

Law Offices of Adam M. Kotlar

Adam M. Kotlar
Sherry S. Cohen
Members NJ and PA Bars

Telephone (856) 751-7676
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www.adamkotlar.com

PERSONAL DATA SHEET

This form is designed to help evaluate your estate planning needs and facilitate the process of having the necessary legal documents prepared to help protect you and your family. It is extremely important that you fill out this form completely and accurately. Please return this form directly to my office so that I can assist you in these important matters. If you have any questions or concerns about this form, or any other legal matters, please feel free to contact me directly.

1. PERSONAL INFORMATION

Full Legal Name	
Address	
City, State Zip Code	
Your Sex	Male [] Female []
Date of Birth	
Location of Birth	
Marital Status	Single [] Married [] Separated []
Social Security #	
Email Address	
Home Phone	
Work Phone	
Fax	
Mobile Phone	
Email	

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CHILDREN (if applicable)

Name	Address	Date of Birth

GRANDCHILDREN (if applicable)

Name	Address	Date of Birth

2. LAST WILL AND TESTAMENT

Your Last Will and Testament is the formalized expression of your intentions concerning the disposition of your financial affairs upon your passing. These questions are designed to provide the necessary information for most wills.

a. Who do you want to leave your assets to?

Beneficiary/Beneficiaries			
Full Name			
Address			
City, State Zip Code			
Date of Birth			
Home Phone			
Percentage of assets to each Beneficiary			

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- b. Should any of the above named Beneficiaries predecease you then a Contingent Beneficiary/Beneficiaries needs to be named. Who do you want to name as Contingent Beneficiary/Beneficiaries?

Contingent Beneficiary/ Beneficiaries			
Full Name			
Address			
City, State Zip Code			
Date of Birth			
Home Phone			
Percentage of assets to each Beneficiary			

- c. If you are leaving any assets to a minor, at what age do you want the minor to obtain his/her distribution? (A typical plan provides for a series or staggered distributions over a period of years, for example, 1/3 at age 21, 1/2 at age 25 and 1/2 at age 30). You can structure the number of distributions, as well as the ages when they will be made

Your choice of ages and percentages: _____

- d. Do you want to leave any money or other assets to any charity?

Yes _____ No _____

If so, how much? _____

Name and Address of Charity _____

3. EXECUTOR

The Executor is the person who will take care of winding up your financial, legal and business affairs upon your passing. This person will arrange for the probate of your Last Will and Testament

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a. Who do you wish to serve as your Executor?

	First Choice	Second Choice
Full Name		
Address		
Address		
Home Phone		
Work Phone		

4. TRUSTEE

The Trustee is the person who will take care of administering the financial affairs of any beneficiary whose inheritance was placed into trust because of their young age. (Only name a Trustee if you are leaving assets to a minor.)

a. Who do you wish to serve as your Trustee?

	First Choice	Second Choice
Full Name		
Address		
Address		
Home Phone		
Work Phone		

5. GUARDIAN

The Guardian is the person who will take care of raising your minor or disabled children if both parents pass away before they reach the age of eighteen.

_____ a. _____ Who do you wish to serve as your Guardian?

	First Choice	Second Choice
Full Name		

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Address		
Address		
Home Phone		
Work Phone		

6. LIVING WILL

A Living Will identifies your intentions in the event a medical condition which leaves you brain dead or physically incapacitated without the possibility for a quality of life. The Living Will can specify your intentions concerning the administration of mechanical respiration, nutrition and hydration. It also provides an opportunity for you to identify a pre-determined health care agent who can make decisions for you concerning these issues if you become incapacitated.

- a. Do you want your Living Will to provide for withdrawal of mechanical respiration, nutrition and hydration?

Yes _____ No _____

- b. Who do you wish to serve as your Health Care Representative?

	First Choice	Second Choice
Full Name		
Address		
Address		
Home Phone		
Work Phone		

Please provide the name, address and telephone number of your primary care physician?

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7. POWER OF ATTORNEY

A Power of Attorney allows you to appoint someone to care for you and your assets if you are disabled and can not handle your own personal and financial affairs. Typically, the primary recipient of the Power of Attorney is your spouse, and the alternate is another trusted family member or friend.

a. Who do you wish to serve as your Power of Attorney?

	First Choice	Second Choice
Full Name		
Address		
Address		
Home Phone		
Work Phone		

8. MISCELLANEOUS

Do you have any other issues or concerns which I should be aware of which may affect your estate plan or financial situation?

Yes _____ No _____

If yes, please explain: _____

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FINANCIAL SUMMARY

Please complete this section to determine if your entire net estate, including equity in your home and all other assets is below the current \$5,000,000.00 Federal Estate Tax amount. In addition, the NJ State Estate Tax is applicable to any NJ estate in excess of \$625,000.00.

	ASSETS	LIABILITIES
Bank Accounts		
Real Estate (residence)		
Real Estate (other)		
Savings Certificates (CD's)		
Stocks - Non Mutual Funds (Not Held by Broker)		
Stocks - Non Mutual Funds (Held by Broker)		
Bonds - Non Mutual Funds (Not Held by Broker)		
Bonds - Non Mutual Funds (Held by Broker)		
Mutual Funds		
Note and Mortgages Receivables		
Business Interests		
Inheritance, etc.		
Automobiles		
Jewelry & Collections		
Non-IRA Tax Qual. Retirement Plans		
IRA's		
Life Insurance		
Annuities		
Other Assets		
TOTALS		

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ACKNOWLEDGMENT

I hereby represent and certify that the information contained in this form is accurate and complete, and that I understand that this information which I am furnishing will be relied upon in my legal representation. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate and I may suffer adverse and unexpected consequences.

_____ Date