



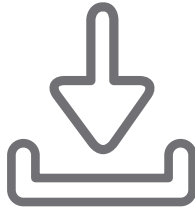
WILLIAM J. NEALON III  
ATTORNEY AT LAW

## Estate Planning Survey Form

### Download

Must have Adobe Reader.

To download: <http://get.adobe.com/reader>



### Fill in Form and Save



### Email Back to Us At:



**Please Note:** By electronically completing the form and sending it back to us here at The Law Offices of William J. Nealon III, you are authorizing that this information is accurate and we have your permission to review it and get back to you.

**LAW OFFICES OF  
WILLIAM J. NEALON, III**

**CONFIDENTIAL ESTATE PLANNING SURVEY FORM**

*We recognize that this information is of a personal nature. We assure you that all information provided to this office by you will be treated confidentially and will not be revealed to anyone outside of this office without your permission.*

**A. GENERAL INFORMATION**

Date \_\_\_\_\_

Name (for legal documents) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Marital Status: Married \_\_ Separated \_\_ Divorced \_\_ Widowed \_\_ Single \_\_

Spouse's Name \_\_\_\_\_ Spouse's Work Phone \_\_\_\_\_

Spouses's Date of Birth \_\_\_\_\_ Spouses's Soc. Sec. # \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Spouse's Position \_\_\_\_\_

Date and Place of Marriage \_\_\_\_\_

**B. CHILDREN**

Name (Last, First, MI)	Address & Tel. No.	Date Of Birth	Special Needs? (If yes, explain on back)	
			Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

**C. PREVIOUS MARRIAGE**

Have you been previously married? Yes - No

Is there an alimony settlement relative to the former marriage? \_\_\_\_\_ If yes, please specify terms: \_\_\_\_\_

Is there a support agreement relative to the children of the former marriage \_\_\_\_\_ If yes, please specify terms: \_\_\_\_\_

Do you have children by a former marriage? \_\_\_\_\_ If so, please list below.

Children (Last, First, MI)	Address & Tel. No.	Date Of Birth	Special Needs? (Explain on back.)	
			Yes	No
			Yes	No
			Yes	No
			Yes	No

**D. SERVICE RECORD**

*If more space is needed, please attach additional sheets*

Branch of  
Service

Service Serial Number \_\_\_\_\_

Dates of Service \_\_\_\_\_ Service Disqualifications, if any \_\_\_\_\_

**E. ESTATE PLANNING QUESTIONS**

	<u>You</u>	<u>Spouse</u>
1. Do you presently have a WILL?	Yes - No	Yes - No
- TRUST?	Yes - No	Yes - No
- POWER OF ATTORNEY?	Yes - No	Yes - No
- LIVING WILL (Health Proxy)?	Yes - No	Yes - No
2. Are you a U.S. CITIZEN?	Yes - No	Yes - No
3. Are you expecting to receive an INHERITANCE?	Yes - No	Yes - No
4. Is this your FIRST MARRIAGE?	Yes - No	Yes - No
5. Are you a party to an ANTE-NUPTIAL Agreement?	Yes - No	Yes - No
6. Do you have any dependents with SPECIAL NEEDS?	Yes - No	Yes - No
7. Would any of your heirs CONTEST your wishes?	Yes - No	Yes - No
8. Do you have Long-Term Care Insurance?	Yes - No	Yes - No
9. Do you have pre-paid funeral arrangements?	Yes - No	Yes - No
<i>If so, with what facility</i> _____		

**F. CLIENT'S FAMILY** (parents, siblings, etc.)

Name (Last, First, MI)	Address & Tel. No.	Date Of Birth	Date of Death	Special Needs? (Explain on back)	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

*Please also complete family tree form attached.*

**G. DISTRIBUTION PLAN/BENEFICIARIES**

1. CHARITABLE - *Specific Gifts*

	ADDRESS
a. _____	_____
b. _____	_____
  
2. NON-CHARITABLE - *Specific Gifts*

a. _____	_____
b. _____	_____
  
3. REAL PROPERTY
 

a. _____	_____
b. _____	_____
  
4. REMAINING ESTATE
 

___ All to spouse outright	___ IN TRUST
___ Equally among children outright	___ IN TRUST until age _____
___ If a child predeceases you, their share to their children	
___ Equally among surviving children	
___ To others: _____	
  
5. ALTERNATE DISTRIBUTION - *you may wish to distribute your remaining estate in the event you are not survived by your spouse or any children or other named beneficiaries. If so, distribute remaining estate to: \_\_\_\_\_*

**H. FIDUCIARIES**

1. EXECUTORS

ADDRESS

a. \_\_\_\_\_

b. \_\_\_\_\_

2. TRUSTEES

a. \_\_\_\_\_

b. \_\_\_\_\_

3. GUARDIANS

a. \_\_\_\_\_

b. \_\_\_\_\_

4. CUSTODIANS

a. \_\_\_\_\_

b. \_\_\_\_\_

**I. FINANCIAL INFORMATION**

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

Address	Name(s) on Title	Mortgage Amount	Market Value
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2. Do you own any other TITLED PROPERTY (car, boat, etc.)? Market Value

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3. Do you have a safe deposit box? Where located? Title on Box

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4. Do you have any BANK/BROKERAGE ACCOUNTS? (Please indicate if a CD).

Name of Bank	Name(s) on Title	Type of Account	Balance
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5. Do you own any STOCKS, BONDS or MUTUAL FUNDS?

Name of Institution	Name(s) on Title	Current Value
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6. Do you have any LIFE INSURANCE POLICIES and/or ANNUITIES?

Policy Owner	Insured	Type of Policy	Beneficiary	Death Benefit
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7. Do you have any RETIREMENT FUNDS (IRAs, 401Ks, etc.)?

Account Owner	Beneficiary	Current Value
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*Please provide the names/addresses/phone numbers of any financial advisors (accountant, broker, insurance agent, financial planner, etc.):* \_\_\_\_\_

8. Do you have any other Business Interest/Ownership? \_\_\_\_\_  
 If so, please complete the Business Interest Schedule attached hereto.

9. Do you have any Collectibles? (antiques, coins, jewelry, etc.)? \_\_\_\_\_ Market Value

10. Does anyone owe you money (mortgage, personal loan, etc.)? \_\_\_\_\_ Description

11. What is your monthly income? \_\_\_\_\_ Amount  
 Source

**J. PERSONAL LIABILITIES**

1. Bills and Accounts Payable \$ \_\_\_\_\_
2. Loans and Notes (specify)
  - a. Bank \$ \_\_\_\_\_
  - b. Insurance \$ \_\_\_\_\_
  - c. Brokers \$ \_\_\_\_\_
  - d. Others \$ \_\_\_\_\_
3. Mortgages
  - a. Principal Residence \$ \_\_\_\_\_
  - b. Other Real Property \$ \_\_\_\_\_
4. Current Income Tax Estimate  
 (Balance due after taking credit for estimated taxes and withholding) \$ \_\_\_\_\_
5. Rent on unexpired leases \$ \_\_\_\_\_
6. Installment contracts \$ \_\_\_\_\_
7. Joint Notes \$ \_\_\_\_\_

- 8. Notes Endorsed \$ \_\_\_\_\_
- 9. Accounts Guaranteed \$ \_\_\_\_\_
- 10. Realty Taxes \$ \_\_\_\_\_
- 11. Personal Property Taxes \$ \_\_\_\_\_
- 12. Disputed or part due taxes \$ \_\_\_\_\_
- 13. Unsettled damage claims \$ \_\_\_\_\_
- 14. Charitable pledges \$ \_\_\_\_\_
- 15. Alimony Agreements \$ \_\_\_\_\_
- 16. Support Agreements \$ \_\_\_\_\_
- 17. Any other obligations (specify)
  - a. \_\_\_\_\_ \$ \_\_\_\_\_
  - b. \_\_\_\_\_ \$ \_\_\_\_\_
  - c. \_\_\_\_\_ \$ \_\_\_\_\_
  - d. \_\_\_\_\_ \$ \_\_\_\_\_

**K. DOCUMENTS TO BRING WITH YOU**

In addition to the information requested, if applicable, please provide copies of these documents:

- |   |                                  |
|---|----------------------------------|
| Deeds                                   | Health Care Proxies/Living Wills |
| Corporate Kits (Partnership Agreements) | Powers of Attorney               |
| Real Estate Tax Bills                   | Wills                            |
| Divorce Papers                          |                                  |

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

Referred by: \_\_\_\_\_

Do you have any specific questions?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BUSINESS INTERESTS**

- 1. Legal Name of Business \_\_\_\_\_
- 2. Address of Business \_\_\_\_\_  
 \_\_\_\_\_
- 3. Phone Number \_\_\_\_\_

4. Business is operated as  
 a. Proprietorship \_\_\_\_\_ b. Partnership \_\_\_\_\_ c. Corporation \_\_\_\_\_  
 d. Subchapter S Corporation \_\_\_\_\_

5. Partners or stockholders

	Name	Title	Age	Stock	% of	Notes
a.						
b.						
c.						
d.						
e.						
f.						
g.						
h.						

6. Is there a business agreement? \_\_\_\_\_ If so, please provide a copy.
7. Is there any employment, retirement, death benefit or other agreement? \_\_\_\_\_  
 If so, give details, or secure a copy.
8. Is life insurance carried? \_\_\_\_\_

	Purpose	Insured	Amount	Owner	Beneficiary
a.					
b.					
c.					
d.					

9. Capitalization

		Restrictions	Div. or Int. Rate	Total Authorized	Total Issued	Callable
a.	Common Stock	\$				
b.	Preferred	\$				
c.	Debentures, Etc.	\$				

10. Owner's estimate of value \$ \_\_\_\_\_
11. Book value as of \_\_\_\_\_ \$ \_\_\_\_\_
12. Is Goodwill included in book value? \_\_\_\_\_



13. Average net earnings (after taxes)  
 Last 3 - 5 years \$ \_\_\_\_\_
14. Liquidation value  
 (Please secure balance sheets and  
 earnings statements)

***LIVING WILL AND HEALTH CARE DOCUMENT INFORMATION***

*The Living Will and Health Care Proxy documents name a trusted individual to make medical decisions for you in the event that you are incapacitated.*

	<b><i>Client</i></b>	<b><i>Spouse</i></b>
Agent 1:	_____	_____
Address:	_____	_____
Phone#:	_____	_____
Agent 2:	_____	_____
Address:	_____	_____
Phone#:	_____	_____
Agent 3:	_____	_____
Address:	_____	_____
Phone#:	_____	_____

Anatomical Gift:     \_\_\_\_\_ Yes     \_\_\_\_\_ No

***DURABLE POWER OF ATTORNEY***

*A Durable Power of Attorney gives the person whom you designate (your "Agent") the power to handle business, banking, gifting, etc. decisions for you in the event that you are incapacitated and without advance notice to you or approval by you. Your Agent(s) can work alone (separately) or you may require several Agents to work together.*

	<b><i>Client</i></b>	<b><i>Spouse</i></b>
Agent 1:	_____	_____
Address:	_____	_____
Phone#:	_____	_____
Agent 2:	_____	_____
Address:	_____	_____
Phone#:	_____	_____
Agent 3:	_____	_____
Address:	_____	_____
Phone#:	_____	_____