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Estate Planning Questionnaire

Thank you for considering Botta Angeli for your Estate Planning needs. The enclosed questionnaire is designed to give us, as your attorneys, your complete financial and family picture. The information which you furnish to us will assist us in recommending an estate plan for you with the following goals:

- (1) To accomplish your estate planning objectives for your family;
- (2) To minimize the estate and inheritance tax burden to you and your family.

The questionnaire requests details regarding your family circumstances and your assets. We recognize that you may not be able to complete all of the answers prior to our conference. However, this questionnaire will help you to focus on estate planning issues. To the extent that you can furnish us with the information requested in this questionnaire, our initial conference will be much more productive, and our document drafting will be expedited. Your providing information on this questionnaire will also help to reduce our conference time and help to minimize the cost of preparation of your estate plan.

In addition to the preparation of Wills, we recommend that you take a moment to consider the inclusion of a Living Will (Advanced Health Care Directive), which would empower an individual of your choice to make pre-determined and other medical decisions on your behalf if you should become incapable or incapacitated. We also consider it advisable to execute Power of Attorney forms so that financial and household affairs can be handled in your absence or incapacity by an individual of your choice, without the necessity of intervention of the Surrogate's Court. Please indicate whether you would like these documents prepared for you as well.

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(Husband and wife should both complete an individual form if their answers to the following questions differ.)

I. PERSONAL INFORMATION

Husband	Wife
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Telephone No: home: _____ work: _____ cell: _____	home: _____ work: _____ cell: _____
Date Birth: _____	Date of Birth: _____
Place of Birth: _____	Place of Birth: _____
Citizenship: _____	Citizenship: _____

Do you have an existing Will? _____

- If yes, please provide copy.

II. BENEFICIARY/FAMILY INFORMATION

A. List the relatives described even if you do not want them to be beneficiaries under your will:

<u>Name</u>	<u>Birth Date:</u>	<u>Age:</u>	<u>Address:</u>
Children:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Name

Birth Date:

Age:

Address:

Grandchildren:

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

Parents:

Husband:

_____	_____	_____	_____
_____	_____	_____	_____

Wife:

_____	_____	_____	_____
_____	_____	_____	_____

Brothers and Sisters:

Husband:

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

Wife:

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

Others (if they will be beneficiaries in addition to or instead of persons listed above)

Name:

Relationship:

Birth Date:

Address:

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

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B. List the people who you want to be primary beneficiaries under your will:

Husband:

Name:	Primary (Y/N)	Share (for example, entire estate or 1/2 of estate, or a specific item of property):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Wife:

Name:	Primary (Y/N)	Share (for example, entire estate or 1/2 of estate, or a specific item of property):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. If one or more of the persons listed above dies before you do, who should get their share(s)?

Husband: (if your spouse predeceases you, whom do you want her share to go to)

Name:	Share (for example, entire estate, 1/2 of estate, equally per person, or specific item of property)
_____	_____
_____	_____
_____	_____
_____	_____

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Wife: (if your spouse predeceases you, whom do you want his share to go to)

Name:	Share (for example, entire estate, 1/2 of estate, equally per person, or specific item of property)
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III. EXECUTORS, TRUSTEES AND GUARDIANS

A. Who is to be the Individual Executor of your estate? We also need your choice of the Individual who will be your successor executor:

- My Individual Executor shall be: _____
- My successor Individual Executor shall be: _____

B. Who is to be the Individual or Co-Trustee of trusts created by your will? (The Individual Executor of your estate named above may also be the Individual Trustee of any trust you create.) We also need your choice for successor Individual Trustee.

- My Individual Trustee/Co-Trustee shall be: _____
- My successor Individual Trustee/Co-Trustee shall be: _____

C. A child under 18 years of age must have a guardian who will care for that child if both spouses are deceased. You also need to name a successor guardian.

- My guardian shall be: _____
- My successor guardian shall be: _____

IV. INDIVIDUAL BEQUESTS

We need to know if you plan to bequeath any real property, cash, or other item(s) to any individual, church, school, or other charitable organization:

Individual:

Item or Amount of Money Left to the Individual:

Organization:

Item or Amount of Money Left to the Organization:

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V. ASSETS (Please list estimated value of each asset and/or account or attach Itemized list)

<u>Type of Asset</u>	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>	<u>Other</u>	<u>Name of Company</u>
Home:	_____	_____	_____	_____	
Other Real Estate:	_____	_____	_____	_____	
Employee Benefit Plans:					
• 401(k)	_____	_____			_____
• 403(b)	_____	_____			_____
• Pension	_____	_____			_____
• Other retirement Plan:	_____	_____			_____
	_____	_____			_____
Investment Accounts:					
• Non-IRA	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
• IRA	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Bank Accounts:	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
C.D.'s:	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

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Other Assets

• Collections	_____	_____	_____	_____	_____
• Art work	_____	_____	_____	_____	_____
• Other	_____	_____	_____	_____	_____

Life Insurance:

Policy	Owner	Beneficiary	Insured Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VI. LIABILITIES

	<u>Lender</u>	<u>Original Amount of Loan</u>	<u>Remaining Balance</u>
Mortgage:	_____	_____	_____
Home Equity Line:	_____	_____	_____
Home Loan:	_____	_____	_____
Other Liabilities:			
• Auto:	_____	_____	_____
• Credit card	_____	_____	_____
• Student Loan	_____	_____	_____
• Other:	_____	_____	_____
Other:			
	_____	_____	_____
	_____	_____	_____

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VII. Name & Address of Financial Advisor (if applicable):

Name: _____

Company: _____

Address: _____

Telephone: _____

VIII: Name & Address of Accountant (if applicable):

Name: _____

Company: _____

Address: _____

Telephone: _____

ESTIMATED TOTAL ESTATE VALUE:

(Assets minus Liabilities): _____

HUSBAND: _____ WIFE: _____

IX: MISCELLANEOUS

In connection with preparing this Questionnaire, you may have questions which have not previously been answered. If that is the case, please list them below:

