

LAW OFFICES

LISSNER & LISSNER LLP

250 WEST 57TH STREET
NEW YORK, N. Y. 10107

TEL: (212) 307-1499
FAX: (212) 757-1825

MICHAEL D. LISSNER (N.Y. & FL.)
BARBARA H. URBACH LISSNER (N.Y. & N.J.)

BENJAMIN MELLORS (N.Y. & N.J.)
MARIA L. JOHNSON (N.Y.)
BENJAMIN J. FRENKEL (N.Y.)

ROBERT J. EPSTEIN (N.Y. & N.J.)
LOUIS THALER (N.Y. & FL.)
OF COUNSEL

113 HOOVER DRIVE
CRESSKILL, N. J. 07626
(201) 569-2724
3888 LIVE OAK BLVD
DELRAY BEACH, FL. 33445
(561) 244-5094

ZAMIRA W. PIRIE
ACCOUNTANT

WOODY A. RAYMOND
NANA A. K. DABANKA
ELZBIETA KOSIOR
PARALEGALS

Estate Planning Information Guide

By completing this Estate Planning Information Guide you will be providing information which is necessary and which Lissner & Lissner LLP will rely upon to develop and draft your estate planning documents and advance directives. Please be certain to fill in as much detail as possible and to clearly print all names and addresses. If this Guide contains sections that do not apply to you, please draw a line through these sections. Any information which does not fit on the printed part of the guide can be submitted to us on the "Notes" section on the back of the last page and/or by attaching copies of statements etc.

Date: _____ Referred By: _____

Name: _____

Address: _____

Date of Birth: ____/____/____ Soc. Sec. #: ____/____/____

Place of Birth: _____ Citizenship: _____

Telephone Number: (____) _____ Cell Phone: (____) _____

E-mail Address: _____

Occupation: _____ Employer: _____

Marital Status: Married _____ Widowed/Widower _____ Divorced _____
Single _____ Domestic Partners _____

Date of marriage: ____/____/____ Place of marriage: _____

Prior marriages: Yes _____ No _____
If yes, Date: _____ Place: _____
Date of Death of Spouse or Divorce: ____/____/____

Do you have a Pre-Nuptial Agreement, Separation Agreement, Divorce Agreement or any other Court Order or Agreements (eg. Contracts, Trusts etc) that in any way affect your ability to freely dispose of your assets? If yes, please provide a copy or copies.

Do you have any children from a prior marriage or relationship?
If yes, please identify as such below in the following **CHILDREN** section on Page 3.

Spouse's Name: _____ / ____ / ____
(If deceased, date of death)

Date of Birth: ____/____/____ Soc. Sec. #: ____/____/____

Place of Birth: _____ Citizenship: _____

Telephone Number: (____) _____ Cell Phone: (____) _____

E-mail Address: _____

Occupation: _____ Employer: _____

Prior marriages: Yes _____ No _____
If yes, Date: _____ Place: _____
Date of Death of Spouse or Divorce: ____/____/____

Do you have a Pre-Nuptial Agreement, Separation Agreement, Divorce Agreement or any other Court Order or Agreements (eg. Contracts, Trust etc) that in any way affect your ability to freely dispose of your assets? If yes, please provide a copy or copies.

Do you have any children from a prior marriage or relationship?
If yes, please identify as such below in the following **CHILDREN** section on Page 3.

CHILDREN:

1) Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ If Married, Spouse's Name: _____

2) Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ If Married, Spouse's Name: _____

3) Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ If Married, Spouse's Name: _____

4) Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ If Married, Spouse's Name: _____

5) Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ If Married, Spouse's Name: _____

6) Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ If Married, Spouse's Name: _____

GRANDCHILDREN:

1) Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ If Married, Spouse's Name: _____

2) Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ If Married, Spouse's Name: _____

3) Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ If Married, Spouse's Name: _____

4) Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ If Married, Spouse's Name: _____

Please explain special medical or financial needs and/or circumstances of any child or grandchild, or any other special bequests/arrangements you wish to make regarding them:

PARENTS:

A) Your Parents

Father's Name: _____ Mother's Name: _____

Date of Birth: _____ Date of Birth: _____

Date of Death: _____ Date of Death: _____

B) Your Spouse's Parents

Father's Name: _____ Mother's Name: _____

Date of Birth: _____ Date of Birth: _____

Date of Death: _____ Date of Death: _____

Please explain special medical or financial needs and/or circumstances of any parent or in-law, or any other special bequests/arrangements you wish to make regarding them:

BURIAL INSTRUCTIONS (please fill in as applicable):

Burial: _____ or Cremation: _____ Location: _____

Ceremony (please describe, if any): _____

Perpetual Care: _____

Other Instructions, if any: _____

I have not made any burial arrangements: _____

PERSONS TO WHOM BEQUESTS WILL BE MADE:

1) Name: _____ Relationship: _____

Address: _____

Amount or Item: _____ Telephone: (_____) _____

2) Name: _____ Relationship: _____

Address: _____

Amount or Item: _____ Telephone: (_____) _____

3) Name: _____ Relationship: _____

Address: _____

Amount or Item: _____ Telephone: (_____) _____

CHARITIES & OTHER ORGANIZATIONS TO WHOM BEQUESTS WILL BE MADE

1) Name: _____ Amount or Item: _____

Address: _____

2) Name: _____ Amount or Item: _____

Address: _____

3) Name: _____ Amount or Item: _____

Address: _____

RESIDUARY (balance after your bequests are satisfied):

	<u>To Whom</u>	<u>Address</u>	<u>Percentage</u>
1.	_____	_____	_____

2.	_____	_____	_____

3.	_____	_____	_____

4.	_____	_____	_____

5.	_____	_____	_____

Please list below any individuals named in your estate planning under the age of 18 or subject to disability:

EXECUTOR*:

Name: _____

Address: _____

Telephone: _____ Your relationship to Executor: _____

If you would like a Co-Executor to serve with your executor:

Co-Executor*:

Name: _____

Address: _____

Telephone: _____ Your relationship to Co-Executor: _____

If you would like more Co-Executors to serve, please provide information on the attached Additional Information page.

