



# **The Law Offices of Evan J. Krame, PC**



**...Representing Individuals and Businesses in the Protection  
and Preservation of Personal Wealth**

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## **ESTATE PLANNING QUESTIONNAIRE**

1. Who do you want to wind up your affairs upon your death? This person is your Executor or Personal Representative.
2. Do you own an asset(s) that should be specifically given to a particular beneficiary?
3. Do any of your intended beneficiaries have any special needs that will require a sensitive distribution arrangement?
4. Who do you want to manage and invest your assets for you or your intended beneficiaries if you are unable to do so? During your life, this person is your financial agent. Upon your death, this person is a Trustee. Your financial agent and Trustee can be the same or different persons.
5. Who do you want to make medical decisions for you if you are unable to communicate your desires? This person is your health care agent or proxy.
6. Do you want all medical treatment to be discontinued if it has been determined that you are likely to die anyway?
7. If you have minor children, who do you want to raise them if you cannot? This person is the Guardian of your children. Do you want to provide any special economic arrangements to help your children's Guardians?
8. At what age or ages do you want your children (or other heirs) to get your assets? For example, your children could get  $\frac{1}{2}$  at 25 and  $\frac{1}{2}$  at 30, or  $\frac{1}{4}$  at 25,  $\frac{1}{4}$  at 30 and the rest at 35.
9. In the event you and all of your immediate family die in a common disaster, who should receive your assets?



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## Preliminary Information Needed for Estate Planning

### General Information

Marital Status: **Married** **Single** **Divorced** **Widowed** Date

Name (First, Middle, Last) Social Security No. Date of Birth

Spouse's Name (First, Middle, Last) Social Security No. Date of Birth

Home Address City State Zip

Mailing Address (if different from above) City State Zip

Home Phone Car Phone Fax Number Work Phone  
Occupation

Spouse: Home Phone Car Phone Fax Number Work Phone  
Occupation

E-mail address:  
\_\_\_\_\_

Your Accountant or C.P.A. Phone Number  
Are you a U.S. citizen?  Yes  No Is your Spouse a U.S. citizen?  Yes  No  
Do you or your spouse expect to receive a significant inheritance?  Yes  No





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## Beneficiary Information

Children (from oldest to youngest):

1	2	3	4	Date of		Married?	City and State of Residence	Children? If Yes, Names and Ages
				Name of child	Birth/Age			
		Yes	No					
		Yes	No					
		Yes	No					
		Yes	No					

Names of other persons or institutes to whom you wish to leave money:

1	2	3	4	City and State	Relationship (if any)	Amount or Percentage



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## Financial Information

<b>Assets</b> (Estimated Current Fair Market Value)	<u>Titled Jointly</u>	<u>Titled In Husband's Name Only</u>	<u>Titled In Wife's Name Only</u>
Primary Residence	_____	_____	_____
Other Real Estate	_____	_____	_____
Checking Account	_____	_____	_____
Savings or Money Market Account	_____	_____	_____
Certificates of Deposit	_____	_____	_____
Note(s) Receivable	_____	_____	_____
Stocks & Bonds	_____	_____	_____
Partnerships	_____	_____	_____
Closely Held Business	_____	_____	_____
Personal Property	_____	_____	_____
Total Assets	=====	=====	=====
<b>Liabilities</b>			
Home Mortgage	_____	_____	_____
Other Real Estate Mortgages	_____	_____	_____
Other Debts	_____	_____	_____
Total Liabilities	=====	=====	=====
<b>NET WORTH</b>	=====	=====	=====

## Profit Sharing, IRA or Pension Plans

Description	1st/2nd Beneficiary	Current Value
1		
2		
3		

## Life Insurance Policies and/or Annuities

Name of Company	Policy Owner	1st/2nd Beneficiary	Death Benefit
1			
2			
3			



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