

Typical Estate Plans

Most Wills contain the following provisions depending upon the marital and family status of the person making the Will (Testator):

1. SIMPLE WILL: Under a simple will format, a married Testator with children usually provides that the spouse will receive all of the estate, and if not survived by the spouse, then it will be given equally to their children with the share of any deceased child passing to their children (the testator's grandchildren). If there are no children, then usually provision is made for other relatives (his or her heirs at law).

2. TRUSTEE /GUARDIAN: A Testator with minor children usually provides that in the event that the other parent predeceases him or her, it is his or her desire that some named person serve as the guardian of the minor child or children. Although this provision is not binding, it is highly persuasive in a proceeding for the appointment of a guardian and should be included in the Will of any Testator with minor children. A Guardianship terminates when a child reaches age eighteen (18). The estate or property otherwise passing to the child will be administered by a trustee under the terms of a trust until the child reaches a certain age. (Note: a guardian is a person lawfully invested with the power, and charged with the duty of taking care of the person who is incapable of doing so because of age or other incapacity. A trustee is a person appointed to manage the financial affairs of one who is legally incapable of doing so because of age or other capacity.)

3. EXECUTOR: A Testator should name an Executor or Co-Executors to manage and distribute the estate according to the terms of the Will. Ordinarily a surviving spouse, mature child, other relative, friend or trusted advisor are good choices.

4. TAX PLANNING: Where the total assets (including life insurance) of a married New Jersey couple exceed the Federal taxable estate exclusion value, steps are often taken to reduce or eliminate any Federal death taxes. By so doing, more of the couple's estates will be available for distribution to their children or other beneficiaries.

Will Questionnaire

The information requested below is essential in preparing your Will. If you need more space to answer a question, attach a separate sheet and indicate the question number to which it pertains.

1. State your full legal name: _____
First Middle Last

- a. Age: _____
- b. Male _____ Female _____
- c. U.S. Citizen: ___ Yes ___ No
- d. Married: ___ Yes ___ No
- e. Divorced/Separated: ___ Yes ___ No

2. State your current address:

- a. Street Address: _____
- b. Mailing Address _____
- c. City: _____ County: _____
- d. State: _____ Zip Code: _____
- e. Telephone: Residence: _____
Work: _____
Cell: _____
Spouse's/Partner's Cell: _____

3. If you are married, state your spouse's full legal name (including maiden name):

First

Middle

Last

- a. Age: _____
- b. Male _____ Female _____
- c. U.S. Citizen: ___ Yes ___ No
- d. Married: ___ Yes ___ No
- e. Divorced/ Separated: ___ Yes ___ No

4. If you have children, including adopted children, state the following for each child, including whether the child is from your current marriage, if applicable:

Full name	Son/Daughter	Date of Birth	Marital Status	Current marriage (yes or no)
-----------	--------------	---------------	----------------	------------------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. a. Any deceased children? Yes No

b. Are any children/grandchildren either disabled or require special needs? Yes No

6. If you have grandchildren, state the following:

Full name: _____

Full name: _____

Parent's names: _____

Parent's names: _____

Date of Birth: _____

Date of Birth: _____

Marital Status: _____

Marital Status: _____

Living: Yes No

Living: Yes No

Full name: _____

Full name: _____

Parent's names: _____

Parent's names: _____

Date of Birth: _____

Date of Birth: _____

Marital Status: _____

Marital Status: _____

Living: Yes No

Living: Yes No

7. Do you and your spouse have a Prenuptial agreement which identifies and disposes of separate spousal property? **(If yes, attach a copy.)** ___ Yes ___ No

8. Have you or your spouse created any trusts or made any gifts to any trusts? ___ Yes ___ No
 If yes, describe and **attach a copy:**

9. Assets (list approximate values):

	Joint or Marital Property	Your Separate Property	Spouse's/Partner's Separate Property
a. Home	\$	\$	\$
b. Other real estate	\$	\$	\$
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
c. Checking, Savings, or Credit Union Accounts & Certificates	\$	\$	\$
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
4.	\$	\$	\$
5.	\$	\$	\$
d. Annuities	\$	\$	\$
e. U.S. Savings/ Other Bonds	\$	\$	\$
f. Stock	\$	\$	\$
g. Automobiles and Other Vehicles:	\$	\$	\$
1.	\$	\$	\$
2.	\$	\$	\$

