

MARTIN M. SHENKMAN, P.C.

ATTORNEY AT LAW

PARKER PLAZA, 12TH FLOOR
400 KELBY STREET
FORT LEE, NEW JERSEY 07024

TELEPHONE: (201) 845-8400

FACSIMILE: (201) 845-8433

CELLULAR: (201) 563-4967

EMAIL: shenkman@shenkmanlaw.com

MAILING ADDRESS:

P.O. BOX 1130

FORT LEE, NEW JERSEY 07024

NEW YORK OFFICE:

975 PARK AVENUE #11C

NEW YORK, NEW YORK 10028

MARTIN M. SHENKMAN*

MELVYN H. BERGSTEIN■

THOMAS A. TIETZ▲

* ADMITTED NY, NJ & DC

■ ADMITTED NY NJ OF COUNSEL

▲ ADMITTED NJ

Confidential Client Estate Intake Form

Contact Information:

Your Name

Your Spouse/Partner's Name

Home Address

Second Home Address

Business Name and Address

Physical Mail should be sent to:* [] Home [] Second Home [] Business [] **Only Email/ShareFile**

(____) _____
Your Home Phone Number

(____) _____
Home Phone Number if different (or 2nd home)

Your Email Address

Spouse/Partner Email Address

(____) _____
Your Business Phone Number

(____) _____
Spouse/Partner Business Phone Number

(____) _____
Your Cellular Phone Number

(____) _____
Spouse/Partner Cellular Phone Number

*If we return original documents via Federal Express which address should be used? If you prefer to pick up original documents to avoid the Federal Express charges please advise

Who referred you? _____

Joint Representation on Estate Matters: If we are only representing you and not your spouse/partner, check the following box: []. If we are representing both of you, please be advised that we are not permitted to withhold information that either of you provides to us from the other spouse/partner. Further, there are inherent conflicts in representing spouses/partners together which you acknowledge and waive by signing this document. While there are generally significant advantages to representing a family as a unit, such relationships involve inherent conflicts of interest. The interests of heirs can be at odds with the interests of benefactors, considering the risk of divorce the interests of spouses are not always aligned, etc. Separate counsel is always advisable. By signing this Form, you acknowledge and waive any such conflicts.

Background Information: Please answer the following questions by checking Yes or No. Explain all Yes

answers. All responses will be held in strict confidence. This information is important to assist us in understanding your planning needs and assessing our involvement. The formation of irrevocable trusts, LLCs or other entities, and the transfer of assets to them, must comply with legal and ethical requirements. Therefore accurate answers to the following are necessary.

1. Have you ever consulted with an estate planner? Yes No.
2. Have you ever filed for, or are you presently in, bankruptcy or been insolvent? Yes No.
3. Have you ever been, or are you presently, the subject of a lawsuit? Yes No.
4. Are there currently any outstanding claims against you? Yes No.
5. Have you ever been convicted of a crime? Yes No.
6. Are there any current conditions or medications that may impair your ability to understand and sign legal documents? Yes No.
7. If married, are you contemplating divorce? Yes No.
8. Have you filed personal income tax returns for each of the past 5 years? Yes No.
9. Have you ever had an IRS audit resulting in adjustments or currently under audit? Yes No.
10. Are you a US citizen? Yes No.
11. Do you own any foreign assets? Yes No If yes, have you complied with all reporting requirements? Yes No.
12. Are you a beneficiary of any trusts or a future beneficiary under anyone's estate plan? Yes No.

Professional Relationships: Please provide us with the names and contact information for your other advisers. It is essential that all your advisers be involved in the planning process. Please initial or "X" the box to the right to authorize us to communicate with that adviser (understanding that it may waive attorney client privilege, if they are not deemed indispensable agents). We cannot effectively represent you without open communication with advisers:

1. _____ Telephone:
Accountant's name
2. _____ Telephone:
General Attorney's name
3. _____ Telephone:
Financial Planner's name
4. _____ Telephone:
Life Insurance Consultant's name

Payment Data: We bill hourly, plus expenses and drafting fees per schedule, for all work including initial meetings and consultations at rates set forth in our Billing Arrangement forms, which you acknowledge receiving and reading. Payment is expected at your initial consultation and before the release of any documents. Drafting fees are in addition to hourly rates. We request an advanced payment towards work to be undertaken, which is not an estimate of the fees involved. Estimates are not maximums or guarantees of the fees to be incurred. We may cease work if any unpaid bill is over 30 days past due. We cannot bill an entity for personal work. While we accept credit cards as a courtesy to clients, we would appreciate if you could pay by check and not credit card.

I/We will be paying via:
Check on Personal account Other account: _____
Credit Card: Visa MasterCard American Express

Signature: Please sign your names below. I/We have read the above form, understood it and responded to all questions completely and accurately:

Your Signature

Spouse/Partner's Signature

Date:

Date: