LAW OFFICES OF KATYA SVERDLOV

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INITIAL CLIENT QUESTIONNAIRE

| ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL | | |
|--|--|--|
| PERSONAL INFORMATION | | |
| Legal Name | | |
| Also known as | | |
| Birth date US Citizen? Yes No Wartime Veteran? Holocaust survival? | | |
| Social Security # | | |
| Home Address City State Zip | | |
| Home Telephone Cell Phone Business Telephone | | |
| E-mail Address | | |
| Married: Date of marriage Divorced Widowed Single Domestic Partnership | | |
| Spouse / Partner Legal Name | | |
| Also Known as | | |
| Birth dateUS Citizen? Yes No Wartime Veteran? Holocaust survival? | | |
| Social Security # | | |
| Home Address (if different from above) City State Zip | | |
| Home Telephone Cell Phone Business Telephone | | |
| E-mail Address | | |

CHILDREN

| Use full legal name as it appears on driver's license or legal ID card. Add additional sheets if necessary. |
|---|
| Child 1: Name DOB |
| Address: |
| Phone Number |
| Please check all that apply: Male Female Disabled Married Single |
| If the child is not joint, indicate the biological parent |
| Child 2: Name DOB |
| Address: |
| Phone Number |
| Please check all that apply: Male Female Disabled Married Single |
| If the child is not joint, indicate the biological parent |
| Child 3: Name DOB |
| Address: |
| Phone Number |
| Please check all that apply: Male Female Disabled Married Single |
| If the child is not joint, indicate the biological parent |
| Please provide details for children or grandchildren with any special needs or disabilities |
| Please provide details for children or grandchildren that have creditor problems, problems managing |

ng finances or marital issues that could affect their receiving property outright. _____ Please check "Yes" or "No" for your answer

| | Yes | No |
|---|-----|----|
| Have (you or your spouse) completed previous wills, trust, power of appointment | | |
| or other estate planning? (if yes, please bring to the initial meeting) | | |
| Have you ever filed a gift tax return (if yes, please bring to the initial meeting) | | |
| Are you (or your spouse) currently the beneficiary of anyone else's trust? | | |
| Are you a party to a pre- or post-nuptial agreement, divorce decree or marital | | |
| agreement (if yes, please bring to the initial meeting) | | |
| Have any of your children predeceased you? | | |
| Do any of your children/grandchildren have special education, medical, or | | |
| physical needs? | | |
| Do any of your children / grandchildren receive governmental support or | | |
| benefits? | | |
| Do you provide primary or other major financial support to adult | | |
| children/grandchildren or others? | | |
| Are you (or your spouse) receiving social security, disability, or other | | |
| governmental benefits? Describe | | |
| | | |
| Do you have any physical or mental disabilities? | | |
| Describe | | |
| Do you have any pets? | | |
| Do you have a prepaid burial account / burial plot? | | |

INCOME

Add additional sheets if necessary.

List all income sources (work, dividends, rental income, Social Security, retirement benefits, IRA distributions, trust income, annuity distributions, etc), showing the Gross amount before any withholdings of taxes, insurance premiums, etc.

| Income Source | Spouse 1 Amount | Spouse 2 Amount | Frequency |
|---------------|--------------------|--------------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

ASSETS: SUMMARY OF VALUES

Add additional sheets if necessary

| | Spouse 1 | Spouse 2 |
|--|----------|----------|
| Primary home Other Real Estate (include addresses) | | |
| Automobiles, Boats, RVs Bank and Savings Account (include name of bank) | | |
| | | |
| Safe Deposit Boxes (include name of bank) | | |
| Stocks and Bonds (include name of brokerage firm) | | |
| Life Insurance (name of insurance company, type of insurance) | | |
| Annuities (include name of financial institution) | | |
| Retirement Plans (include name of provider) | | |
| | | |
| Business Interests (include name, type of company) | | |
| Money owed to you (include debtor) | | |
| Anticipated inheritance (specify) | | |
| Other assets (specify) | | |
| | | |
| | | |
| Total Assets | | |

LIABILITIES: SUMMARY OF VALUES

Add additional sheets if necessary

| | Spouse 1 | Spouse 2 |
|--|----------|----------|
| Mortgages | | |
| | | |
| Other Secured Debt (i.e. auto loan, taxes) | | |
| | | |
| Other Unsecured Debt (i.e. credit card) | | |
| | | |
| Potential lawsuits | | |
| | | |
| | | |
| Total Liabilities | | |

SUPPORTING INFORMATION:

For the initial meeting, for all of the above listed documents, income, assets, and liabilities, please bring as much information as you are able to put together (recent bank statements, deeds, trust documents, estate planning documents, etc).

PERSONAL GOAL OF YOUR ESTATE PLAN

Please provide a brief summary of what you wish to accomplish by creating this estate plan.

CONTACT PERSON (the person who will accompany client(s) to meeting, if any)

Name_____ Relationship to Client_____ Telephone Number_____ Email Address_____

PLEASE READ AND SIGN BELOW

I have answered the above questions accurately and to the best of my ability. I understand that any recommendations made will be based on the information given and any additional or varying information may negate any advice that was previously provided to me.

Signature:_____

Date:_____

ITEMS TO CONSIDER WHEN YOU ARE PREPARING FOR THE MEETING

- 1. Who do you want to name as the agent on your power of attorney?
 - a. Primary Agent: Name: Relationship: _____ Street Address: _____ Phone Number: _____ b. Successor Agent: Name: Relationship: _____ Street Address: _____ Phone Number: _____
- 2. Who do you want to name as the agent on your health care proxy?

| a. | Primary Agent: |
|-------|---|
| | Name: |
| | Relationship: |
| | Street Address: |
| | Phone Number: |
| b. | Successor Agent: |
| | Name: |
| | Relationship: |
| | Street Address: |
| | Phone Number: |
| Who d | o you want to name as the executor under your will? |
| a. | Primary Executor: |
| | Name: |
| | Relationship: |
| | Street Address: |
| | Phone Number: |
| b. | Successor Executor: |
| | Name: |
| | Relationship: |
| | Street Address: |
| | Phone Number: |
| Who d | o you want to name as the trustee for your trust? |
| a. | Primary Trustee: |
| | Name: |
| | Relationship: |
| | Street Address: |
| | Phone Number: |
| b. | Successor Trustee: |
| | Name: |
| | Deletienshim |
| | Relationship: |
| | Street Address: |

3.

4.

5. Who do you want to name as the guardian for your minor children?

| | a. | Primary Guardian: | |
|----|-------|---------------------------|--|
| | | Name: | |
| | | Relationship: | |
| | | Street Address: | |
| | | Phone Number: | |
| | b. | Successor Guardian: | |
| | | Name: | |
| | | Relationship: | |
| | | Street Address: | |
| | | Phone Number: | |
| 6. | Who d | o you want to name as the | ustodian for the minor child's share distributed under UTMA? |
| | a. | Primary Custodian: | |
| | | Name: | |
| | | Polationchin: | |

| | Name: | |
|----|----------------------|-------|
| | Relationship: | ····· |
| | Street Address: | |
| | Phone Number: | |
| b. | Successor Custodian: | |
| | Name: | |
| | Relationship: | |
| | Street Address: | |
| | Phone Number: | |