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PROVIDING:
ELDER LAW SERVICES
ESTATE PLANNING AND TRUST ADMINISTRATION
MEDICAID AND PUBLIC BENEFITS PLANNING
SPECIAL NEEDS PLANNING
GUARDIANSHIP SERVICES
WILL CONTESTS AND PROBATE LITIGATION
NURSING HOME LAW AND LITIGATION
VA BENEFITS PLANNING
FAMILY LAW SERVICES
COLLABORATIVE LAW
MEDIATION SERVICES
SOCIAL SECURITY DISABILITY APPEALS

CONFIDENTIAL CLIENT QUESTIONNAIRE for PROBATE And ESTATE ADMINISTRATION

This questionnaire is intended to elicit the basic information we need to help you with the probate of the decedent's will and the administration of the decedent's estate. The more complete and accurate your responses, the better we will be able to help you. In addition, please bring copies of the death certificate, the Last Will and Testament, and any other documents mentioned in this questionnaire in your possession.

Today's Date _____

1.00 GENERAL INFORMATION RE: DECEDENT

Name of Decedent _____

Address of Decedent _____

Date of Decedent's Death _____

Age of Decedent at Date of Death _____

Place of Decedent's Death _____

Approximate Date Decedent Became a New Jersey resident: _____

Decedent's was a Citizen of: ___ USA ___ Other: _____

Date of Decedent's Birth _____

Place of Decedent's Birth _____

Date of Will _____

County of Probate _____

Date of Probate _____

Estate ID No. _____

Important Numbers:

Social Security Number _____

Veterans Administration ID Number _____

Dates of Service _____ Branch of Service _____



2.00 DECEDENT'S SURVIVING SPOUSE

- 2.01 Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone No. _____ Business Phone No. _____
E-mail Address _____ Fax No. _____
Social Security No. _____
- 2.02 If Spouse Is Deceased, Date of Death _____
Place of Death _____
Will Probated _____

3.00 PRIOR MARRIAGES

Provide the names and addresses of all other persons to whom decedent was married, date and manner in which such marriage was terminated (i.e., divorce, death, annulment):

- Name of Former Spouse _____
Current Address of Former Spouse (if known): _____
Street Address _____
City _____ State _____ Zip _____
Home Phone No. _____ Business Phone No. _____
E-mail Address _____ Fax No. _____
Dates of Marriage _____
Marriage was Terminated by:
___ Divorce -- Date of Divorce _____
___ Death -- Date of Death _____
___ Annulment -- Date of Annulment _____

4.00 DECEDENT'S CHILDREN (if applicable)

- 4.01 Name of Child _____
Street Address _____
City _____ State _____ Zip _____
Phone Number _____ E-mail Address _____
Date of Birth _____ Social Security Number _____



- 4.02 Name of Child _____
Street Address _____
City _____ State _____ Zip _____
Phone Number _____ E-mail Address _____
Date of Birth _____ Social Security Number _____
- 4.03 Name of Child _____
Street Address _____
City _____ State _____ Zip _____
Phone Number _____ E-mail Address _____
Date of Birth _____ Social Security Number _____
- 4.04 Did any of decedent's children predecease decedent? ___ Yes ___ No If yes,
please list the deceased child's name and the child's surviving children, if any:
Name(s) of deceased child(ren) _____

Name(s) of deceased child's surviving child(ren): _____

- 4.05 If any of the children are minors, list name of parent or legal guardian:

5.0 OTHERS INCLUDED IN DECEDENT'S WILL

- 5.01 List the names of all persons included as beneficiaries in the decedent's Last Will and Testament, other than decedent's spouse and children:
- Name _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ E-mail Address _____
- Name _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ E-mail Address _____
- Name _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ E-mail Address _____



5.02 If decedent died without a valid Last Will and Testament, who will inherit?

Will parent(s) inherit? ___ Yes ___ No If yes, list parent(s):

Name of Father _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail Address _____

Name of Mother _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail Address _____

Will sibling(s) inherit? ___ Yes ___ No If yes, list sibling(s):

Name of Sibling _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail Address _____

Name of Sibling _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail Address _____

Name of Sibling _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail Address _____

If no parent or sibling, who will inherit?

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail Address _____

Relationship to Decedent _____

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail Address _____

Relationship to Decedent _____



6.00 EMPLOYMENT

Name of Decedent's Current or Former Employer _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax No. _____ E-mail _____

7.00 DECEDENT'S ACCOUNTANT

Name _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax No. _____ E-mail _____

8.00 DECEDENT'S INSURANCE AGENT

Name _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax No. _____ E-mail _____

9.00 DECEDENT'S STOCK BROKER

Name of Brokerage _____
Name of Account Representative _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax No. _____ E-mail _____

10.00 OTHER PROFESSIONAL ADVISERS

10.01 Name _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax No. _____ E-mail _____

10.02 Name _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax No. _____ E-mail _____



10.03 Name _____
Street Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax No. _____ E-mail _____

11.00 PROBATE INFORMATION

11.01 Full Name of Executor/Administrator: _____
Street Address _____
City _____ State _____ Zip _____
Home Phone No. _____ Business Phone _____
Cell Phone No _____ Fax No. _____
E-mail Address _____
Social Security No. _____

11.02 Name of Co-Executor/Administrator (if applicable): _____
Street Address _____
City _____ State _____ Zip _____
Home Phone No. _____ Business Phone _____
Cell Phone No _____ Fax No. _____
E-mail Address _____
Social Security No. _____

11.03 Name of Corporate Executor/Administrator (if applicable): _____
Name of Trust Officer _____
Street Address _____
City _____ State _____ Zip _____
Home Phone No. _____ Business Phone _____
Cell Phone No _____ Fax No. _____

11.04 Witness Name _____
A. Address _____
B. Telephone No. _____
Witness Name _____
A. Address _____
B. Telephone No. _____

11.05 Short Certificates--Number Required: _____

11.06 Rule To Bar Creditors--Required? Yes No



12.00 SAFE DEPOSIT BOX

Name Of Bank _____
 Address Of Branch _____
 Telephone No. _____
 Contact Person _____

13.00 SOCIAL SECURITY & VETERANS BENEFITS

- 13.01 Has Funeral Director Applied For Lump-Sum Death Benefit? Yes No
 13.02 Has Surviving Spouse Applied For Survivors Benefit? Yes No
 13.03 Has Funeral Director Applied For VA Benefits For Headstone? Yes No

14.0. DECEDENT'S ESTATE

14.01 Decedent's Estimated Net Worth: \$_____.

14.02 REAL ESTATE

TYPE AND LOCATION	COST	CURRENT VALUE	OWNERSHIP*

*JT=Joint Tenants; TC= Tenants-in-Common.

14.02.1 Name Of Mortgage Lender _____
 Address Of Mortgage Lender _____
 Telephone No. _____
 Fax No. _____

14.02.2 Did Property Pass By Right Of Survivorship? Yes No

14.03 BANK ACCOUNTS

Bank Name and Address	Type of Acct*	Account Number	Owner	Amount on Deposit

*Checking Account (CA), Savings Account (SA), Certificates of Deposit (C), Money Market Accts (MMA)



14.04 STOCKS, BONDS, TREASURY NOTES

NAME	ESTIMATED COST	ESTATE VALUE	OWNERSHIP*

*JT=Joint Tenants; TC= Tenants-in-Common.

14.05 BROKERAGE FIRM(S)

14.05.1 Name Of Firm _____
 Address _____
 Telephone No. _____
 Fax No. _____
 Contact Person _____
 Attach Brokerage Statement _____

14.05.2 Name Of Firm _____
 Address _____
 Telephone No. _____
 Fax No. _____
 Contact Person _____
 Attach Brokerage Statement _____

14.06 TRANSFER AGENT(S)

14.06.1 Name Of Transfer Agent _____
 Address Of Transfer Agent _____
 Name Of Stock Transferred _____
 Number Of Shares _____

14.06.2 Name Of Transfer Agent _____
 Address Of Transfer Agent _____
 Name Of Stock Transferred _____
 Number Of Shares _____

14.06.3 Name Of Transfer Agent _____
 Address Of Transfer Agent _____
 Name Of Stock Transferred _____
 Number Of Shares _____



14.07 PARTNERSHIPS AND OTHER INVESTMENTS

NAME OF INVESTMENT	TYPE OF INVESTMENT	CURRENT VALUE	OWNERSHIP*

*JT=Joint Tenants; TC= Tenants-in-Common.

14.08 RETIREMENT ACCOUNTS: IRAs, KEOUGHS, 401(K), ETC.

TYPE OF ACCOUNT	TAX BASIS	CURRENT VALUE	OWNERSHIP*

*JT=Joint Tenants; TC= Tenants-in-Common.

14.09 LIFE INSURANCE and ANNUITY CONTRACTS

Company Name and Address	Owner	Cash Surrender Value / Death Benefit	Policy Number	Primary / Alternate Beneficiaries

14.10 Have Claims Been Filed On All Life Insurance Policies? Yes No If yes, have all proceeds been received, and by whom? _____

14.11 BUSINESS INTERESTS

Company	Owner	Type*	Percentage Ownership	Value	Buy/Sell Agreement

*Corporation (C), Sole Proprietorship (SP), Partnership (P), Limited Liability Co. (LLC)



**14.12 VALUABLE PERSONAL PROPERTY: AUTOMOBILES,
JEWELRY, COLLECTIONS AND THE LIKE**

ASSET	OWNER	VALUE

15.00 DEBTS OR CLAIMS

- 15.01 Name Of Funeral Director _____
Nature Of Debt Or Claim _____ Amount _____
- 15.02 Administrative Expenses _____
Counsel Fees _____
- 15.03 Executor's Or Administrator's Commission _____
- 15.04 Other Claims or Debts:
 - 15.04.1 Name Of Claimant _____
Address Of Claimant _____
Telephone No. _____
Fax No. _____
Nature Of Claim _____
Amount Of Claim _____
 - 15.04.2 Name Of Claimant _____
Address Of Claimant _____
Telephone No. _____
Fax No. _____
Nature Of Claim _____
Amount Of Claim _____
 - 15.04.3 Name Of Claimant _____
Address Of Claimant _____
Telephone No. _____
Fax No. _____
Nature Of Claim _____
Amount Of Claim _____

16.00 EXPENSES OF DECEDENT'S LAST ILLNESS

Please provide a list of expenses of decedent's last illness, including name and address of the creditor or provider, the amount owed, and/or the date paid.



17.00 TRANSFERS

17.01 Did decedent, within three (3) years of death, transfer property valued at \$500.00 or more, without receiving full financial consideration therefore? Yes No If yes, provide: Date of Transfer _____ Fair Market Value (FMV) as of the date of death (DOD) _____

Description of Property _____

Name of Transferee _____

Relationship of Transferee to Decedent _____

17.02 Did decedent, at any time, transfer property, reserving whole or in part the use, possession, income, or enjoyment of such property? Yes No If Yes, provide: Date of Transfer _____ FMV as of DOD _____

Description of property _____

Name of Transferee _____

Relationship of Transferee to Decedent _____

17.03 Did decedent, at any time, transfer property on terms requiring payment of income to decedent from a source other than such property? Yes No If Yes, provide: Date of Transfer _____ FMV as of DOD _____

Description of property _____

Name of Transferee _____

Relationship of Transferee to Decedent _____

17.04 Did decedent, at any time, transfer property, the benefit or enjoyment of which was subject to change because of a reserved power to alter, amend, or revoke, or revert to decedent under terms of transfer or by operation of law? Yes No If Yes, provide: Date of Transfer _____ FMV as of DOD _____ Description of property _____

Name of Transferee _____

Relationship of Transferee to Decedent _____

17.05 If the answer to any of the above questions is "Yes," submit copy of trust deed or agreement, is any. (If transfers are claimed to be untaxable, also submit detailed statements of facts on which such claim is based, proof as to decedent's physical condition, and copy of death certificate.)

17.06 Was decedent a participant in any pension plan that provided for payment of an annuity or lump sum on or after death to another? Yes No



17.07 Did decedent purchase or in any manner participate in any contract or plan providing for payment of an annuity or lump sum on or after death to another, except life insurance contract payable to a designated beneficiary? Yes No

(Matured Endowment Policies, Claim Settlement Certificates, Supplementary Contracts, annuity contracts, and refunds thereunder and Interest-income Certificates, even though issued by an insurance company, are not considered life insurance contracts.)

17.08 Was a single-premium Life insurance policy issued on decedent's life in conjunction with an annuity contract? Yes No

If the answer to questions (06), (07), or (08) is "Yes," attach photocopies of all such contracts, plans, and policies.

17.09 Were any accumulated dividends due in any contract of insurance? Yes No
If Yes, provide: _____

17.10 Did decedent file an income tax return for years prior to death? Yes No

18.0. REFERRAL

18.01 By whom were you referred to this office?

Name _____

Street Address _____

City _____ State _____ Zip _____

18.02 Referral is: ___ Attorney ___ Financial Planner ___ Previous Client of the Law Office of Donald D. Vanarelli ___ Other _____

18.03 Have you visited our website at www.dvanarelli.com? Yes No

18.04 If yes, do you have any ideas for improving our website? If so, please discuss:

19.0. CERTIFICATION

I understand that the recommendations and advice which you give, and any documents you prepare, will be based on the accuracy and completeness of the disclosures made herein. **Thus, I certify that the information provided is true and correct in all respects to the best of my knowledge and belief.**

Client