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To facilitate the consultation, please complete the following questionnaire to the best of your ability. Please bring the completed questionnaire along with the supporting documentation to our consultation. If you can't answer any questions, don't worry about it. Directions to my office are available on my web site at www.ny-elderlaw.com.

FAMILY INFORMATION

Client

Name: _____

Phone: (H) _____

(O) _____

Email address: _____

Address: _____

Birth Date: _____

Place of Employment: _____

Health? _____

Spouse (if applicable)

Name: _____

Phone: (H) _____

(O) _____

Email address: _____

Address: _____

Birth Date: _____

Place of Employment: _____

Health? _____

What are your main goals to be achieved with estate planning?

Do you currently have a will? Power of attorney? Health care proxy? Living trust? Bring copies

Children's (or next of kin's) Names, Addresses, Phone numbers & Birth Dates

_____	_____	_____
_____	_____	_____
_____	_____	_____

Accountant _____ Investment Advisor _____

CONFIDENTIAL ASSET INVENTORY

	<u>Client</u>	<u>Spouse (if applicable)</u>	<u>Joint</u>
<u>ASSETS</u>			
Residence (bring deed)	_____	_____	_____
Other Real Estate(bring deed)			
	_____	_____	_____
Stocks, Bonds Brokerage Accounts & Mutual Funds (Please List)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Cash Deposits Savings and Checking (Please List)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Retirement Plans(Please List)	_____	_____	_____
IRAs(please List)			
	_____	_____	_____
	_____	_____	_____

Life Insurance (Please List)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Annuities	_____	_____	_____
	_____	_____	_____
Closely Held Stock (LLC,S or C?)	_____	_____	_____
Expected Inheritances?	_____	_____	_____
Other	_____	_____	_____
<u>LIABILITIES</u>			
Mortgages	_____	_____	_____
Other	_____	_____	_____

MONTHLY INCOME

	Client	Spouse (if applicable)
Pension	_____	_____
Social Security	_____	_____
Other	_____	_____

DESIRED FIDUCIARIES

	Client	Spouse (if applicable)
Executor	_____	_____
Alt. Executor	_____	_____
Trustee (if applicable)	_____	_____
Alt. Trustee	_____	_____

Guardian(if minor children)	_____	_____
Alt. Guardian	_____	_____
Health Care Proxy	_____	_____
Alt. Health Care Proxy	_____	_____
Power of Attorney	_____	_____
Alt. Power of Attorney	_____	_____

Testamentary Dispositions: To whom do you want your property to pass?

First Choice	_____	_____
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Second Choice	_____	_____
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Health Insurance?

Long term care insurance?

Any gifts of \$2000 or more made in past 5 years?