

ROBERT A. GLEANER, P.C.
415 S. White Horse Pike
Audubon, NJ 08106
(856) 546-8010
FAX (856) 546-8707

ESTATE PLANNING QUESTIONNAIRE

Your responses to the following questions will help determine your objectives with regard to your estate. Please use the back of the page when necessary. If any of the information requested does not apply to your circumstances, please indicate with "n/a".

All information will be treated confidentially.

Date Form Completed _____

I Personal Information

Client

Spouse

- | | | | |
|-----|--------------------------------|-------|-------|
| 1. | Full Name | _____ | _____ |
| 2. | Known by any
Other name | _____ | _____ |
| 3. | Social Security # | _____ | _____ |
| 4. | Date of Birth | _____ | _____ |
| 5. | Place of Birth | _____ | _____ |
| 6. | Home Address | _____ | _____ |
| 7. | Email Address | _____ | _____ |
| 8. | Telephone # | _____ | _____ |
| 9. | Business Phone# | _____ | _____ |
| 10. | Place of Birth | _____ | _____ |
| 11. | Citizenship | _____ | _____ |
| 12. | Significant Health
Problems | _____ | _____ |

II Marital Information

1. Date and Place of Marriage _____

2. Do you and your spouse have a prenuptial agreement? _____
(If yes, please provide a copy.)

3. Prior Marriages If yes, please list each prior spouse's name, date of divorce Or death, and the title, location, and case number of the Divorce or probate court (attach copies of appropriate papers)

4. Children:

List children of present marriage, living or deceased. If deceased, place a "D" next to their name. Indicate if adopted by placing an "A" next to the name and give the date and court granting adoption order. If there are children from prior marriages, please provide the same information requested below on the back. Feel free to draw a family tree. If your relationship with a person listed is not good, please provide information on the back as to how you would like to treat this person in your estate planning.

<u>Name</u>	<u>Birth date</u>	<u>Address</u>	(If Married) <u>Spouse's Name</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Preferred Custodian for minor children: _____

6. Grandchildren:

<u>Name</u>	<u>Birth date</u>	<u>Address</u>	<u>Parent's Name</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Please list parents, siblings, grandparents, and others who are still alive and are significant in your life. Indicate whether any of these people are dependent upon you. Use back if necessary.

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Dependent</u>

III Assets

1. Cash, Bank Accounts and CD's.

<u>Bank (inc.branch)</u>	<u>Account Number</u>	<u>Type of Account</u>	<u>How Title Held</u>	<u>Balance</u>

2. Securities (stocks and bonds)

<u>Company Or Issuer</u>	<u>Type</u>	<u># of Shares</u>	<u>How Title Held</u>	<u>Cost (Original)</u>	<u>Present Value</u>

3. Real Estate (including cooperative apartments)

<u>Location</u>	<u>How Title Held</u>	<u>Cost (Original)</u>	<u>Mortgages</u>	<u>Present Value</u>

4. Property Income
 Address of Property: _____
 Gross Income _____ Expenses _____
 Annual Net Income _____

5. IRA, Keogh & Other Retirement Plans and Life Insurance

<u>Where Held</u>	<u>In Whose Name</u>	<u>Beneficiary</u>	<u>Account Number</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. Employment Benefits

7. Personal Property

Please list those items which you want given to designated persons and identify the recipient. Remember to think about the following items: automobiles, jewelry, furs, antiques, and collectibles, and those items of sentimental value.

8. Business Interests

Please give name, location, percentage owned by you, names and relations of co-owners, the form of ownership of the business, whether there are any agreements relating to death, disability, or retirement of a partner or shareholder and any information related to value of the business.

9. Safe Deposit Box

Location _____
Names of Parties who can gain access _____

10. Cemetery Plot

Location of Plot and Deed _____

Care Arrangements _____

11. Other Assets/Property Interests (inheritances, patents, copyrights, annuities)

12. Liabilities

<u>Owed To</u>	<u>Amount</u>	<u>Secured By</u>	<u>Due Date</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IV Dispositive Planning

Although we will discuss this in detail when we meet to discuss this questionnaire, you should think about to whom and how you want your property distributed upon your death. Consider your family members, friends, charities (non-profit organizations). Consider to whom your property should go if your first choice beneficiaries do not survive you. Also, if you have minor children, consider whom you want to name as their guardian. Set forth briefly how you want your Estate to be divided: