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2053 Woodbridge Ave Edison, NJ 08817 (Phone) 732-572-0500 (Fax) 732-572-0030

"CONFIDENTIAL WILL QUESTIONNAIRE"

Please fill out completely and fax or mail back. This form is extremely important. Your accuracy and completeness in responding will help me best represent you. All sections and information must be filled out prior to sitting down with the attorney.

Please be sure to check all appropriate boxes. If "NONE", please state "NONE".

If "NOT APPLICABLE", please state "N/A".

PLEASE PRINT CLEARLY

1. Your Full Name:

First	t Last		
	IF MARRIED OR SEPARATED, complete (a) and (l Spouse's Full Name:	o) below:	
First	t Last		
3. Y	Your Street Address:		
City _	State Zip Code		
4.	Telephone Numbers:		
Cell:	:		
Day:	:/Night:		
5.	E-mail address:		
	Referred By: If referred by a person, is this a client or attorney? If you heach engine? What search terms did you use?	ard about the law o	office on the internet, which
7. To	oday's Date		
	We recommend a Durable Power of Attorney in the nental disability to help you with financial affairs?	e event of your	physical
	,	/es	No
	We recommend a Living Will telling hospitals and ans, i.e. Terri Schiavo; Karen Quinlan?	doctors not to	prolong your life by artificial
	`	(es	No

How can we help you? What are your ques	stions/other important information? Document hosted at JDSUPRA http://www.jdsupra.com/post/documentViewer.aspx?fid=f489e65b-4a38-4da7-ad7e-157e036aefe4
[It is required by Court Rules that all pageseeing the attorney]	ges be filled out in person's own handwriting prior to
8. Your Sex: [] Male [] Female	
9. Your Marital Status: [] Single [] Divorced	[] Married [] Separated [] Widowed
10. Your Date of Birth: Month Day	SS # Y Year
11. Spouse Date of Birth:	Year of a minor child or minor children, please check here. [
debts, preserving, managing, and distributing person should be one in whom you have to primary Executor, followed by the child who	ation about the person you wish to name to serve in this
Name:	
First	Last
Relationship: Address:	
SECOND Choice of Executor: This individual will serve in the even alive at the time of your death, or is unable	t that the primary executor/personal representative is not to serve.
Name:	
First	Last
Relationship: Address:	
The first section of E and force of the	- Clied a findant and the state of NA and and

The two proposed Executors must be filled out prior to meeting the attorney. We do not recommend Joint Executors, which often cause conflicts and additional work for the Estate. It is best to select one primary person, then a secondary person.

Asset Information- Must Be Complete	d - If none, write "none" http://www.jdsupra.com/post/documentViewer.asp	Document hosted at JDSUPRA				
House/Real Estate Address						
Estimate Total Real Estate Value:	Approx mortgage	_				
Bank Accounts, Stocks, CDs and Assets	S:	_				
Approximate Amount						
Beneficiaries of Bank Accounts (if none v	vrite "none")					
Other Major Assets (if none, write "none"):						
Approximate Life Insurance:	Beneficiary					
In the Will- Who do you want to get your assets:						
Beneficiary (1)	Relationship					
Beneficiary (2)	Relationship					
Beneficiary (3)	Relationship					
It is required by Court Rules that as attorney Any Specific Bequests of Money and Pro		ut prior to seeing the				
follows: 1. Your estate (all property and distributed to your surviving spouse.	rovide that, upon their death, proper d assets not owned jointly with ar ou, then your estate will be divided i	nother person) will be in equal shares among				
Names of Children:	Age:					
	Δαρ.					

LIST THE NAMES AND AGES OF ALL CHILDREN EVEN IF THEY ARE OLDER THAN EIGHTEEN. IF NO CHILDREN, WRITE NONE. If no minor children, skip page 4.

_____ Age: ____

III. GUARDIAN(S) OF MINOR CHILD(REN)

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[Skip this section if you have NO minor children and DO NOT want a trust. There are substantial additional fees for preparation of a Trust]

The surviving parent of a minor child is ordinarily entitled to be the GUARDIAN of that child. In the case of simultaneous death of you and your spouse, or if you are a single parent, you should appoint a Guardian for your minor child. It is advisable, prior to the completion of this Questionnaire, to make sure that your proposed Guardian(s) is (are) willing to serve as Guardian(s). In addition, the Guardian will also hold the monies for the minor children UNLESS you direct us otherwise. In your Will you can have any adult serve as Trustee of monies for minor children.

Provide the following information about the person(s) you select to be Guardian(s)/Trustee(s). In the event my spouse predeceases me, I name as GUARDIAN(S)/TRUSTEE(S):

1.	PRIMARY Choice of GUARDIAN / TRUSTEE:			
Ful	I Name:			
Rel	ationship:	_		
2.	SECOND Choice of GUARDIAN / TRUSTEE:			
Ful	l Name:			
Rel	ationship:			
Are det	e there any beneficiaries with special needs, or receivall	ving SSI or S	SDD? Please answ	er in
				

[] B. MARRIED PERSONS WITH NO CHILD(REN) OR GRANDCHILD(REN).

Generally most married people with no child(ren) or grandchild(ren) provide that upon their death their property will be distributed as follows:

- 1. Your estate (all property and assets not owned jointly with another person) will be distributed to your surviving spouse, but
- 2. If your spouse predeceases you, then your estate will be distributed to your living parent, or equally to your living parents.
- 3. But should both of your parents predecease you, then your estate will distributed equally to your brothers and sisters or equally to the children of a predeceased brother or sister.

Please check B above only if you wish your property distributed precisely and exactly as indicated in section B, 1 through 3, above.

Additional information on Wills, Probate and Elder Law available at www.njlaws.com

[] C. DIVORCED OR WIDOWED PERSONS WITH CHILD(REN) OR GRANDGHILD(RJDSUPRAGE Generally, most divorced or widowed persons with child(ren) of grandchild(ren) property and assets not owned their death property will be distributed as follows: 1. Your estate (all property and assets not owned jointly with another person) will be distributed in equal shares to all of your living child(ren). 2. But if one or more of your children predeceases you, that deceased child's share will be distributed to his or her child(ren), your grandchild(ren) in equal shares [] D. ALTERNATE PLAN OF DISTRIBUTION - You may list specific gifts to individuals and/or divide your estate among several individuals by listing percentages to each, making sure that the percentages total 100%. You may add additional sheets if necessary or use the back of this form. There are additional Will preparation fees if there are gifts, called specific bequests.				
PLEASE WRITE DOWN ANY QUESTIONS YOU HAVE HERE o				
that we should be aware. Use back of this page for additional impo	rtant information:			
ESTATE DI ANIMINO				
ESTATE PLANNING Your estate may be subject to Federal Estate Taxation if the total of your asseassets exceed \$2,000,000 and you desire estate planning to avoid or reduce your estate a spouse, please advise Mr. Vercammen. A Standard Will is not designed to address Tax Planning or Medicaid Nursing Home Planning.	e tax or require a Trust to protect			
WILLS:				
T 1- Parents with minor children and trust for children				
T 2- Parents no spouse				
T 3- Unmarried				
T 4- Parents without trust				
T 5- Unified Credit Trust over \$1 million?				
Are you a United States citizen?				
Are your Beneficiaries United States citizens?				
PAYMENT WILL BE MADE BY: (Please circle one)				
Check, Credit Card (Visa, Mastercard, American Express) or Cash Payment is required for Will, Power of Attorney and other docum				
consult and prior to any documents being drafted. Minimum fee for preparation is \$200 each. We charge a \$150.00 consultation fee,				
preparation of the Will or other document. This \$150.00 fee is no	on-refundable even if the			
documents are not prepared. If there are any changes to a draft Will, F document, there will be a minimum charge of \$75.00 per revision. Th				
within 21 days of initial consult or an additional fee of \$100.00 will be cha				
This form was filled out by:				
sign name				
[Revised 3/18/08, 2 Confidential Will Q Imac2]				