

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: _____

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

HOME ADDRESS: _____

OFFICE ADDRESS: _____

BIRTH DATE: _____

TELEPHONE: CELL: _____ HOME: _____ OFFICE: _____

EMAIL ADDRESS: _____

Legal 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 _____

Do you have any existing trusts? Yes _____ No _____ If yes, is it funded with any assets? Please provide a copy.

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, mutual		
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 LEGAL NAME and RELATIONSHIP
1	First choice:
2	Successor:
3	Next successor:

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 LEGAL NAME and RELATIONSHIP
1	First choice:
2	Successor:
3	Next successor:

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 LEGAL NAME and RELATIONSHIP
1	First choice:
2	Successor:
3	Next successor:

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

	Insert LEGAL NAME and RELATIONSHIP
1	First choice:
2	Second choice: