HRMM&L

HAMBURG, RUBIN, MULLIN, MAXWELL & LUPIN, PC

ATTORNEYS AT LAW

Estate Planning Questionnaire

Date Completed:______/______/______

General Information

CLIENT:

Name ______________________________

Other Names Used ______________________________

Home Address ______________________________
STREET CITY STATE ZIP

Other Residences ______________________________

Phone (______)____________ (______)____________ (______)____________
HOME WORK CELL

E-Mail ______________________________

Employer ______________________________

Position/Occupation ______________________________

Business Address ______________________________
STREET CITY STATE ZIP

Date and Place of Birth ______________________________

Citizenship ______________________________

Marital Status ______________________________

SPOUSE (if applicable):

Name ______________________________

Phone (______)____________ (______)____________ (______)____________
HOME WORK CELL

Other Names Used ______________________________

E-Mail ______________________________

Employer ______________________________

Position/Occupation ______________________________

Date and Place of Birth ______________________________

Citizenship ______________________________

Family Profile

Note: include address if other than yours, and note if child is deceased.

Name	Relationship	Marital Status	No. of Children	Date of Birth	Occupation (if applicable)
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Assets

Note: Feel free to prepare supplementary schedules to provide further details with respect to any of the following categories.

	Client	Spouse	Joint
Cash, Bank Accounts and Money Market Funds			
Bonds and Bond Funds			
Listed Stocks and Mutual Funds			
Listed Partnerships			
Residence			
Second Homes			
Investment Real Estate			
Professions or Businesses in which you are active (Sole Proprietorships, Partnerships or Corporations)			
Closely Held Businesses (In which you are not active)			
Retirement Plans (including IRAs) (Complete Supplemental Information on page 6)			
Life Insurance (Complete Supplemental Information on page 7)			
Annuities			
Interests in Estates or Trusts			
Home Furnishings			
Automobiles			
Collections			
Other Personal Effects			
Miscellaneous Assets (Identify if significant)			
TOTALS			

401Ks/IRAs/Pension/Profit Sharing

Name of Plan	Value	Owner**	Primary Beneficiary**	Secondary Beneficiary**
1.				
2.				
3.				
4.				
5.				
6.				

** **H**=Husband **W**=Wife **O**=Other

Advisors

	Name and Address	Telephone #
Accountant		
Life Insurance Agent		
Investment Advisor		
Stockbroker		
Other Attorney		
Physician		
Other Consultant or Advisor		

If spouse uses different advisors, please note and provide the same information for spouse's advisors.

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Hamburg, Rubin, Mullin, Maxwell & Lupin, PC
Attorneys at Law

Life Insurance

Policy Owner	Whose Life Insured?	Insurance Company	Policy & Cert. No.	Face Amount on Death	Type of Insurance (e.g., term, group, whole life, variable life, universal life, accidental death)	Primary Beneficiary	Contingent Beneficiary

Additional Information

Do you have any of the following documents?
Please check all that apply. If so, please furnish copies prior to or at our first meeting.

☐ Current Wills and/or Trusts?

☐ Current Financial Powers of Attorney?

☐ Living Wills and/or Health Care Powers of Attorney?

☐ Organ Donation Designations?

Location(s) of Safe Deposit Box(es) and How Registered:

BANK NAME/ADDRESS ______ REGISTERED UNDER ______

BANK NAME/ADDRESS ______ REGISTERED UNDER ______

Do you maintain digital, electronic or online financial accounts of any type?

☐ Yes ☐ No

If yes, please provide the location of these accounts and the location of any passwords or account information:

______

______

Are you serving as custodian of any Uniform Transfers to Minors Account?

☐ Yes ☐ No

If yes, please provide the following information:

Minor for whom Account Held	Custodian	Financial Institution	Account Value

www.HRMML.com
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