LAW OFFICE OF
ALYSSA MONTELEON

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ESTATE PLANNING QUESTIONNAIRE

Please review the following questionnaire and complete the form accurately. Providing correct and accurate information is crucial to the representation that we provide to you. This information will be used to prepare your estate plan. Please print all information clearly and provide all legal names.

PERSONAL INFORMATION

Your Name _____ Date of Birth _____

Spouse's Name _____ Date of Birth _____

Your SSN # _____ Spouse's SSN # _____

Address _____

City, State, ZIP _____

Home _____ Cell (you) _____

Other _____ Cell (spouse) _____

email (you) _____

email (spouse) _____

Are you a U.S. Citizen? _____ Is your spouse a U.S. Citizen? _____

Date of Marriage _____

Husband Annual Income _____ Wife Annual Income _____

How did you learn about our office? _____

CHILDREN

Child's Full Legal Name	Address	Phone Number	Date of Birth

Does Husband have any children by a previous marriage? ☐ Yes ☐ No
Does Wife have any children by a previous marriage? ☐ Yes ☐ No
Are any of your children disabled? ☐ Yes ☐ No
Are any of your children receiving SSI or any government benefits? ☐ Yes ☐ No
Do any of your family members have any problems with:
- Aids? ☐ Yes ☐ No
- Drug Addiction? ☐ Yes ☐ No
- Alcoholism? ☐ Yes ☐ No
- Spend Thrift? ☐ Yes ☐ No
- Marital Problems? ☐ Yes ☐ No

GRANDCHILDREN

Child's Full Legal Name	Address	Parents	Date of Birth

LAST WILLS & TESTAMENT INFORMATION

DISTRIBUTIONS TO SPOUSE & CHILDREN

Do you wish to provide primarily for your spouse and secondarily for your children? ☐ Yes ☐ No

Do you wish to treat all of your children equally? ☐ Yes ☐ No

If no, why not? _____

After your spouse's death, at what age do you want distribution to your children? _____
(i.e., a typical plan is to pay it all immediately or pay 1/3 at age 25, 1/3 at age 30, and 1/3 at age 35)

DISTRIBUTIONS TO GRANDCHILDREN

If you have grandchildren, do you wish to leave a specific amount of money or a percentage of your estate to your grandchildren? ☐ Yes ☐ No

Do you wish to treat all of your children equally? ☐ Yes ☐ No

If no, why not? _____

After your spouse's death, at what age do you want distribution to your grandchildren? _____
(i.e., a typical plan is to pay it all immediately or pay 1/3 at age 25, 1/3 at age 30, and 1/3 at age 35)

DISTRIBUTIONS TO CHARITIES

Do you want to leave a specific amount of money or other assets to any charity? ☐ Yes ☐ No

Name of Charity	Address	Amount

DISTRIBUTIONS TO OTHERS

Do you want to leave a gift in your will to anyone other than those listed? ☐ Yes ☐ No

Name of Beneficiary	Address	Relationship	Amount

EXECUTORS

Whom do you want to serve as the Executor of your Will? Provide name, address, and phone number.

Husband

Primary Executor: ☐ Spouse ☐ Other _____

Substitute Executor 1: _____

Substitute Executor 2: _____

Wife

Primary Executor: ☐ Spouse ☐ Other _____

Substitute Executor 1: _____

Substitute Executor 2: _____

TRUSTEE

Whom do you want to serve as your Trustee?

Husband

First Choice: _____

Second Choice: _____

Wife

First Choice: _____

Second Choice: _____

GUARDIAN

If you have a minor or disabled child, whom do you want to act as Guardian?

First Choice: _____

Second Choice: _____

ADVANCE MEDICAL DIRECTIVE

Husband

Do you want your Advance Medical Directive to provide for withdrawal of artificial food and fluid?

☐ Yes ☐ No

Do you want to donate your eyes or organs? ☐ Yes ☐ No

Name of Proposed Health Care Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate Health Care Agent _____

Street Address _____

City _____ State _____ Zip _____

Wife

Do you want your Advance Medical Directive to provide for withdrawal of artificial food and fluid?

☐ Yes ☐ No

Do you want to donate your eyes or organs? ☐ Yes ☐ No

Name of Proposed Health Care Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate Health Care Agent _____

Street Address _____

City _____ State _____ Zip _____

What are the name and address of your primary care physician?

Physician Name _____

Street Address _____

City _____ State _____ Zip _____

POWERS OF ATTORNEY

Husband

Name of Proposed Financial Agent _____
Street Address _____
City _____ State _____ Zip _____
Phone _____

Name of Proposed Alternate Financial Agent _____
Street Address _____
City _____ State _____ Zip _____
Phone _____

Wife

Name of Proposed Financial Agent _____
Street Address _____
City _____ State _____ Zip _____
Phone _____

Name of Proposed Alternate Financial Agent _____
Street Address _____
City _____ State _____ Zip _____
Phone _____

MISCELLANEOUS

Do you have any other legal issues which I should be aware of? ☐ Yes ☐ No

If yes, please explain _____

_____

What is the location of your important papers? _____

Do you have a Safe Deposit Box? ☐ Yes ☐ No

If yes, what this the name and address of the location _____

_____

Have you ever made gifts over $10,000 to any one person in any one calendar year? ☐ Yes ☐ No

Have you ever filed a Federal Gift Tax Return? ☐ Yes ☐ No

GROSS MONTHLY INCOME

	Husband	Wife
Social Security Benefits	$_____	$_____
Retirement Benefits	$_____	$_____
VA Disability Benefit	$_____	$_____
Annuity Income	$_____	$_____
Rental Income	$_____	$_____

Other Monthly Income $_____ $_____

TOTAL MONTHLY INCOME $_____ $_____

ASSET INFORMATION

List the values of your current assets and attach a current statement for each.

ASSETS				LIABILITIES
Property	**Husband**	**Wife**	**Joint**	**Amount**
Bank Accounts				
Real Estate – primary residence				
Real Estate – other				
Savings Certificate (CDs)				
Stocks – Non Mutual Funds – Not Held by Broker				
Stocks – Non Mutual Funds – Held by Broker				
Bonds – Non Mutual Funds – Not Held by Broker				
Bonds – Non Mutual Funds – Held by Broker				
Mutual Funds				
Note and Mortgages Receivables				
Business Interests				
Inheritance, etc.				
Automobiles				
Jewelry & Collections				
Non-IRA Tax Qualified Retirement Plans				
IRA's				
Life Insurance				
Annuities				
Other Assets				
TOTALS				

PROPERTY INFORMATION

Personal Residence:

Tax Block # _____, Lot # _____ (Information located on Tax Bill)

Address of Real Property Other Than Personal Residence:

Street Address _____
City _____ State _____ Zip _____
Tax Block # _____, Lot # _____ (Information located on Tax Bill)

Street Address _____
City _____ State _____ Zip _____
Tax Block # _____, Lot # _____ (Information located on Tax Bill)

CERTIFICATION

The undersigned hereby represents to the Law Office of Alyssa Monteleon, PLLC, and each of its staff that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

_____ _____
Date Signature of Client or Client Representative