BHP
BERNETICH HATZELL & PASCU, LLC
ATTORNEYS AT LAW

SINGLE ESTATE PLANNING – INQUIRY SHEET

4 MUNN AVENUE
CHERRY HILL, NEW JERSEY 08034

WEBSITE: WWW.ESTATEPLANLAWYER.COM

TELEPHONE: 856-795-3535 FACSIMILE: 856-795-3322

DATE:_____

LEGAL NAME:_____U.S. CITIZEN: YES☐NO☐
HOME ADDRESS:_____
BIRTHDATE:_____
TELEPHONE:_____
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?_____
Do you have any existing trusts? _____ 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	Insured	Company Name	Cash Value	Beneficiary	Policy Nos.	Face Amount
DEBTS & OBLIGATIONS						

Notes/Comments:_____

_____

_____

Last Will and Testament: You will need an **Executor** to administer each of your estates after your death. You should have more than one named. Your Executor can be an individual with successors or more than one individual acting together as Co-Executors.

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

Powers 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:

Advance Directives for Health Care: An ADHC appoints a **Health Care Representative** to access your health care records and 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:

Guardian: 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: