

# THE LAW OFFICE OF THOMAS V. PURPI, P.C.

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## CLIENT PLANNING QUESTIONNAIRE

**-CONFIDENTIAL AND PRIVATE -**

Dear Client:

The purpose of this questionnaire is twofold: to provide us an overview of your personal and financial circumstances, in order for us to best advise you; and to get you thinking about the questions posed, in order for you to give due consideration to the important choices they demand.

You should not expect or attempt to complete the questionnaire at one time. You may have to request or retrieve some of the documents or information required. When you first go through the questionnaire, give estimates and take note of any uncertainties or missing documentation. Reread the questionnaire several times and discuss the items with your family.

Throughout the document, you will encounter a “Notes” column to the right hand side. The purpose of the column is explained in the notes preceding each section. Where it is necessary for you to provide more information, please insert a number in the row requiring explanation and place the note number and explanation together in the table at the very end of the questionnaire. The note numbers need not be in order.

Keep in mind that we only need approximations, exact figures are unnecessary. If you have any questions or concerns, you should not hesitate to call or write us.

### PERSONAL INFORMATION

	<u>Full Legal Name</u>	<u>Date of Birth</u>	<u>Address</u>	<u>Soc. Sec. No.</u>
Husband	_____	_____	_____	_____
Wife	_____	_____	_____	_____
Mutual Child 1	_____	_____	_____	_____
Mutual Child 2	_____	_____	_____	_____
Mutual Child 3	_____	_____	_____	_____
Mutual Child 4	_____	_____	_____	_____

**Previous spouse(s):** *(if divorced or separated at any time, please send in a copy of any divorce decree and/or separation agreement)*

Husband \_\_\_\_\_

Wife \_\_\_\_\_

**Children of previous marriage or outside marriage:** *(for purposes of this section, use the “Note” column and provide the following information: name of the child’s other biological parent, whether that*

individual is alive or deceased and whether there is any agreement as to the custody of the children in the event of one or both parent's death)

**Husband**

<b><u>/Wife?</u></b>	<b><u>Full Legal Name</u></b>	<b><u>Date of Birth</u></b>	<b><u>Address</u></b>	<b><u>Soc. Sec. No.</u></b>	<b><u>Note</u></b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Are any of the children classified as mentally retarded or developmentally disabled?**

Husband \_\_\_\_\_ Wife \_\_\_\_\_

**Are any of the children adopted?**

Husband \_\_\_\_\_ Wife \_\_\_\_\_

**Other residences:**

Husband \_\_\_\_\_

Wife \_\_\_\_\_

**Former names and/or aliases:**

Husband \_\_\_\_\_

Wife \_\_\_\_\_

**Citizenship:** *(please provide naturalization papers or immigration documents)*

Husband \_\_\_\_\_

Wife \_\_\_\_\_

**Military Service:** *(provide branch, grade and serial number)*

Husband \_\_\_\_\_

Wife \_\_\_\_\_

**Health-related issues:**

Husband \_\_\_\_\_

Wife \_\_\_\_\_

**Location of safe-deposit box:**

	<u>Institution</u>	<u>Address</u>
Husband	_____	_____
		_____
Wife	_____	_____

**Employment:** (if retired, list former)

	<u>Employer Name</u>	<u>Position</u>	<u>Approx. Annual Sal.</u>
Husband	_____	_____	\$ _____
Wife	_____	_____	\$ _____

**Existing Wills:** (please submit a copy of each and all wills)

	<u>Date</u>	<u>Location</u>
Husband	_____	_____
Wife	_____	_____

**ASSETS & LIABILITIES**

Insert your estimate of the approximate current value. Assets should be attributed to an individual spouse only if the asset was held by that spouse prior to the marriage or acquired using separate assets. Do not itemize bank accounts or list securities individually; rather, insert total value of each type of asset or account.

Please use the “Notes” column for any item that is *held jointly* with a non-spouse or held *in trust, as custodian or payable on death*; in the latter cases, please provide the name of and relationship to the beneficiary.

