description _____

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_____ Automobile One (“1”)

Year _____

Make _____

Value _____

Loan Balance _____

_____ Automobile Two (“2”)

Year _____

Make _____

Value _____

Loan Balance _____

_____ Automobile Three (“3”)

Year _____

Make _____

Value _____

Loan Balance _____

_____ Other real estate

Address and description _____

Is real estate used in a trade or business? _____

If yes, provide details: _____

Is real estate held for investment? _____

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If yes, provide details: _____

Estimated fair market value _____

Mortgage balance _____

Year of purchase _____

Purchase price _____

_____ Other real estate

Address and description _____

Is real estate used in a trade or business? _____

If yes, provide details: _____

Is real estate held for investment? _____

If yes, provide details: _____

Estimated fair market value _____

Mortgage balance _____

Year of purchase _____

Purchase price _____

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Checking, savings, and other accounts

<u>Acct. No.</u>	<u>Bank/broker,etc.</u>	<u>Approximate balance</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Brokerage Accounts

<u>Firm</u>	<u>Broker's Name</u>	<u>Account #</u>	<u>Value</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IRA's, 401 (k) plans, annuities, etc.

<u>Plan Sponsor</u>	<u>Beneficiary</u>	<u>Account balance</u>
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_____	_____	_____
_____	_____	_____

Note: Since each IRA custodian and 401(k) sponsor has unique agreements directing or limiting your payment options and beneficiary election options, please bring a copy of the custodial agreement, beneficiary designation and in the case of a 401(k) the summary plan description for each account or plan.

____ Non-publicly traded business interests (such as closely held corporations, royalty rights, partnerships, etc.) Describe: _____

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Is this business an S-Corporation: _____

_____ Other assets, including any amounts owed to you (other than life insurance):

_____ Interests in trusts created by others (Bring copy of trust)

VI. LIFE INSURANCE
(This Part is for Husband and Wife to Fill Out Jointly)

List life insurance on you or your spouse, specifying, for each policy, whether it is a whole life or term policy, the owner, beneficiary, on whose life the policy is written, the face amount of the policy, and its cash surrender value less outstanding loans) if any:

<u>KIND</u> <u>(WHOLE/TERM)</u>	<u>OWNER</u>	<u>BENEFIC.</u>	<u>LIFE</u> <u>COVERED</u>	<u>FACE</u> <u>AMOUNT.</u>	<u>CASH VALUE</u>
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VII. DEBT (exceeding \$1,000)

(This Part is for Husband and Wife to Fill Out Jointly)

List your debts, if any, other than any mortgage on real property previously listed. Do not include consumer debt that will be paid off month to month.

<u>TO WHOM?</u>	<u>AMOUNT DUE</u>	<u>SECURED BY</u>

Are you the guarantor of the obligations of any other person or business? If yes, please describe.

<u>DEBTOR</u>	<u>CREDITOR</u>	<u>CURRENT AMOUNT OWED</u>	<u>MAXIMUM AMOUNT SUBJECT TO GUARANTY</u>

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VIII. FUNERAL ARRANGEMENTS AND DISPOSITION OF YOUR REMAINS
(This Part is for Husband and Wife to Fill Out Jointly)

1. Do you have any special requests regarding funeral arrangements, burial, cremation or the disposition of your remains? _____

2. Do you have a Living Will? _____

- If not, do you desire a Living Will? _____

3. Do you have a Health Care Agent? _____

- If not, do you desire a Health Care Agent? _____

IX. DISABLED DEPENDENTS
(This Part is for Husband and Wife to Fill Out Jointly)

If you have a dependent with a developmental disability, such as mental retardation, epilepsy, etc., or any other disability that requires special consideration, please request a supplemental questionnaire.