

Wills & Trusts
Estate Administration
Estate Litigation
Guardianships
Special Needs Trusts
Elder Law

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ESTATE PLANNING

Date: _____ Initial: _____

NAME (exactly as want on documents):

SPOUSE (exactly as want on documents):

AGE _____ SSN _____

AGE _____ SSN _____

DATE OF BIRTH _____

DATE OF BIRTH _____

U.S. CITIZEN? Yes No

U.S. CITIZEN? Yes No

CHILDREN:

Name _____ Age _____

CHILDREN:

Name _____ Age _____

Please note if any children from a previous marriage or other relationship, and if so, please give name of ex-spouse or other parent:

SPECIFIC ISSUES - Are there any specific issues you would like to discuss. For example, if you have any children with disabilities, or if one or both of you has children from a previous marriage, or if there is anything else that is of particular concern to you.

NAME: _____

NAME: _____

ASSET DETAILS - We must know the assets to determine the type of Will needed and to coordinate beneficiary designations in retirement accounts and life insurance with the Will. Please estimate all figures to nearest \$1,000.

LIFE INSURANCE:

_____ \$ _____
_____ \$ _____
_____ \$ _____

SPOUSE LIFE INSURANCE:

_____ \$ _____
_____ \$ _____
_____ \$ _____

RETIREMENT ACCOUNTS
IRA's, 401K'S, Pensions, Annuities:

_____ \$ _____
_____ \$ _____
_____ \$ _____

SPOUSE RETIREMENT ACCOUNTS
IRA's, 401K'S, Pensions, Annuities:

_____ \$ _____
_____ \$ _____
_____ \$ _____

OTHER ACCOUNTS (Savings, Checking, Money Market, Mutual Funds):

_____ \$ _____ Who Owns: _____
_____ \$ _____ Who Owns: _____
_____ \$ _____ Who Owns: _____
_____ \$ _____ Who Owns: _____

REAL ESTATE:

Value: \$ _____ Mortgage: \$ _____ Who Owns: _____
Value: \$ _____ Mortgage: \$ _____ Who Owns: _____

OTHER ASSETS:

_____ \$ _____ Who Owns: _____
_____ \$ _____ Who Owns: _____
_____ \$ _____ Who Owns: _____
_____ \$ _____ Who Owns: _____

NAME: _____

NAME: _____

BENEFICIARIES: The usual first choice beneficiary is your spouse and then your children. Please note that our standard trust for children provides for mandatory release of income to the child after age 21, one half of principal at age 25, and the other half at age 30, with any other distributions in the trustee's discretion. You may change these ages if you wish.

Spouse as 1st choice: Yes No

Spouse as 1st choice: Yes No

Children, in equal shares, as 2nd choice (or 1st choice if not spouse): Yes No

Children, in equal shares, as 2nd choice (or 1st choice if not spouse): Yes No

NEXT CHOICE BENEFICIARIES: If any of your children do not survive you, their children would ordinarily receive their share, so your grandchildren are already included. Who is your next choice beneficiary if neither your spouse, children nor grandchildren survive you? We usually recommend siblings here, or parents, or nieces and nephews, or charities, or a combination of these, or if you are married, then one half to each of your families.

Are any of the above step or half relationships? Yes No

Do either of you have a divorce agreement that requires you to maintain life insurance for any particular beneficiaries? Yes No If yes, please bring a copy to your appointment.

FINANCIAL PROFESSIONALS: We are requesting information about financial professionals so that we can coordinate your estate planning with them as appropriate. For example, your financial planner and/or life insurance agent may be able to take care of any changes needed to the beneficiaries on your retirement accounts and/or life insurance, or we might have tax questions that we may want to discuss with your accountant. Also, if you do not have financial professionals, we can provide you with recommendations.

FINANCIAL PLANNER: _____

COMPANY: _____

TELEPHONE NUMBER: _____

WOULD YOU LIKE A RECOMMENDATION? YES _____ NO _____

LIFE INSURANCE AGENT: _____

COMPANY: _____

TELEPHONE NUMBER: _____

WOULD YOU LIKE A RECOMMENDATION? YES _____ NO _____

ACCOUNTANT: _____

COMPANY: _____

TELEPHONE NUMBER: _____

WOULD YOU LIKE A RECOMMENDATION? YES _____ NO _____

COPIES OF DOCUMENTS OK TO ABOVE? YES _____ NO _____

CURRENT DOCUMENTS

Do either of you have a current Will, Power of Attorney, Living Will, Trust or other estate planning documents? Yes No

Do either of you have a Long Term Care insurance policy? Yes No

If yes to any of above, please bring a copy to your appointment.