

CZEPIGA DALY DILLMAN LLC
ESTATE PLANNING INVENTORY
(Short Form)

Client's Name: _____

Date of Interview: _____

Attorney: Paul T. Czepiga ___ Brendan F. Daly ___

Client's Telephone:

Residence: _____

Business: _____

Fax: _____

Email address: _____

CLIENT CERTIFICATION

The enclosed contains a complete listing of all property and assets in which I have an ownership interest and has been completed to the best of my ability. I understand that you will rely on this in making recommendations and/or in preparing my estate plan and that if the information included in this form is not complete or accurate the recommendations and estate plan made in reliance on this questionnaire may be adversely affected or inappropriate.

(signature)

(date)

(signature)

(date)

Czepiga Daly Dillman LLC
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AND

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ESTATE INTAKE FORM

*** Please provide spellings of names as they should appear on legal documents**

1. H. Name: _____ SS# _____ Date of Birth _____

W. Name: _____ SS# _____ Date of Birth _____

2. Address: _____

3. Telephone: Home # _____ Cell # _____

Business # _____ Fax # _____

Email address: _____

4. H. Place of Birth: _____ W. Place of Birth: _____

5. Primary Care Physician H: _____ W: _____

6. Are you a U.S. Citizen? Yes _____ No _____ Your spouse? Yes _____ No _____

7. Are you a Veteran? Yes _____ No _____ Your spouse? Yes _____ No _____

Branch: You _____ Your spouse _____

8. Names & Addresses of Family Members:

Children: 1) _____

2) _____

Phone #

Phone #

Date of Birth

Date of Birth

Social Security #

Social Security #

Email address

Email address

3) _____

4) _____

Phone #

Phone #

Date of Birth

Date of Birth

Social Security #

Social Security #

Email address

Email address

9. Grandchildren, Names & Age & Parents Name:

1) _____ Age _____ 2) _____ Age _____

3) _____ Age _____ 4) _____ Age _____

5) _____ Age _____ 6) _____ Age _____

10. Brothers/Sisters, Names & Ages:

You:

Spouse:

1) _____ Age _____ 1) _____ Age _____

2) _____ Age _____ 2) _____ Age _____

3) _____ Age _____ 3) _____ Age _____

4) _____ Age _____ 4) _____ Age _____

11. Your Mother _____ Spouse's Mother _____

Your Father _____ Spouse's Father _____

12. Prenuptial or Marital Agreements (please attach copy): Yes _____ No _____

13. Assets:

A) Residence _____ (Attach copy of Deed)

Sole/Joint Owners: _____

Market Value \$ _____ Mortgage Amt \$ _____

Mortgage with: _____

B) Other Real Estate: _____ (Attach copy of Deed)

Sole/Joint Owners: _____

Market Value \$ _____ Mortgage Amt \$ _____

Mortgage with: _____

C) Tangible Personalty: (If any of the items listed below are insured under homeowners, riders or other insurance policies, please indicate so by placing an "X" under the insured column)

Insured

Cars: Year _____ Make _____ Model _____ Value \$ _____

Year _____ Make _____ Model _____ Value \$ _____

Jewelry _____ Value \$ _____

Collections _____ Value \$ _____

Boats: Year _____ Make _____ Model _____ Value \$ _____

Airplane: Year _____ Make _____ Model _____ Value \$ _____

D) Safe Deposit Box: No _____ Yes _____ Bank _____

Accessed by: _____

E) Stocks, Bonds (including savings bonds) & Bank Accounts (List monetary amounts for following and attach copy of most recent bank, brokerage, or other statements):

Identify Co. whether IRA Stocks, Bonds, Mutual Fund, Money Mkt, Svgs, CD's	Approximate Balance (or value of Securities)	In whose name
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____
5. _____	\$ _____	_____
6. _____	\$ _____	_____
7. _____	\$ _____	_____
8. _____	\$ _____	_____
9. _____	\$ _____	_____
10. _____	\$ _____	_____

F) Life Insurance (Attach Face Sheet of Policy):

Person Insured	Face Value	Beneficiary	Owner	Type of Policy Name of Co.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

G). Special Interests:

- 1. Leases _____
- 2. Debts due you _____
- 3. Other _____

H) Business Interests:

- 1. _____
- 2. _____

I) Trusts:

J) Employee Benefits:

K) Annuities (Attach copy of Face Sheet):

Amount (You) _____

Amount (Spouse) _____

L) Long Term Care Insurance (Attach copy of Face Sheet): Yes _____ No _____

a. Insured: _____ Policy #: _____

Company: _____ Amount \$ _____

b. Insured: _____ Policy #: _____

Company: _____ Amount \$ _____

M) Monthly Pension:

Company (You) _____ Amount \$ _____

Company (Spouse) _____ Amount \$ _____

N) Social Security

Amount (You) \$ _____

Amount (Spouse) \$ _____

O) Health Insurance

a. Insured: _____ Policy #: _____

Company: _____ Premium \$ _____

b. Insured: _____ Policy #: _____

Company: _____ Premium \$ _____

P) Prepaid funeral

Funeral home _____ \$ _____

Funeral home _____ \$ _____

14. Liabilities:

Bank Loans: _____

Secured Loans: _____

15. Prior Wills: (provide copies) _____

16. Other Agreements: (provide copies) _____

17. Proposed Executor/Executrix _____

Address _____

Alternate _____

Address _____

18. Proposed Guardian _____

Address _____

Alternate _____

Address _____

19. Transfers by Gift:

<u>Type of Asset</u>	<u>To Whom</u>	<u>Value of Gift</u>	<u>Year</u>	<u>Tax Paid</u>
1. _____	_____	\$ _____	_____	_____
2. _____	_____	\$ _____	_____	_____
3. _____	_____	\$ _____	_____	_____
4. _____	_____	\$ _____	_____	_____
5. _____	_____	\$ _____	_____	_____

TOTAL VALUE OF GIFTS: _____

20. Gift tax returns prepared by: _____

OTHER ISSUES TO DISCUSS: _____
