

BERNETICH, HATZELL & PASCU, LLC
LAW OFFICES

4 MUNN AVENUE
CHERRY HILL, NEW JERSEY 08034

WEBSITE: WWW.ESTATEPLANLAWYER.COM

ESTATE PLANNING - INQUIRY SHEET

TELEPHONE
(856) 795-3535

FACSIMILE
(856) 795-3322

Today's Date: _____

NAME: _____ S.S. NO. _____ U.S. CITIZEN: YES NO

HOME ADDRESS: _____

OFFICE ADDRESS: _____

BIRTH DATE: _____

TELEPHONE: Home: _____ Office: _____ Cell: _____

EMAIL ADDRESS: _____

Names of Children (indicate if step-child) and other Dependents	Birth Date	Marital Status	Spouse's Name	Grandchildren (Attach list if necessary)

Do any individuals have special needs? _____ Yes _____ No

TYPE OF ASSET	DESCRIPTION (Please (i) list the value in the column to the right; (ii) attach separate itemized lists as needed)	APPROX. CURRENT MARKET VALUE
REAL ESTATE residence, business, other		
SECURITIES stocks, bonds, mutuals		
CASH bank a/c's, receivables, money markets		
RETIREMENT ACCOUNTS		
BUSINESS INTERESTS		

PERSONAL EFFECTS													
OTHER ASSETS, POTENTIAL INHERITANCE, ETC.													
LIFE INSURANCE	<table border="1"> <thead> <tr> <th>Insured</th> <th>Company Name</th> <th>Cash Value</th> <th>Beneficiary</th> <th>Policy Nos.</th> <th>Face Amount</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Insured	Company Name	Cash Value	Beneficiary	Policy Nos.	Face Amount						
Insured	Company Name	Cash Value	Beneficiary	Policy Nos.	Face Amount								
DEBTS & OBLIGATIONS													

Notes/Comments: _____

You will need an **Executor** to administer your estate after your death. You should have more than one name. Your Executor can be an individual with successors or more than one individual acting together as Co-Executor.

	Insert NAME and RELATIONSHIP
1	
2	
3	

We will prepare a **Power of Attorney**. A POA appoints an **Attorney-in-Fact** (also called agent) to handle your financial matters for you if you are unable. Your Attorney-in-Fact can be an individual with successors or more than one individual acting together as Co-Agents.

	Insert NAME and RELATIONSHIP
1	
2	
3	

We will prepare and **Advance Directive for Health Care**. An ADHC appoints **Health Care Representatives** to access your health care records and to make medical decisions for you if you are unable. Your Health Care Representative can be an individual with successors or more than one individual acting together as Co- Health Care Representatives.

	Insert NAME and RELATIONSHIP
1	
2	
3	

If you have **minor children**, state who you prefer to be the guardian(s) if you are not living.

	Insert NAME and RELATIONSHIP
1	
2	