

**CONFIDENTIAL**  
**ESTATE PLANNING WORKSHEET**  
**(COUPLE)**

*Please complete this questionnaire to the best of your ability and click submit so that we can review it prior to our meeting.* If you need assistance completing the information, call our office (845-255-4400) and we will help you.

DON'T WORRY ABOUT TOTAL ACCURACY – JUST DO THE BEST YOU CAN

WE LOOK FORWARD TO SEEING YOU!!!

Today's Date \_\_\_\_\_

**This form is extremely important. Your accuracy and completeness in responding will help us to assess your situation.**

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**A. PERSONAL DATA**

**(Spouse #1)**

**(Spouse #2)**

Full Name \_\_\_\_\_ Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email \_\_\_\_\_

**(Spouse #1)**

**(Spouse #2)**

Birth Date \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

U.S. Citizen? Yes No U.S. Citizen? Yes No

**B. CHILDREN (if applicable, including adult children)**

**I have no Children**

**Name of Child** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_

**Name of Child** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Name of Child** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Name of Child** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Name of Child** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

### C. IMPORTANT FAMILY QUESTIONS

Please Check "Yes" or "No" for Your Answer	YES	NO
Do you have a child that is a spendthrift?		
Do you have a child with a learning disability?		
Do any of your children receive governmental support or benefits?		
Do you have any adopted children?		
Do any of your children have special education, medical, or physical needs?		

Do any of your family members have any problems with drug or alcohol addiction?		
Are any of your children institutionalized?		
Are you or your spouse receiving social security, disability, or other governmental benefits?		
Do you provide primary or other major financial support to adult children?		
Have either you or your spouse been divorced?		
Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy.)		
Have you and your spouse ever signed a pre- and/or post- marriage contract? (Please furnish a copy.)		
Have you or your spouse been widowed? (If a Federal estate tax or State death tax return was filed, please furnish a copy.)		
Have you or your spouse completed previous Health Care Powers of Attorney or Living Wills? (Please furnish copies.)		
Have you or your spouse completed previous wills, trusts, or estate planning? (Please furnish copies.)		
Are you and your spouse United States citizens?		
If you answered "NO," are either you or your spouse a resident or a non-resident alien?		
Does the Spouse #1 have any children by a previous marriage?		
Does the Spouse #2 have any children by a previous marriage?		

**D. ASSETS AND LIABILITIES**

Please insert the approximate value of each asset/liability in the appropriate space.

ASSETS	SPOUSE #1	SPOUSE #2	JOINT	LIABILITIES
Personal Effects/Household Items	\$	\$	\$	\$
Automobile	\$	\$	\$	\$
Checking Account	\$	\$	\$	\$
Savings Account	\$	\$	\$	\$
Money Market Account	\$	\$	\$	\$
Certificates of Deposit	\$	\$	\$	\$
Residence (Assessed Value) Block # _____ Lot # _____ (Obtain from Tax Bill)	\$	\$	\$	\$
Other Real Estate	\$	\$	\$	\$
Additional Automobiles	\$	\$	\$	\$
Mutual Funds	\$	\$	\$	\$
Stocks	\$	\$	\$	\$
Bonds	\$	\$	\$	\$
Annuities	\$	\$	\$	\$
Cash Value - Life Insurance	\$	\$	\$	\$
IRA	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$
<b>TOTALS</b>	\$	\$	\$	\$

What did you pay for your current home including any improvements?

\$ \_\_\_\_\_

Address of any real property other than personal residence:

(1) Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax Block # \_\_\_\_\_, Lot # \_\_\_\_\_ (Can be obtained from Tax Bill)

(2) Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax Block # \_\_\_\_\_, Lot # \_\_\_\_\_ (Can be obtained from Tax Bill)

(3) Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax Block # \_\_\_\_\_, Lot # \_\_\_\_\_ (Can be obtained from Tax Bill)