

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

48 Christian Lane, 2nd Floor
Newington, CT 06111

Tel: (860) 594-7995 Fax: (860) 594-7998

AND

1160 Silas Deane Highway, 2nd Floor
Wethersfield, CT 06109

Tel: (860) 563-4070 Fax: 1-866-614-2446

www.ctseniorlaw.com

(rev. 5/09)

ESTATE INTAKE FORM

Please Provide Spellings of Names As They Should Appear on Legal Documents

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

H. Place of Birth: _____ H. U.S. Citizen: Yes / No

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

W. Place of Birth: _____ W. U.S. Citizen: Yes / No

2. Address: _____

3. Telephone: Home # _____ Cell # _____

Business # _____ Fax # _____

Email address: _____

4. Names & Addresses of Family Members:

Children:

1) _____ 2) _____

Phone # _____ Phone # _____

Date of Birth _____ Date of Birth _____

Email address _____ Email address _____

3) _____ 4) _____

Phone # _____ Phone # _____

Date of Birth _____ Date of Birth _____

Email address _____ Email address _____

5. Grandchildren, Names & Age & Parents Name:

1) _____ Age _____	2) _____ Age _____
_____	_____
3) _____ Age _____	4) _____ Age _____
_____	_____
5) _____ Age _____	6) _____ Age _____
_____	_____

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

9. Assets:

A) Residence _____

Sole/Joint Owners: _____

Market Value \$ _____ Mortgage Amt \$ _____

Mortgage with: _____

B) Other Real Estate: _____

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 \$ _____

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

Accessed by: _____

E) Stocks, Bonds (including savings bonds) & Bank Accounts

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

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

G) Business Interests:

1. _____
2. _____

H) Trusts:

I) Employee Benefits:

J) Annuities

Amount (You) _____

Amount (Spouse) _____

K) Long Term Care Insurance Yes _____ No _____

a. Insured: _____ Policy #: _____

Company: _____ Amount \$ _____

b. Insured: _____ Policy #: _____

Company: _____ Amount \$ _____

L) Monthly Pension:

Company (You) _____ Amount \$ _____

Company (Spouse) _____ Amount \$ _____

M) Social Security

Amount (You) \$ _____

Amount (Spouse) \$ _____

N) Health Insurance

a. Insured: _____ Policy #: _____

Company: _____ Premium \$ _____

b. Insured: _____ Policy #: _____

Company: _____ Premium \$ _____

O) Prepaid funeral

Funeral home _____ \$ _____

Funeral home _____ \$ _____

10. Liabilities:

A) Margin Accounts: _____

Life Insurance Loans: _____

Bank Loans: _____

Secured Loans: _____

11. Prior Wills: (provide copies) _____

12. Proposed Executor/Executrix _____

Address _____

Alternate _____

Address _____

13. Proposed Guardian _____

Address _____

Alternate _____

Address _____

14. 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: _____

OTHER ISSUES TO DISCUSS: _____

