



The Law Offices of Evan J. Krame, PC



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

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

1. Are all of your children born from your present marriage? 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. Any prior marriages? Yes or No

If yes, Date of Divorce: _____

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

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

Yes or No

8. Does any child or other family member have a physical or mental condition requiring special treatment?

Yes or No

9. Have you ever made a Will? Yes or No

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

Location of original: _____

Revoked? _____ How revoked? _____

10. Do you have a Financial Power of Attorney? Yes or No

If yes, when executed? _____

11. Do you have an Advanced Medical Directive/Living Will? Yes or No

If yes, when executed? _____



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SUMMARY OF ASSETS & LIABILITIES

ASSETS (Please put current comments)	Client (separate)	Other(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 – SINGLE CLIENT

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

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

Name, Relationship and
Address of **Primary Personal
Representative(s)**

Name, Relationship and
Address of **Alternate
Personal Representative(s)**

- Do you own an asset(s) that should be specifically given to a particular beneficiary?
- Do any of your intended beneficiaries have any special needs that will require a sensitive distribution arrangement?
- 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.
- In the event you and all of your immediate family die in a common disaster, who should receive your assets?



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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.

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.

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.

Yes or No

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

Yes or No

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

Cremated or Buried



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

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.

Yes or No