**Real Property:** (indicate property type under “Description” – e.g., residential, business, unimproved, timeshare)

<u>Description</u>	<u>Address</u>	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>	<u>Note</u>
Primary Residence	_____	\$ _____	\$ _____	\$ _____	_____
	_____	\$ _____	\$ _____	\$ _____	_____
	_____	\$ _____	\$ _____	\$ _____	_____
	_____	\$ _____	\$ _____	\$ _____	_____

**Stocks, Bonds, Mutual Funds and Investment Accounts:** *(provide details of any ownership in a family or closely-owned corporation)*

<u>Description</u>	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>	<u>Note</u>
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____

**Bank Accounts, CDs, Money Market Accounts, Treasury Bills, Cash and Monies Owed to You:**

<u>Description</u>	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>	<u>Note</u>
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____

**Miscellaneous:** *(for purposes of this section, use the “Note” column to indicate any asset class in which there is an item you would like to leave to a particular individual, e.g., an heirloom watch)*

<u>Description</u>	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>	<u>Note</u>
Automobiles	\$ _____	\$ _____	\$ _____	_____
Furnishings	\$ _____	\$ _____	\$ _____	_____
Antiques	\$ _____	\$ _____	\$ _____	_____
Copyrights, trademarks or patents	\$ _____	\$ _____	\$ _____	_____
Works of art	\$ _____	\$ _____	\$ _____	_____
Coin or stamp collection	\$ _____	\$ _____	\$ _____	_____
Jewelry/Furs	\$ _____	\$ _____	\$ _____	_____
Library	\$ _____	\$ _____	\$ _____	_____
All assets not otherwise scheduled	\$ _____	\$ _____	\$ _____	_____

**Life Insurance and Annuities:** (if married, list insurance on husband, wife and children) (if you have a current inventory of your policies, please submit that in lieu of completing this block; if you are uncertain as to the information requested and have no inventory, send in copies of the policies themselves) (under type of policy, we want to know if the policy is whole life, term, group, association, etc.)

<u>Company, Type and Policy No.</u>	<u>Face Value</u>	<u>Name of Insured</u>	<u>Policy Owner</u>	<u>Primary Beneficiary</u>	<u>Contingent Beneficiary</u>
_____	\$ _____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____

**Employee Benefits:**

	<u>Husband</u>	<u>Wife</u>
Death Benefit	\$ _____	\$ _____
Face Value of Group Insurance Owned on Self	\$ _____	\$ _____
Face Value of Group Insurance Owned on Others	\$ _____	\$ _____
Vested Pension Rights or Profit-sharing Plans	\$ _____	\$ _____
IRAs/Keogh	\$ _____	\$ _____
Deferred Compensation	\$ _____	\$ _____
Post-mortem Salary	\$ _____	\$ _____

**Business Interests:**

	<u>Husband</u>	<u>Wife</u>
Proprietorship	\$ _____	\$ _____
Tax Shelters	\$ _____	\$ _____
Joint Ventures	\$ _____	\$ _____
Partnership Interests	\$ _____	\$ _____
Royalties	\$ _____	\$ _____

**Interests in Trust:** (this could include a right to receive income payments from a trust, to receive an amount on the death of another, your right to designate who shall receive the trust property upon the happening of a future event such as your death, and any trust you have set up that you can or cannot revoke, whether for the benefit of yourself or another) (please furnish us with a copy of the trust instrument and your most recent statement of the assets)

<u>Name of Trust and Trustee</u>	<u>H/W?</u>	<u>Creator of Trust</u>	<u>Date of Creation</u>	<u>State in which Created</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Liabilities:** (use "Note" column and provide the following information: to whom owed, amount and terms and whether secured – if so, the collateral pledged)

<u>Description</u>	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>	<u>Note</u>
Home Mortgage	\$ _____	\$ _____	\$ _____	_____
Insurance Loans	\$ _____	\$ _____	\$ _____	_____
Student Loans	\$ _____	\$ _____	\$ _____	_____
Credit Cards	\$ _____	\$ _____	\$ _____	_____
Taxes	\$ _____	\$ _____	\$ _____	_____
Judgments	\$ _____	\$ _____	\$ _____	_____
Other Borrowing	\$ _____	\$ _____	\$ _____	_____

**DECISIONS**

**Who would you like to appoint as executor of your estate to manage your estate during probate and oversee the disbursement of assets?** (Note: You must consult these individuals before finalizing these elections)

	<u>Name</u>	<u>Address</u>
Husband	_____	_____ _____
Wife	_____	_____ _____

In the event that individual is not available or refuses, who would you like to appoint?