3.	\$	\$	\$
h. Interest in a Business	\$	\$	\$
i. Subchapter "S" Business	\$	\$	\$
j. All valuable personal property	\$	\$	\$
k. Household Furniture and Furnishings	\$	\$	\$
l. Misc.	\$	\$	\$
m. Life Insurance Policies	\$	\$	\$
n. Qualified Retirement Plans (401k, 403b, SEP, IRA)	\$	\$	\$
o. Other	\$	\$	\$
TOTALS - ASSETS	\$	\$	\$

9A. Do you or your spouse own any cryptocurrency? _____ Yes _____ No

If yes, please describe: _____

10. Debts (list approximate values):

	Joint or Marital Value Property	Your Separate Property	Spouse's/Partner's Separate Property
a. Mortgages on Home, Car, etc.	\$	\$	\$
b. Other Debts	\$	\$	\$
TOTALS - DEBTS	\$	\$	\$
TOTALS - NET ASSETS	\$	\$	\$

11. EXECUTOR: The person charged with administering your estate, paying taxes and other debts, marshalling, preserving and managing estate assets and property is called an executor. State the full name of the person you wish to serve in this role. He or she should be a United States resident.

YOUR SELECTIONS:

a. First Choice: ___ Spouse/Partner ___ Other: _____

b. Relationship: _____

If the person listed above is unwilling or unable to serve as a personal representative, please list an alternate:

c. First Alternate: _____

d. Relationship: _____

YOUR SPOUSE'S/PARTNER'S SELECTIONS:

a. First Choice: ___ Spouse/Partner ___ Other: _____

b. Relationship: _____

If the person listed above is unwilling or unable to serve as a personal representative, please list an alternate:

c. First Alternate: _____

d. Relationship: _____

12. GUARDIAN: A guardian is a person lawfully invested with the power and charged with the duty of taking care of the person who is incapable of doing so because of age or other incapacity. If your children are under age eighteen (18) state the full name, address and relationship (if any) of the person you wish to act as their guardian (custodian) in the event of your death (in the case of a single parent) or in case of the joint death of you and your spouse (if married). You should obtain the consent of that person(s) before executing your Will.

YOUR SELECTIONS:

a. Name (s): _____

b. Relationship: _____

YOUR SPOUSE'S/PARTNER'S SELECTIONS:

a. Name (s): _____

b. Relationship: _____

13. TRUSTEE: A trustee is a person appointed to manage the financial affairs of one who is legally incapable of doing so because of age or other incapacity. Do you want the appointed guardian also to be the trustee of any assets inherited by the minor children?

YOUR SELECTIONS:

Yes No

If no, please list the person or entity you wish to act as their trustee.

a. Name (s): _____

b. Relationship: _____

YOUR SPOUSE'S/PARTNER'S SELECTIONS:

Yes No

If no, please list the person or entity you wish to act as their trustee.

a. Name (s): _____

b. Relationship: _____

14. The person who is designated in your Health Care Proxy Directive as your Health Care Representative is responsible for making health care decisions on your behalf. State the full name of the person you wish to act as your Health Care Representative.

YOUR SELECTIONS:

a. First Choice: ___ Spouse/Partner ___ Other: _____

b. Relationship: _____

If the person is unable to serve as your Health Care Representative, please list an alternate:

c. First Alternate: _____

Relationship: _____

d. Second Alternate: _____

Relationship: _____

YOUR SPOUSE'S/PARTNER'S SELECTIONS:

a. First Choice: ___ Spouse/Partner ___ Other: _____

b. Relationship: _____

If the person is unable to serve as your Health Care Representative, please list an alternate:

c. First Alternate: _____

Relationship: _____

d. Second Alternate: _____

Relationship: _____

15. The person who is designated in your Power of Attorney as your agent is responsible for making financial decisions on your behalf in the event that you are incompetent to do so. State the full name of the person you wish to act as your agent.

YOUR SELECTIONS:

a. First Choice: ___ Spouse/Partner ___ Other: _____

b. Relationship: _____

If the person is unable to serve as your agent, please list an alternate:

c. First Alternate: _____

Relationship: _____

d. Second Alternate: _____

Relationship: _____

YOUR SPOUSE'S/PARTNER'S SELECTIONS:

a. First Choice: ___ Spouse/Partner ___ Other: _____

b. Relationship: _____

If the person is unable to serve as your agent, please list an alternate:

c. First Alternate: _____

Relationship: _____

d. Second Alternate: _____

Relationship: _____

Confirmation of information and instructions: I confirm the information provided by me in this questionnaire is complete and accurate, and that the instructions I am providing reflect my wishes.

Signature

Date

Signature

Date

N:\FORMS\NEW CLIENT FORMS\NEW CLIENT PACKAGE\WORD VERSIONS\ESTATE PLANNING QUESTIONNAIRE - NOVEMBER 2022.DOCX