Substitute Executor*:

Name: _____

Address: _____

Telephone: _____ Your relationship to sub-executor: _____

If you would like more Substitute Executors to serve, please provide information on the attached Additional Information page.

TRUSTEE*:

Name: _____

Address: _____

Telephone: _____ Relationship to Trustee: _____

If you would like a Co-Trustee to serve with your Trustee:

Co-Trustee*:

Name: _____

Address: _____

Telephone: _____ Relationship to Co-Trustee: _____

If you would like more Co-Trustees to serve, please provide information on the attached Additional Information page.

Substitute Trustee*:

Name: _____

Address: _____

Telephone: _____ Relationship to Sub-Trustee: _____

If you would like more Substitute Trustees to serve, please provide information on the attached Additional Information page.

GUARDIAN* (If you have minor children):

Name: _____ Address: _____

Relationship to Guardian: _____

Telephone: _____

Co-Guardian or Substitute Guardian * (please check one):

Name: _____ Address: _____

Relationship to Co-Guardian: _____

Telephone: _____

HEALTH CARE PROXY: Agent*: _____

Address: _____

Telephone: _____ Cell phone: _____

Substitute-Agent*: _____

Address: _____

Telephone: _____ Cell phone: _____

POWER OF ATTORNEY:

Attorney-in-Fact*: Name: _____

Address: _____

Telephone: _____ Cell phone: _____

Name (if you would like two individuals to serve): _____

Address: _____

Telephone: _____ Cell phone: _____

Alternate Attorney-in-Fact*: Name: _____

Address: _____

Telephone: _____ Cell phone: _____

ASSETS, INCOME & LIABILITIES:

Your Estimated Net Worth: _____

Your Spouse's/Partner's Estimated Net Worth: _____

ASSETS

"Ownership": Please indicate whether ownership is in name of Husband (H), Wife (W), held jointly (JT) and with whom, held in Trust or Custodial (C)

CV = Cash Value

L = Loan

A. Real Estate

How & When

<u>Ownership</u>	<u>Address</u>	<u>Estimated Value</u>	<u>Acquired</u>	<u>Mortgage</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. Bank Accounts (Saving, CDs, Checking, Money Market, Treasury Bills & others)

<u>Ownership</u>	<u>Bank</u>	<u>Type of Account</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Stocks and Bonds and other Securities

(1) Brokerage Accounts

<u>Ownership</u>	<u>Firm</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(2) Certificates Held Outside of Brokerage Accounts

<u>Ownership</u>	<u>Firm</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Pensions/IRAs/Annuities

<u>Ownership</u>	<u>Company</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. Life Insurance

<u>Ownership</u>	<u>Insured</u>	<u>Company</u>	<u>Amount</u>	<u>CV/L</u>	<u>Beneficiary</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

F. Retirement and Death Benefits Company

<u>Ownership</u>	<u>Insured</u>	<u>Company</u>	<u>Amount</u>	<u>CV/L</u>	<u>Beneficiary</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

G. Mortgages, Additional Information, Rent Which Results in Payments to You

<u>Ownership</u>	<u>Item Description</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

H. Miscellaneous Property

(1) Safe Deposit Boxes

<u>Ownership</u>	<u>Location</u>	<u>Contents</u>	<u>Estimated Value</u>
_____	_____	_____	_____
_____	_____	_____	_____

(2) Business Interests - "Ownership": Corporation, Partnership, Sole Proprietorship, etc.

<u>Ownership</u>	<u>Value</u>
_____	_____
_____	_____

Client: _____

(3) Automobiles

<u>Ownership</u>	<u>Make and Year</u>	<u>Loan Balance</u>	<u>Estimated Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(4) Interests in Estate and Trusts - Do you or your spouse expect to inherit property or have a power of appointment under someone else's will or trust?
 (Obtain copies of Wills, Deeds, and Accounting)

<u>Ownership</u>	<u>Will or Trust</u>	<u>Interest</u>	<u>Estimated Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(5) Other (including furs, art, antiques, collectibles, and other items of substantial value)

<u>Ownership</u>	<u>Type of Property</u>	<u>Estimated Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

INCOME

A) Please provide the following information regarding the monthly income of you and your spouse:

SOURCE	YOU	SPOUSE (if married)
Work Earnings	_____	_____
Social Security Retirement	_____	_____
Social Security Disability	_____	_____
Restitution	_____	_____
Foreign Pensions	_____	_____

Veteran's Benefits	_____	_____
Annuities	_____	_____
Public Employment Pension	_____	_____
Railroad Retirement	_____	_____
Support from Spouse	_____	_____
Regular Support from Others	_____	_____
Unemployment Compensation	_____	_____
Worker's Compensation	_____	_____
Rental Income	_____	_____
Rental Income	_____	_____
Interest & Dividends	_____	_____
Other Income: _____	_____	_____

B) Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property? If yes, explain: _____

LIABILITIES

Please list all outstanding liabilities if not already listed, including, but not limited to, mortgages, Additional Information and other debts.

<u>Borrower</u>	<u>Creditor</u>	<u>Amount Secured/Mortgages</u>	<u>Property</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Lissner & Lissner LLP has permission to discuss my estate plan with the following:

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____
_____	_____

Signed: X _____

Date: _____

