

Estate Planning Questionnaire

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Thank you for choosing Parisi, Coan & Saccocio, PLLC to assist you with your Estate Planning Needs. The information contained in this questionnaire will allow us to work together to develop a comprehensive plan based on your goals.

Please fill out the below information to the best of your ability. The information provided will be kept confidential, unless you authorize its release to others. Please note however, that if you and your significant other are both engaging the services of Parisi, Coan & Saccocio, PLLC, any and all information shared by either one of you will be treated as common knowledge to be shared among all of us, but confidentiality will remain with regard to any third party.

Date: _____

Referral Source: _____

YOUR PERSONAL INFORMATION:

Full Legal Name:			
		ountry of Citizenship	
Address:			
Primary Phone:	Alternate F	Phone:	
Primary Email:	Alternate Email:		
Occupation:	Employer:	Income:	_
Marital Status: Single Marri	ed □Legally Separated □Divor	ce 🗆 Widowed 🗆 Other:	
	SPOUSE'S PERSONAL IN	FORMATION:	
Full Legal Name:			
Date of Birth:	h: US Citizen?		
Address:			
Primary Phone:	Alternate F	Phone:	
Primary Email:	Alternate I	Email:	
Occupation:	Employer:	Income:	_
Marital Status: Single Marrie	ed DLegally Separated Divor	ce	

CHILDREN:				
FULL LEGAL NAME:	DATE OF BIRTH:	RELA	TIONSHI	Р
		Ours	Mine	Spouse's
		Ours	Mine	Spouse's
		Ours	Mine	Spouse's

YOUR ESTATE PLANNING OBJECTIVES:

Do you presently have a will? \Box Yes (please provide copy) \Box No

SPOUSE'S ESTATE PLANNING OBJECTIVES:

Do you presently have a will? \Box Yes (please provide copy) \Box No

FINANCIAL INFORMATION:

<u>ASSETS:</u>	JOINT PROPERTY	YOUR SEPARATE PROPERTY	SPOUSE'S SEPARATE PROPERTY
Cash and Bank Accounts	\$	\$	\$
Primary Residence	\$	\$	\$
(Balance Owed)	- (\$)	- (\$)	- (\$)
Other Real Estate	\$	\$	\$
Investments	\$	\$	\$
Personal Property	\$	\$	\$

LIABILITIES:	JOINT DEBTS	YOUR SEPARATE DEBTS	SPOUSE'S SEPARATE DEBTS
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

LIFE INSURANCE: If there are applicable life insurance policies, please provide information with regard to the policy and beneficiary designation information below

1.	
2.	
3.	

<u>**RETIREMENT BENEFITS</u>**: If there are applicable retirement plans, please provide information with regard to the plan and beneficiary designation below</u>

1.	
2.	
3.	

OTHER INTERESTS:	YOU	SPOUSE
Are you a beneficiary under any trust? (If yes, provide copy)	Yes No	Yes No
Are you a Trustee under any trust? (If yes, provide copy)	Yes No	Yes No
Are you likely to receive substantial inheritances in the future?	Yes No	Yes No

ADDITIONAL INFORMATION:

Please state any additional matters which have not already been covered: