



The Law Offices of Evan J. Krame, PC
 ...Representing Individuals and Businesses in the Protection
 and Preservation of Personal Wealth



Preliminary Information Needed for Estate Planning

GENERAL INFORMATION – Domestic Partners Date: _____

Are you registered as Domestic Partners? _____

Date/Jurisdiction: _____

Permanent Home Address: _____
City State Zip

Home Telephone Number: _____ Fax Number: _____

Your Accountant or C.P.A. _____ Phone Number: _____

Address: _____
City State Zip

Who referred you to us?

PARTNER'S PERSONAL INFORMATION

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

Have you ever been known by any other names? If so, what names? _____

Mobile Phone: _____ Work Phone: _____

E-mail Address(es): _____

Occupation and Employer: _____

Business Address: _____
City State Zip

Are you a U.S. Citizen? Yes or No

Do you expect to receive a significant inheritance? Yes or No

PARTNER'S PERSONAL INFORMATION

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

Have you ever been known by any other names? If so, what names? _____

Mobile Phone: _____ Work Phone: _____



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E-mail Address(es): _____

Occupation and Employer: _____

Business Address: _____
City State Zip

Are you a U.S. Citizen? Yes or No

Do you expect to receive a significant inheritance? Yes or No

FAMILY INFORMATION

CHILDREN

	<u>Full Legal Name of Child</u>	<u>Date of Birth/Age</u>	<u>Married?</u>	<u>City & State of Residence</u>	<u>Children? If Yes, Names & Ages</u>
1			Y/N		
2			Y/N		
3			Y/N		
4			Y/N		
5			Y/N		

Please circle “yes” or “no” for each of the following questions.

1. Are all of your children born from your present partnership? Yes or No

2. Any stepchildren? Yes or No

3. Any adopted children? Yes or No

4. Any deceased children? Yes or No

If deceased, did they leave children now living? Yes or No

5. Does any child or other family member have a physical or mental condition requiring special treatment? If yes, please explain.



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6. Do you have any pre-nuptial or post-nuptial agreement with your current Partner? (Provide copy of agreement)

Partner: Yes or No Partner: Yes or No

7. Any prior marriages? Partner: Yes or No Partner: Yes or No

If yes, date of divorce

Partner: _____ Partner: _____

If you are a widow/er, date and place of spouse's death

Partner: _____ Partner: _____

8. Are you making alimony and/or support payments in accordance with either a Court Order or separation agreement that might affect your state plan?

Partner: Yes or No

If yes, please explain _____

Partner: Yes or No

If yes, please explain _____

9. Have you ever made a Will?

Partner: Yes or No

If yes, is it in existence now? Yes or No

Location of original: _____

Revoked? _____ If yes, how revoked? _____

Partner: Yes or No

If yes, is it in existence now? Yes or No

Location of original: _____

Revoked? _____ If yes, how revoked? _____



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SUMMARY OF ASSETS & LIABILITIES

ASSETS (Please put current comments)	Partner (separate)	Partner (separate)	Jointly Owned
A. Cash and Bank Accounts			
B. Notes, Accounts Receivable, Mortgages			
C. Bonds			
D. Stocks and Mutual Funds			
E. Closely-Held Business Interests			
F. Real Estate			
G. Insurance/Life Insurance 1 st Beneficiary: _____ 2 nd Beneficiary: _____			
H. Employee & Retirement Benefits 1 st Beneficiary: _____ 2 nd Beneficiary: _____			
I. Miscellaneous (e.g., personal effects, collections, patents, trademarks, copyrights, etc.)			
TOTAL			
LIABILITIES			
A. Real Estate Mortgages			
B. Notes to Financial Institutions			
C. Loans on Insurance Policies			
D. Other Obligations			
E. Charitable Pledges			
F. Tax Liabilities			
TOTAL			
NET WORTH			



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ESTATE PLANNING QUESTIONNAIRE

Please indicate the name, address, and relationship to you of each person named below

1. Who do you want to wind up your affairs upon your death? This person is your Executor or Personal Representative

	<u>Partner</u>	<u>Partner</u>
Name, Relationship and Address of Primary Personal Representative(s)	_____	_____
	_____	_____
	_____	_____
	_____	_____
Name, Relationship and Address of Alternate Personal Representative(s)	_____	_____
	_____	_____
	_____	_____
	_____	_____

2. Do you own an asset(s) that should be specifically given to a particular beneficiary?

<u>Partner</u>	<u>Partner</u>
_____	_____
_____	_____
_____	_____

3. Do any of your intended beneficiaries have any special needs that will require a sensitive distribution arrangement?

4. At what age or ages do you want your children (or other heirs) to get your assets? For example, your children could get 1/2 at 25 and 1/2 at 30, or 1/4 at 25, 1/4 at 30 and the rest at 35.

5. In the event you and all of your immediate family die in a common disaster, who should receive your assets?

<u>Partner</u>	<u>Partner</u>
_____	_____
_____	_____
_____	_____



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6. 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.

	<u>Partner</u>	<u>Partner</u>
Name, Relationship and Address of Primary Financial Agent or Agents/Trustee or Trustees	_____	_____
	_____	_____
	_____	_____
	_____	_____
 Name, Relationship and Address of Alternate Financial Agent or Agents/Trustee or Trustees	_____	_____
	_____	_____
	_____	_____
	_____	_____

7. 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.

	<u>Partner</u>	<u>Partner</u>
Name, Relationship, Telephone number(s) and Address of Primary Agent or Agents	_____	_____
	_____	_____
	_____	_____
	_____	_____
 Name, Relationship, Telephone number(s) and Address of Alternate Agent or Agents	_____	_____
	_____	_____
	_____	_____
	_____	_____

8. Do you want all medical treatment to be discontinued if it has been determined that you are likely to die anyway? Please circle one.

Partner: Yes or No Partner: Yes or No

9. Do you want to be an organ donor? Please circle one.

Partner: Yes or No Partner: Yes or No



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10. Do you want to be cremated or buried? Please circle one.

Partner: Cremated or Buried

Partner: Cremated or Buried

11. If you have minor children, who do you want to raise them if you cannot? This person is the Guardian of your children.

	<u>Partner</u>	<u>Partner</u>
Name, Relationship and Address of Primary Guardian(s) of Minor Children	_____	_____
	_____	_____
	_____	_____
	_____	_____
Name, Relationship and Address of Alternate Guardian(s) of Minor Children	_____	_____
	_____	_____
	_____	_____
	_____	_____

12. I would like to provide financial assistance to my selected Guardian(s) to help defray the costs of caring for my minor children. Please circle one.

Partner: Yes or No

Partner: Yes or No