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ESTATE PLANNING - INQUIRY SHEET

		Today'	s Date <u>:</u>						
SPOUSE 1:				_ S.S. NC)		U.S. CI1	IZEN: YES□NO[
SPOUSE 2 <u>:</u>				_ S.S. NC) <u>. </u>		U.S. CIT	TZEN: YES□NO[
	/I D								
EMAIL ADDRESSES	(H) <u>:</u>				(VV) <u>:</u>				
Names of Children (indicate if step- child) and other Dependents		Birth Date Marital Spouse' Status			s Name	(Att	Grandchildren (Attach list if necessary)		
									_
									\dashv
									_
									\dashv
Do any individuals ha	ave special needs?	Yes	No		VALUE OF	: v	ALUE OF	VALUE OF	
TYPE OF ASSET	(Please (i) list the val				ASSET OWNED B' SPOUSE 1	Y 0	ASSET WNED BY POUSE 2	ASSET OWNED JOINTLY	
REAL ESTATE residence, business, other									
SECURITIES stocks, bonds, mutuals									
CASH bank a/c's, receivables, money markets									
RETIREMENT ACCOUNTS									
BUSINESS INTERESTS									

	PERSONAL EFFECTS									
	THER ASSETS, POTENTIAL NHERITANCE, ETC.									
LIF	E INSURANCE	Insured Company Name	Cash Value Ben	eficiary Poli	cy Nos.	Face Amount	Face Amount	Face Amount		
	DEBTS AND DBLIGATIONS									
Note	es/Comments <u>:</u>									
You will need an <u>Executor</u> to administer each of your estates 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.										
1	Husband, inser	t NAME and RELATIONS	SHIP		Wife,	insert NAME and I	RELATIONSHIP			
2										
3										
We	will prepare Pow	vers of Attorney. A POA	appoints an A	ttorney-in-F	act (als	so called agent) to	handle your financi	ial matters for you if		
you	u are unable. Your Attorney-in-Fact can be an individual with successor				1	ors or more than one individual acting together as Co-Agents. Wife, insert NAME and RELATIONSHIP				
1	riusbanu, mser	THANKE and NELATIONS	<u> </u>		wile,	insert WAIVIE and I	ILLATIONOTIII			
2										
3										
We will prepare and <u>Advance Directives for Health Care</u> . An ADHC appoints <u>Health Care Representatives</u> 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.										
		t NAME and RELATIONS		o riealtii C		insert NAME and I	RELATIONSHIP			
1										
2										
3										
If you have minor children, state who you prefer to be the guardian(s) if you are not living.										
		nd RELATIONSHIP	cidi to be tile (guaruiari(s)	ii you c	are not nving.				
1										
2										
			_		_	_				