

KRAMER LAW GROUP
ESTATE PLANNING QUESTIONNAIRE
UNMARRIED PERSON

Whom may we thank for referring you to our office? _____

Date Questionnaire Completed: _____

I. NAME _____

II. ADDRESSES

A. Residence* _____

B. Vacation Property* _____

* **Please bring the most recent copies of your real property deed(s) to our initial meeting.**

III. TELEPHONE NUMBERS, FACSIMILE NUMBERS AND E-MAILS

A. Residence: Phone: _____

Fax: _____ Call before faxing? _____

E-Mail: _____

B. Business: Phone: _____

Fax: _____ Call before faxing? _____

E-Mail: _____

IV. DATE AND PLACE OF BIRTH

A. Date of birth _____

B. Place of birth _____

V. CITIZENSHIP

A. Are you a U.S. citizen? ___ Yes ___ No

VI. MARITAL HISTORY

A. Any prior marriage(s)? ___ Yes ___ No

If Yes, 1. Place of marriage _____

2. Name of former spouse(s) _____

3. Date or year of termination of marriage(s) or death of spouse(s) _____

4. Continuing legal obligations (such as alimony or child support)

VII. CHILDREN (indicate if any are adopted, and the name of the child's other parent)

Name

Parent

Birthdate

Has any child named above been adopted by another?

___ No ___ Yes If yes, indicate child and give name of adopting parent:

VIII. DECEASED CHILDREN

Name

Surviving descendants of deceased child

IX. GRANDCHILDREN

Name

Parent

Birthdate

X. NAMES OF PARENTS (indicate whether living or deceased)

A. Your father _____

B. Your mother _____

XI. OCCUPATION

Your Employer _____

1. Address _____

2. Position or occupation _____

XII. SOCIAL SECURITY NUMBER

Your Social Security No. _____

XIII. INCOME

A. Your annual earned income _____

B. Other annual income _____

XIV. ASSETS

	<u>Form of Title</u>	<u>Estimated Current Value</u>
A. Real property	_____	_____
B. Cash & Cash Equivalents	_____	_____
C. Securities	_____	_____
D. Business Interests	_____	_____
E. Debts owed to you	_____	_____
F. Death & Retirement Benefits	_____	_____
G. Annuities	_____	_____
H. Life Insurance (List Face Value)	_____	_____
I. Furniture, Jewelry, Art, Cars, Etc.	_____	_____
J. Other Assets (Please Describe)		
1. _____	_____	_____
2. _____	_____	_____

XV. MAJOR LIABILITIES

	<u>Estimated Amount Owed</u>
A. Mortgages	
1. _____	_____
2. _____	_____
B. Commercial Loan	
1. _____	_____
2. _____	_____
3. _____	_____
C. Debt owed to private parties	
1. _____	_____
2. _____	_____
D. Other (please describe)	
1. _____	_____
2. _____	_____

XVI. GUARANTEES (please describe)

	Primary	Amount
	<u>Obligor</u>	<u>Guaranteed</u>
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

XVII. MISCELLANEOUS QUESTIONS (Please answer each of the following questions. If the answer to any question is yes, please provide a brief explanation below.)

- A. Are there any agreements between you and another person affecting the nature of your property?
 No Yes

- B. Have you made any gifts over \$3,000 before 1982 or over \$10,000 after 1981?
 No Yes

- C. Have you created or made gifts to any trust?
 No Yes

- D. Have you received any significant gifts or inheritances?
 No Yes

- E. Do you expect to receive any significant gifts or inheritances?
 No Yes

- F. Are you the beneficiary of any trust?
 No Yes

- G. Is there any person you would like to receive a bequest who is not a spouse, child or grandchild?
 No Yes

- H. Do any of your beneficiaries have any special needs?
 No Yes

Explanation: _____

XVIII. PREFERRED FIDUCIARIES

	<u>First Choice(s)</u>	<u>First Alternative</u>	<u>Second Alternative</u>
Executor	1. _____	2. _____	3. _____
Trustee (if any)	1. _____	2. _____	3. _____
Guardian of minors (if any)	1. _____	2. _____	3. _____

XIX. CURRENT ADVISORS

A. Accountant

Name_____

Company_____

Address_____

Telephone_____

B. Life Insurance Agent

Name_____

Company_____

Address_____

Telephone_____

C. Securities Broker

Name_____

Company_____

Address_____

Telephone_____

D. Investment Advisor

Name_____

Company_____

Address_____

Telephone_____

E. Others:_____