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To: _____
From: _____, Esq.
Date: _____ 20____
Re: Estate Planning

CONFIDENTIAL PLANNING SURVEY AND MEMORANDUM OF SUMMARY

We recognize that this information is of personal nature. All information provided by you will be treated confidentially and will not be disclosed to anyone outside of this office without your permission.

I. 1. GENERAL INFORMATION.

Your Name (for legal documents) _____

Aliases/Nicknames Used on Legal Documents (If different from above): _____

Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

Date of Birth _____ Soc. Sec. # _____

Employer/Retired _____ Position _____

Marital Status: [] Married [] Single [] Divorced [] Widowed

If Married:

Spouse's Name _____

Cell Phone _____ E-mail _____

Date of Birth _____ Soc. Sec. # _____

Employer/Retired _____ Position _____

Children

1. _____
(Last, First, MI): _____ Age: _____

Address Cell/Tel: Email:

2. _____
(Last, First, MI): _____ Age: _____

Address Cell/Tel: Email:

3. _____
(Last, First, MI): _____ Age: _____

Address Cell/Tel: Email:

4. _____
(Last, First, MI): _____ Age: _____

Address Cell/Tel: Email:

5. _____
(Last, First, MI): _____ Age: _____

Address Cell/Tel: Email:

6. _____
(Last, First, MI): _____ Age: _____

Address Cell/Tel: Email:

My/our primary planning concerns are:

II. ESTATE PLANNING QUESTIONS

- | | YOU | | SPOUSE | |
|---|-----------------------------------|--------------------------|-----------------------------------|--------------------------|
| 1. Do you presently have a Will ? | <input type="checkbox"/> Yes - No | <input type="checkbox"/> | <input type="checkbox"/> Yes - No | <input type="checkbox"/> |
| a Trust ? | <input type="checkbox"/> Yes - No | <input type="checkbox"/> | <input type="checkbox"/> Yes - No | <input type="checkbox"/> |
| a Power of Attorney ? | <input type="checkbox"/> Yes - No | <input type="checkbox"/> | <input type="checkbox"/> Yes - No | <input type="checkbox"/> |
| a Health Care Proxy & Living Will ? | <input type="checkbox"/> Yes - No | <input type="checkbox"/> | <input type="checkbox"/> Yes - No | <input type="checkbox"/> |
| 2. Are you a U.S. Citizen? | <input type="checkbox"/> Yes - No | <input type="checkbox"/> | <input type="checkbox"/> Yes - No | <input type="checkbox"/> |
| 3. Are you expecting to receive an inheritance? | <input type="checkbox"/> Yes - No | <input type="checkbox"/> | <input type="checkbox"/> Yes - No | <input type="checkbox"/> |
| 4. Is this your first marriage ? | <input type="checkbox"/> Yes - No | <input type="checkbox"/> | <input type="checkbox"/> Yes - No | <input type="checkbox"/> |
| 5. Do you have any dependents with special needs ? | <input type="checkbox"/> Yes - No | <input type="checkbox"/> | <input type="checkbox"/> Yes - No | <input type="checkbox"/> |
| 6. Would any of your heirs contest your wishes? | <input type="checkbox"/> Yes - No | <input type="checkbox"/> | <input type="checkbox"/> Yes - No | <input type="checkbox"/> |
| 7. Do you have Long Term Care Insurance ? | <input type="checkbox"/> Yes - No | <input type="checkbox"/> | <input type="checkbox"/> Yes - No | <input type="checkbox"/> |
| 8. Do you need Financial Planning ? | <input type="checkbox"/> Yes - No | <input type="checkbox"/> | <input type="checkbox"/> Yes - No | <input type="checkbox"/> |

III. DOCUMENTS TO PROVIDE

In addition to the information requested, please provide copies of these documents, if you have any of the following:

- Prior Wills and Trusts
- Deeds and Real Estate Tax Bills
- Prior Powers of Attorney
- Statements from brokerage accounts
- Prior Health Care Proxies/Living Wills
- Long-term care insurance policies

IV. FINANCIAL INFORMATION (ATTACH EXTRA SHEET IF NECESSARY)

1. Do you own a HOME or any other REAL ESTATE?

ADDRESS	NAME(S) ON TITLE	MORTGAGE \$	MARKET VALUE \$
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Do you own any other TITLED PROPERTY (car, boat, etc.)?

MARKET VALUE \$

3. Do you have any BANK ACCOUNTS? (Please indicate if account is a C.D.)

NAME OF BANK	NAME(S) ON TITLE	\$ BALANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Do you have any RETIREMENT FUNDS (IRA's, 401K's, etc.)?

