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**ESTATE PLANNING QUESTIONNAIRE**

Date: \_\_\_\_\_

The information provided on this document is CONFIDENTIAL. The attorney/client privilege prohibits your attorney from disclosing its contents to anyone. If any question does not apply, please indicate as "n/a" or leave it blank. If you have any questions, please make a note of your questions on this Questionnaire, and we will discuss it with you when we have your Questionnaire before us.

**I. PERSONAL INFORMATION**

Full Legal Name \_\_\_\_\_ Other Names/Nicknames \_\_\_\_\_  
Address \_\_\_\_\_  
Street Address City State Zip County  
Date of Birth \_\_\_\_\_ Citizenship(s) \_\_\_\_\_  
Email(s) \_\_\_\_\_  
*(Circle preferred email.)*  
Phone Number(s): Cell \_\_\_\_\_ Home \_\_\_\_\_ Business \_\_\_\_\_ Other \_\_\_\_\_  
*(Circle preferred number.)*  
Employer \_\_\_\_\_ Position \_\_\_\_\_  
Business Address \_\_\_\_\_  
Marital Status \_\_\_\_\_ Social Security Number \_\_\_\_\_ Veteran \_\_\_\_\_ (Branch/Dates of Service)

**CO-CLIENT/ SPOUSE INFORMATION**

*(If not married, please leave blank.)*

Full Legal Name \_\_\_\_\_ Other Names/Nicknames \_\_\_\_\_  
Address \_\_\_\_\_  
Street Address City State Zip County  
Date of Birth \_\_\_\_\_ Citizenship(s) \_\_\_\_\_  
Email(s) \_\_\_\_\_  
*(Circle preferred email.)*  
Phone Number(s): Cell \_\_\_\_\_ Home \_\_\_\_\_ Business \_\_\_\_\_ Other \_\_\_\_\_  
*(Circle preferred number.)*  
Employer \_\_\_\_\_ Position \_\_\_\_\_  
Business Address \_\_\_\_\_  
Marital Status \_\_\_\_\_ Social Security Number \_\_\_\_\_ Veteran \_\_\_\_\_ (Branch/Dates of Service)

**II. CHILDREN/ FAMILY**

List all biological and legally adopted children in order of birth, including deceased children.

1. Full Name and Nicknames \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Birth Date \_\_\_\_\_  
Marital Status/ Spouse Name \_\_\_\_\_  
Grandchildren Names/Ages \_\_\_\_\_  
\_\_\_\_\_  
Special Concerns \_\_\_\_\_

2. Full Name and Nicknames \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Birth Date \_\_\_\_\_  
Marital Status/ Spouse Name \_\_\_\_\_  
Grandchildren Names/Ages \_\_\_\_\_  
\_\_\_\_\_  
Special Concerns \_\_\_\_\_

3. Full Name and Nicknames \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Birth Date \_\_\_\_\_  
Marital Status/ Spouse Name \_\_\_\_\_  
Grandchildren Names/Ages \_\_\_\_\_  
\_\_\_\_\_  
Special Concerns \_\_\_\_\_

4. Full Name and Nicknames \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Birth Date \_\_\_\_\_  
Marital Status/ Spouse Name \_\_\_\_\_  
Grandchildren Names/Ages \_\_\_\_\_  
\_\_\_\_\_  
Special Concerns \_\_\_\_\_

5. Full Name and Nicknames \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Birth Date \_\_\_\_\_  
Marital Status/ Spouse Name \_\_\_\_\_  
Grandchildren Names/Ages \_\_\_\_\_  
\_\_\_\_\_  
Special Concerns \_\_\_\_\_

Provide the names and contact information for your parents and siblings, their health and whether they are living.

6. \_\_\_\_\_  
7. \_\_\_\_\_  
8. \_\_\_\_\_  
9. \_\_\_\_\_  
10. \_\_\_\_\_

**ADDITIONAL INFORMATION**

Please answer yes or no for you (and your spouse, if married). If yes, please provide names and any additional information.

Adoption – Do you have any adopted children?  
Do you have any children which are not your biological children (and have not been legally adopted)?  
Do your children have any adopted children?

Predeceased – Do you have any predeceased children or grandchildren?  
Health – Do you, your children or grandchildren struggle with a physical or mental health condition, substance abuse or addiction?

Special Needs – Do you or any of your children/grandchildren have special educational, medical or physical needs? Is anyone receiving governmental assistance, Social Security or disability benefits (Medicare, Medicaid)?

Financial – Do you have any adult children or other dependents who you support financially?  
Have any of your children/grandchildren received an advance on their inheritance?  
Are any of your children/grandchildren financially indebted to you?  
Do any of your children/grandchildren have spending issues, substantial debt or engage in a financially high-risk profession or activity?

Marriage(s) – Do you have a Pre-Nuptial or Post-Nuptial Agreement?  
Were you previously married?  
If so, did the marriage(s) terminate due to death or divorce?  
If by divorce, are there continuing support, retirement plan or insurance obligations that you or your spouse are receiving or paying?

Marital Issues – Do any of your children or grandchildren have marital difficulty?

Disinheritance – Do you wish to disinherit any of your children or grandchildren?

Prior Estate Plan – Have you signed a Will, Trust, Powers of Attorney, or other estate planning documents?

Charitable

Gifts – Do you have any favorite charities or wish to include any charitable gifts in your estate plan?

Special Information – Do you have any legal issues we should be aware of?  
 Are there any difficult family dynamics that could impact your planning or wishes?  
 Do you have any other special goals or concerns for you or your children/grandchildren?

**III. GOALS/ CONCERNS**

Please indicate how important these are to you: Yes – **Y.** No – **N.** Somewhat – **S.**

<u>Description</u>	<u>Client</u>	<u>Co-Client</u>
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.	_____	_____
Provide for and protect a spouse.	_____	_____
Provide for and protect a child.	_____	_____
Provide for and protect grandchildren.	_____	_____
Disinherit a family member.	_____	_____
Provide for charities at the time of death.	_____	_____
Plan for the survival and transfer of a family business.	_____	_____
Avoid or reduce estate taxes.	_____	_____
Avoid probate.	_____	_____
Reduce administration costs at time of your death.	_____	_____
Avoid guardianship/conservatorship (“living probate”) in case of a disability.	_____	_____
Avoid will contests or other disputes upon death.	_____	_____
Protect assets from lawsuits or creditors.	_____	_____
Preserve the privacy of affairs in case of disability, or at the time of death, from business competitors, predators, dishonest persons and curiosity seekers.	_____	_____
Plan for a child with disabilities or special needs, such as physical, medical or learning disabilities.	_____	_____
Protect children’s inheritance from a spouse or the possibility of a failed marriage.	_____	_____
Protect children’s inheritance in the event of a divorced or widowed spouse’s remarriage.	_____	_____
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	_____	_____
Other: _____	_____	_____

**IV. ADVISORS**

1. Accountant’s Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_
2. Financial Advisor’s Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_
3. Life Insurance Agent’s Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_
4. Other (Describe) \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_

**V. REFERRAL**

How did you find us or hear about us:

<input type="checkbox"/>	Personal Referral/Friend: _____
<input type="checkbox"/>	Professional Referral: _____
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Internet Search: _____
<input type="checkbox"/>	Avvo.com, Lawyers.com, Martindale.com, or other Attorney Review Website

**VI. CERTIFICATION**

The undersigned hereby represents to Soskin Law, Ltd. that the information contained in this questionnaire (including the attached schedules) is accurate and complete, and that the undersigned understands that the law firm will rely on this information. If the information contained herein is inaccurate or incomplete, the recommendations made by Soskin Law, Ltd. may not be appropriate.

\_\_\_\_\_  
*Client Signature/ Representative*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Co-Client Signature/ Representative*

\_\_\_\_\_  
*Date*

**[The remainder of this page is intentionally left blank.]**

**SCHEDULE 1: YOUR ESTATE**

Your estate is equal to the value of all of your personal **assets**, less the value of all of your personal **liabilities**. In order for us to prepare your estate planning documents properly, we must have an accurate idea as to the size of your estate and the types of assets which comprise your estate. Below, please list each of your assets and liabilities and provide the information requested. Please indicate whether the asset or liability is personal to you or owned jointly.

**ASSETS AND RESOURCES**

A. REAL ESTATE

*(Please provide copies of deeds and most recent tax bills.)*

Description (Location)	Cost (Basis)	Market Value	Mortgage Balance	Owner(s)/ How Title Held
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____

B. CASH AND BANK ACCOUNTS (CDs, Checking, Savings, Money Markets, etc.)

*(Please provide copies of most recent statements.)*

Name of Bank/Branch	Account No. (last four #s)	Type of Account	Balance/Value	Owner(s)/ How Title Held
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

C. INVESTMENTS/ SECURITIES (Bonds, Stocks, Marketable Securities, 529 Plans, etc.)

*(Please provide copies of most recent statements.)*

Name of Company	Type of Sec.	# Shares/Face Value	Cost	Current Value	Owner(s)/ How Title Held
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____

D. RETIREMENT ACCOUNTS (IRAs, Annuities, Keoghs, SEP, ESOP, 457(b), 401(k), 403(b), Profit Sharing, Pension, etc.)

*(Please provide copies of most recent statements and beneficiary designations.)*

Name of Institution	Account No.	Owner	Beneficiary	Date Est.	Current Value
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

E. LIFE INSURANCE/ LONG TERM CARE (Whole Life, Term Life, Endowment, Long Term Care, etc.)  
 (Please provide copies of most recent statements and beneficiary designations.)

Name of Institution	Account No.	Owner	Beneficiary	Date Est.	Current Value
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

F. PERSONAL PROPERTY

	Item/Description	Market Value	Owner(s)/ How Title Held
Home Furnishings:	_____	\$ _____	_____
Cars, RVs, Boats, etc.:	_____	\$ _____	_____
Cars, RVs, Boats, etc.:	_____	\$ _____	_____
Art, Antiques, Collections, etc.:	_____	\$ _____	_____
Jewelry:	_____	\$ _____	_____
Furs:	_____	\$ _____	_____
Guns:	_____	\$ _____	_____
Other:	_____	\$ _____	_____

G. RIGHTS OR INTERESTS IN TRUSTS, ESTATES, OR PROSPECTIVE INHERITANCES/ EXPECTANCIES

Briefly describe or give the name of any Trust in which you have an interest, or the person who is the source of the inheritance, and what you expect to receive (in approximate dollar amount or description of property). Please provide a copy of the Will or Trust which creates the interest, if available, or please advise if and how we may obtain a copy.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

H. BUSINESS INTERESTS

Please advise if you have an ownership interest in any business (whether sole proprietorship, corporation, or partnership, etc.), and provide additional information regarding the nature and value of the business interest. Please provide copies of any business documents (such as Buy-Sell Agreements, Stock Certificates, Operating Agreements, etc.).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I. DIGITAL ASSETS AND ACCOUNTS

Please list all digital accounts and assets not listed above, including cryptocurrency and social media accounts and who, other than you, has access.

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J. MONEY OWED TO YOU (Loans, Promissory Notes, etc.)

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K. MISCELLANEOUS

Please advise of any property interests not provided above, including the nature of the interest and estimated value of each.

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**LIABILITIES**

L. MORTGAGES PAYABLE

*(Please provide copies of deeds and most recent tax bills.)*

Description (Location)	Mortgage Balance	Owner(s)/ How Title Held
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

M. CREDIT CARDS

*(Please provide copies of most recent statements.)*

Name of Bank/Institution	Account No. (last four #s)	Type of Card	Balance Due	Owner(s)/ How Title Held
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

N. OUTSTANDING LOANS/ VEHICLE LOANS/ STUDENT LOANS

*(Please provide copies of most recent statements.)*

Name of Lender	Account No. (last four #s)	Type of Loan	Balance Due	Owner(s)/ How Title Held
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

O. MONEY OWED TO OTHERS

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P. OTHER DEBT

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**SOURCES OF INCOME**

Q. SALARY	\$ _____	per month/ per year
	\$ _____	per month/ per year
R. PENSION	\$ _____	per month/ per year
	\$ _____	per month/ per year
S. BONUS/COMISSIONS	\$ _____	per month/ per year
T. DIVIDENDS/INTEREST	\$ _____	per month/ per year
U. OTHER (SS, IRA Distributions, etc.)	\$ _____	per month/ per year
	\$ _____	per month/ per year
	\$ _____	per month/ per year

**SCHEDULE 2: YOUR BENEFICIARIES**

We will spend time during our first meeting completing Schedule 2 and Schedule 3. However, you may want to review your existing documents (if any) and the following choices of beneficiaries and fiduciaries in preparation for our meeting.

In general, to whom and how do you want your property distributed upon your death? Think about your family members, friends, former beneficiaries, former benefactors, and charities, such as public benefit non-profit, educational or religious organizations. Are there certain items of personal property (such as jewelry, artwork, etc.) that you would have pass to designated individuals? Are there certain individuals or charities for which you intend certain gifts? Are some selected beneficiaries going to require a trustee to manage their fund on their behalf, for their benefit?

**Circle your answers. Please note any differences between spousal wishes.**

*General Bequests and Division (equally, by percentage, etc.)*

- |                                 |        |          |                     |       |
|---------------------------------|--------|----------|---------------------|-------|
| A. First-choice beneficiaries:  | Spouse | Children | Spouse and Children | Other |
| <hr/>                           |        |          |                     |       |
| B. Second-choice beneficiaries: | Spouse | Children | Spouse and Children | Other |
| <hr/>                           |        |          |                     |       |
| C. Third-choice beneficiaries:  | Spouse | Children | Spouse and Children | Other |
| <hr/>                           |        |          |                     |       |

*Unavailable Heir*

- D. If a child or beneficiary predeceases you, to whom would you prefer that their share pass to their children (your grandchildren) or their surviving siblings (your children)? Or other? \_\_\_\_\_
- \_\_\_\_\_

*Contingent Disposition*

- E. In the event that all of your designated heirs and beneficiaries are not available to inherit from your estate, who do you want to receive your estate (and in what percentages, if applicable)?
- \_\_\_\_\_
- \_\_\_\_\_

*Specific Bequests*

- F. Any specific disposition of your residence?
- \_\_\_\_\_
- \_\_\_\_\_
- G. Any specific gifts of special articles, such as cars, art or jewelry?
- \_\_\_\_\_
- \_\_\_\_\_
- H. Any specific disposition of other household and/or personal effects?
- \_\_\_\_\_
- \_\_\_\_\_
- I. Other information you think is important to your estate planning?
- \_\_\_\_\_
- \_\_\_\_\_

**SCHEDULE 3: YOUR FIDUCIARIES**

Your fiduciaries are the people you designate in your estate planning documents to make decisions for you. Please provide names, addresses, phone numbers and relationship to you, if not previously provided.

<u>Document</u>	<u>Position</u>	<u>Client</u>	<u>Co-Client/Spouse</u>
WILL	Guardian for Minor Children (1 <sup>st</sup> Choice)	_____	_____
	Successor Guardian (2 <sup>nd</sup> Choice)	_____	_____
	Successor Guardian (3 <sup>rd</sup> Choice)	_____	_____
WILL	Executor or Co-Executors (1 <sup>st</sup> Choice)	_____	_____
	Successor Executor (2 <sup>nd</sup> Choice)	_____	_____
	Successor Executor (3 <sup>rd</sup> Choice)	_____	_____
TRUST	Trustee or Co-Trustees (1 <sup>st</sup> Choice)	_____	_____
	Successor Trustee (2 <sup>nd</sup> Choice)	_____	_____
	Successor Trustee (3 <sup>rd</sup> Choice)	_____	_____
POWER OF ATTORNEY FOR PROPERTY (Financial)	Agent (1 <sup>st</sup> Choice)	_____	_____
	Agent (2 <sup>nd</sup> Choice)	_____	_____
	Agent (3 <sup>rd</sup> Choice)	_____	_____
POWER OF ATTORNEY FOR HEALTH CARE (Living Will and HIPAA Releases)	Agent (1 <sup>st</sup> Choice)	_____	_____
	Agent (2 <sup>nd</sup> Choice)	_____	_____
	Agent (3 <sup>rd</sup> Choice)	_____	_____

**ADDITIONAL INFORMATION**

- A. Do you wish to be an organ donor?
- B. Do you wish to be cremated?
- C. Have you prepaid your burial and funeral or cremation arrangements? If so, please provide copies of your cemetery deed and funeral, burial or cremation contract.
- D. Where do you store your important papers?
- E. Do you have a Safe Deposit Box? If so, please indicate the name and address of the bank.
- F. Do you want your Power of Attorney for Property to become effective immediately or upon a physician's determination of your disability?
- G. Do you want your Power of Attorney for Health Care to become effective immediately or upon a physician's determination of your disability?

**\*\*FOR OFFICE USE:**

1. Client Representation Letter – Signed / Receive Payment
2. Determine Total Gross Assets
3. Determine Total Liabilities
4. Determine Total Net Estate
5. Determine Timeline to Prepare Documents
6. Determine Timeline to Sign Documents
7. Create Folder for Trust Funding
8. Create Chart of Assets and Documents Needed
  - a. Add Documents to Trust Funding Folder
  - b. Determine Timeline for Trust Funding