	<u>Name</u>	<u>Address</u>
Husband	_____	_____ _____
Wife	_____	_____ _____

**Who would you like to serve as trustee to oversee the management and disbursement of assets you leave in trust?** If you would like to appoint co-trustees, please complete both sections. (Note: You must consult these individuals before finalizing these elections)

	<u>Name</u>	<u>Address</u>
Husband	_____	_____ _____
Wife	_____	_____ _____

	<u>Name</u>	<u>Address</u>
Husband	_____	_____ _____
Wife	_____	_____ _____

In the event that/those individual(s) is not available or refuses, who would you like to appoint?

	<u>Name</u>	<u>Address</u>
Husband	_____	_____ _____
Wife	_____	_____ _____

How would you like the assets left in trust to be controlled? Should the trustee(s) have control over the assets until the beneficiary reaches a certain age, e.g. 21, 25 or 30 years old? Would you want the trustee be able to make that decision? Would you like to release some of the assets upon one certain milestone and the balance upon a later? Or to limit the trustee's discretion such that they could pay for the

beneficiary's reasonable support and education? Note that in this last situation, the trust assets can be protected from creditors, including ex-spouses.

Husband: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wife: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If your children are not of age and neither you nor their other parent is able to take care of them, who would you like to be their guardian?** (Note: You must consult these individuals before finalizing these elections)

	<u>Name</u>	<u>Address</u>
Husband	_____	_____ _____
Wife	_____	_____ _____

In the event that individual is not available or refuses, who would you like to appoint as successors?

	<u>Name</u>	<u>Address</u>
Husband	_____	_____ _____
Wife	_____	_____ _____

**Would you like to provide for the care of a parent or other family member in the event you become incapacitated?**

Husband \_\_\_\_\_ Wife \_\_\_\_\_

**Have you executed a Power of Attorney?** (if so, please provide a copy)

Husband \_\_\_\_\_ Wife \_\_\_\_\_

If you have not, would you like your spouse to be able to act on your behalf in any capacity in your absence (e.g. if you are out of the country)?

Husband \_\_\_\_\_ Wife \_\_\_\_\_



Is there someone you would like to designate as an alternate in the event your spouse is unavailable?

	<u>Name</u>	<u>Address</u>
Husband	_____	_____ _____ _____
Wife	_____	_____ _____ _____

Would you like the power to come into effect only upon a doctor's certification that you are incapacitated?

Husband \_\_\_\_\_ Wife \_\_\_\_\_

Would you like the power to persist even after you have become incapacitated?

Husband \_\_\_\_\_ Wife \_\_\_\_\_

**Have you executed a Health Care Proxy or Living Will?** (if so, please provide a copy)

Husband \_\_\_\_\_ Wife \_\_\_\_\_

If you have not, would you like to leave specific instructions as to your medical care in the event you become incapacitated, or appoint someone to make the decisions on your behalf? If you would like to leave specific instructions, you do not need to complete this section. If you would like to appoint someone, complete the following for the appointee:

	<u>Name</u>	<u>Address</u>
Husband	_____	_____ _____ _____
Wife	_____	_____ _____ _____

And complete the following for an alternate appointee (in the event the primary appointee is unavailable or refuses to act):

	<u>Name</u>	<u>Address</u>
Husband	_____	_____ _____ _____
Wife	_____	_____ _____ _____

**Do you wish to give any asset or assets to a charitable for philanthropic cause?**

Husband \_\_\_\_\_ Wife \_\_\_\_\_

If so, provide the names of any such organization and the approximate amount you wish to give, whether the donation is to be in your name or anonymous, and whether you wish to designate and alternative in the event the organization ceases to exist.

Husband: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wife: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you wish to be an organ and tissue donor?**

Husband \_\_\_\_\_ Wife \_\_\_\_\_

If yes, have you signed an organ donor card or indicated on your driver's license you intend to be an organ donor?

Husband \_\_\_\_\_ Wife \_\_\_\_\_

Have you told your family about your intention to be an organ donor?

Husband \_\_\_\_\_ Wife \_\_\_\_\_

If you wish to be an organ donor, are there any specific organs you would like to donate? Would you like to limit the purposes for which your organs and/or remains may be used (e.g. for transplant only, for research)?

Husband: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wife: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**DOCUMENTS CHECKLIST:**

- Existing wills and codicils
- Trust agreements, whether you are the owner or beneficiary
- Powers of attorney
- Naturalization papers
- Pending litigation papers
- Pre- or post-nuptial agreements
- Divorce decrees and separation agreements
- Existing health care proxies
- Existing living wills
- Organ donor cards
- Military discharge papers
- Adoption papers regarding you or your family
- Federal and state gift tax returns and/or schedule of gifts
- Family tree (see attached)