ACCOUNT OWNER	BENEFICIARY	\$ CURRENT VALUE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Do you own any STOCKS, BONDS or MUTUAL FUNDS?

NAME OF INSTITUTION	NAME(S) ON TITLE	\$ CURRENT VALUE
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Do you have any LIFE INSURANCE POLICIES and/or ANNUITIES?

POLICY OWNER	INSURED	BENEFICIARY	DEATH BENEFIT
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7. Do you have any other BUSINESS INTEREST/OWNERSHIP?

MARKET VALUE \$

8. Do you have any COLLECTIBLES (antiques, coins, jewelry, etc.)?

MARKET VALUE \$

MARKET VALUE \$

9. Does anyone OWE YOU money (mortgage, personal loan, etc.)?

DESCRIPTION

10. Do you have a SAFE DEPOSIT box?

TITLE ON BOX

11. What is your MONTHLY INCOME?

SOURCE

AMOUNT

TOTAL GROSS ESTATE\$ _____

V. *This Memorandum is a summary of the information required to prepare drafts of estate planning documents for you.*

1. **Disability Documents:** We should prepare a Durable Power of Attorney (for financial matters) that appoints someone to assist you if you become ill, injured or incapacitated.

Please answer the following questions:

(i) **Durable Power of Attorney (financial):** If you were disabled, who would you want to handle your financial affairs?

Primary Agent: _____ Relationship: _____
Address: _____

Alternate Agent: _____ Relationship: _____
Address: _____

Alternate Agent: _____ Relationship: _____
Address: _____

(ii) **Health Care Proxy (medical):** If someone had to make medical decisions for you, who would you select at this time?

Primary Agent: _____ Relationship: _____
Address: _____

Telephone Number: _____ **Email:** _____

Alternate Agent: _____ Relationship: _____
Address: _____

Telephone Number: _____ **Email:** _____

Alternate Agent: _____ Relationship: _____
Address: _____

Telephone Number: _____ **Email:** _____

(ii) **Living Will (please check off yes or no):**

Organ Donations:	Yes	[<input type="checkbox"/>]	No	[<input checked="" type="checkbox"/>]
Cremation:	Yes	[<input type="checkbox"/>]	No	[<input type="checkbox"/>]
Burial:	Yes	[<input checked="" type="checkbox"/>]	No	[<input type="checkbox"/>]

Do you own a plot? If yes, please use space below to provide the plot and cemetery information:

*Check off here if your agent shall make decisions on the disposition of remains: _____

2. **Testamentary Objectives.** (Attach extra sheet if necessary)

(i.) **Specific Bequests:** If you should pass, is there anyone you would want to leave specific jewelry (tangible items) or property to? If yes, list the name, relationship and amount (*Optional*)

(ii.) **Residuary Estate:** If you should pass, how does your residuary estate (property - real and personal (money) get distributed?

(iii.) **Takers of Last Resort:** If you should pass, is there anyone you would want to leave your money and assets to if the named beneficiaries above have all predeceased? If yes, list the name, relationship and amount (*Optional*)

(iv.) **Potential Fiduciaries:** (Example: Executors, Guardians, Trustees, etc.)

Primary: _____ (Relationship: _____)

Address: _____

Tel# _____ Email: _____

U.S Citizen (y/n) _____ Green Card Holder (y/n)/ _____

Resident Non-U.S. Citizen (y/n) _____ Non-resident/non-U.S. citizen (y/n) _____

Alternate: _____ (Relationship: _____)

Address: _____

Tel# _____ Email: _____

U.S Citizen (y/n) _____ Green Card Holder (y/n)/ _____

Resident Non-U.S. Citizen (y/n) _____ Non-resident/non-U.S. citizen (y/n) _____

Second Alternate: _____ (Relationship: _____)

Address: _____

Tel# _____ Email: _____

U.S Citizen (y/n) _____ Green Card Holder (y/n)/ _____

Resident Non-U.S. Citizen (y/n) _____ Non-resident/non-U.S. citizen (y/n) _____

Upon receiving this confidential memorandum, we will quote a fee for the services needed.

Please let us know if someone referred you to us that we may thank.

Referred by: _____

Do you have any specific questions?

If not filled out in one of our offices, please return completed survey to us as follows:

1. **Scan and email** to one of our attorneys or staff as directed, or email to either info@ricafortelaw.com or mtrinos@ricafortelaw.com