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WILL/ESTATE PREPARATIONS - FACTUAL INFORMATION

DIRECTIONS: Please fill out this questionnaire and return it as soon as possible. It is important that you answer each question fully. You should answer all questions. If a question does not apply to your situation, please indicate by marking the question "N/A". If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet: Refer to the question number to which your answer applies, and attach your answer to this questionnaire.

DATE: _____

CLIENT INFORMATION

1. Full Name: _____

2. Other Names Used: _____

3. Address: _____

City: _____ STATE: _____ ZIP CODE: _____

4. Phone #: (Home) (____) _____ - _____
(Business) (____) _____ - _____
(Cell) (____) _____ - _____

Email: _____

5. How long at present address? _____

6. S.S.#: _____ - _____ - _____

7. Birth Date: _____

8. Occupation: _____

9. Name, address, phone number of employer and how long employed?

10. Single [] Married [] Divorced [] Separated [] Widowed []

11. Citizenship _____
How long resident in this State? _____

12. Any existing Wills? _____
Where located? _____

SPOUSE INFORMATION (IF APPLICABLE)

1. Spouse's Full Name: _____
2. S.S. # _____ - _____ - _____
3. Birth Date _____
4. Citizenship _____
How long resident in this State? _____
5. Any existing Wills? _____
Where located? _____

MARRIAGES(S)

1. Date and place of present Marriage: _____
2. Was it a [] Religious or [] Civil Ceremony?
3. Prior marriage(s): date, State, how and when terminated: _____

CHILDREN & GRANDCHILDREN

Please list the full name and address of all adult children. Use separate sheet if necessary.

Number of children or other dependents: _____

Children of present marriage: Name, sex, age, residence, and marital status: _____

Other Dependents: _____

Adopted Children: Name, sex, age, residence, date of adoption _____

Children of prior marriage(s): Name, sex, age, parentage, residence, and marital status _____

Grandchildren: Name, sex, age, parentage, residence, and marital status: _____

GUARDIAN OF CHILDREN OR DEPENDENTS (21 AND UNDER)

A.

Full Name: _____

Address: _____

City: _____ STATE: _____ ZIP CODE: _____

Relation to you: _____

Specific Children: _____

B.

Full Name: _____

Address: _____

City: _____ STATE: _____ ZIP CODE: _____

Relation to you: _____

Specific Children: _____

Alternate:

Full Name: _____

Address: _____

City: _____ STATE: _____ ZIP CODE: _____

Relation to you: _____

Specific Children: _____

OTHER RELATIVES

CLIENT

A. Parents:

Father's name and age _____

Address _____

Living Deceased

Mother's Name and age _____

Address _____

Living Deceased

Other relatives of client or spouse (to be included in Will). Brother, sister, grandparents, aunts, uncles, nieces, nephews, etc. **Please include their full name and address.** Use a separate sheet if necessary. _____

Special medical or financial needs of self, spouse, and dependents _____

EXECUTOR/EXECUTRIX

Full Name: _____

Address: _____

City: _____ STATE: _____ ZIP CODE: _____

Social Security No.: _____

Relation to you: _____

Alternate:

Full Name: _____

Address: _____

City: _____ STATE: _____ ZIP CODE: _____

Social Security No.: _____

Relation to you: _____

LIVING WILL INFORMATION

A living will, also called a "Healthcare Declaration, Power of Attorney for Healthcare, and Statement Related to Anatomical Gifts" is a document in which you specify in advance whether or for how long you would like life support and artificial nutrition and hydration continued under certain circumstances.

Please answer the following questions either "Yes" or "No":

In the event you become incompetent, would you like maximum treatment to prolong your life? _____

If you suffer Cardiac Arrest, would you like cardiopulmonary resuscitation (CPR) _____
to be performed on you?

If your brain can no longer sustain your own breathing, would you like to direct _____
mechanical respiration by machine be provided?

In any Life Sustaining Treatment, would you like (A) the healthcare agent to _____ A or B
follow the Living Will as modified or (B) would you like to grant discretion to the agent?
Circle one.

Do you intend to have the Nutrition and Hydration be provided by mechanical means _____
(feeding tube) if needed?

Would you like make anatomical gifts (to donate your organs)? _____

HEALTHCARE AGENT

A Healthcare agent is an individual that you select as an agent to make decisions should you become incapacitated. Please list the name, address, and phone number your preference for your selection of a Healthcare agent..

First Choice: Name _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____

Second Choice: Name _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____

COMMON DISASTER CLAUSE
(Death of Client and Spouse simultaneously)

Bequeath to percentage (%):

Full Name: _____

Address: _____

City: _____ STATE: _____ ZIP CODE: _____

Relation to you: _____

Percentage _____ %

Alternate:

Full Name: _____

Address: _____

City: _____ STATE: _____ ZIP CODE: _____

Relation to you: _____

Percentage _____ %

IDENTIFICATION OF ASSETS

a. Furniture: _____

b. Insurance Policies, Pensions, Retirement and Death Benefits (Identification and Beneficiary): _____

c. Business affiliations and interests: (Details) _____

d. Real Estate: Location and general description - Record Owners - how and when acquired - Estimated or Appraised Value - Mortgages:

- e. Expectancies: Inheritances & Gifts _____
- f. Securities, Stocks and Bonds. How registered (Joint -Survivorship - P.O.D. - Trust - Custodial): _____
- g. Bank and Savings Accounts: Savings - Time Certificates - Checking - other. How registered (Joint, Survivorship, Trust, Custodial) _____
- h. Funds and IRAs: _____
- i. Safe Deposit Box: Location and how Registered _____
- j. Other investments: nature and in what name(s) held _____
- k. Liabilities: _____
- l. Estimated Gross Estate: \$ _____

DISPOSITION OF ESTATE - BENEFICIARIES

Designate specific items of personality such as jewelry, furs, works of art, silverware, china, etc. Where Shares of Stock are bequeathed, indicate if Increments, Splits, Mergers, and Substitutions are included. Where Income of Stock, is bequeathed indicate if Cash Dividends are included:

To Spouse:

Special conditions or contingencies over _____

To: _____

Relationship, address, and social security no. - Age if under 18 _____

Legacy (include any Conditions or Contingencies) _____

To: _____

Relationship, address, and social security no. - Age if under 18 _____

Legacy (include any Conditions or Contingencies) _____

To: _____

Relationship, address, and social security no. - Age if under 18 _____

Legacy (include any Conditions or Contingencies) _____

To your Church: _____

Address: _____

Legacy: (include any Conditions or Contingencies) _____

Any additional comments: _____