

THE LAW OFFICE OF RUSSELL GARY SMALL, P.C.

Russell Gary Small, Attorney at Law

3715 Main Street, Suite 406, Bridgeport, CT 06606

Telephone: (203) 396-0100 – Fax: (203) 396-0050

Email: russell@rgsmall.com – Website: www.rgsmall.com

Toll Free Number: (877) 747-6255

ESTATE PLANNING QUESTIONNAIRE

Please complete this form and return it to the law office. Please use additional sheets of paper if the space provided is insufficient. Please note, completeness and accuracy in the completion of this form is essential to the efficiency of your matter and will assure the accuracy of the plan.

Date: _____

I. FAMILY INFORMATION

1. Your Full Name: _____
2. Home Address: _____
3. Date of Birth: _____
4. Social Security #: _____
5. Home Phone: _____
6. Cell Phone: _____
7. Employer: _____
8. Job Title: _____
9. If married, your spouse's full name: _____

10. Your children by your present spouse:

Name	Yr. of Birth	Town & State of Residence

11. If former spouse:

Their Full Name: _____

Their Address: _____

12. Year and location of divorce: _____

13. If either of you have children of a former marriage, list:

Name	Yr. of Birth	Town & State of Residence	Yours or spouse's?

14. If living, your parents' name and address:

Name	Address

15. If living, your brothers' and sisters' name and address:

Name	Address

16. If relevant to your estate plan, the name, address and relationship of any relative:

Name	Address	Relationship

II. YOUR ESTATE

17. Your real estate: * Please attach a copy of the deed if available *

Address	Joint Ownership?	Name of Co-owner	Approx. Fair Value
	Y/N		\$
	Y/N		\$
	Y/N		\$

18. Address of your spouses' real estate:

19. Your Bank & Credit Union Accounts:

Name	Address	Acct. No.	Present Value
			\$
			\$
			\$
			\$

20. Your spouses' Bank & Credit Union Accounts:

Name	Address	Acct. No.	Present Value
			\$
			\$
			\$
			\$

21. Your Stocks, Bonds, and other securities (including U.S. Savings Bonds)

Corp. Name	No. of Shares	Present Vale	Certs. Held By
		\$	
		\$	
		\$	
		\$	

22. Your spouses' Stocks, Bonds, and other securities (including U.S. Savings Bonds)

Corp. Name	No. of Shares	Present Vale	Certs. Held By
		\$	
		\$	
		\$	
		\$	

23. If you have a safe deposit box:

Name of Bank	Address of Bank	Location of Key

24. Insurance on your life:

Insurance Company	
Ownership	
Name of Beneficiary	
Policy No.	
Face Amount	

25. Insurance on your spouses' life:

Insurance Company	
Ownership	
Name of Beneficiary	
Policy No.	
Face Amount	

26. Your pension, profit-sharing, IRA or other plans:

Name of Co. Providing Plan	Type of Plan	Est. Value	Beneficiary
		\$	
		\$	
		\$	

27. Your spouses' pension, profit-sharing, IRA or other plans:

Name of Co. Providing Plan	Type of Plan	Est. Value	Beneficiary
		\$	
		\$	
		\$	

28. Business or other investment interests:

29. Miscellaneous items. Please state value of the following items:

Automobiles:	\$
Home Furnishings:	\$
Jewelry:	\$
Collections:	\$
Mortgages or other loans to others:	\$

30. Please state the approximate value you may inherit from your parents: _____
 31. Liabilities (other than mortgages): _____

III. DISPOSITION OF YOUR ESTATE

32. What is your estate plan, in laypersons' terms? I.e.: To whom do you want your property to go?

33. Do you already have a will, living will or a durable power of attorney? Y/N. * If yes, please provide a copy. *

34. Who do you wish to be your executor, and an alternate?

Executor :	
Alternate:	

35. Do you wish specific items or sums to go to specific parties? Y/N. If yes, please specify:

36. Whom do you wish to receive the remainder of your estate?

37. If you wish a trust for (grand)children established in your will, state the terms:

38. Do you wish to have a living will (healthcare directive)? Y/N. If yes, state the name of your primary and alternative healthcare agent:

Primary:	
Alternative:	

39. Do you wish to have a durable Power of Attorney? Y/N. If yes, state the name and address of your intended Attorney in Fact:

Name:	
Address:	

40. If you have minor children, whom do you wish to be their guardian if you and your spouse pass away (include name, address and relationship, if any)?

Name:	
Address:	
Relationship:	

41. Are there any other terms you wish in your will or other parts of the estate plan? Y/N. If yes, please list:
