

**Joseph M. Hoffmann**  
**Attorney at Law**  
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***A Little Information Will Help Us.***  
***We want to get your documents right.***

Your Name: \_\_\_\_\_

Your Spouse's Name: \_\_\_\_\_

Your Mailing Address:

Township          Borough          Town          City          of:          Zip:

Phone Number

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Your Heir(s)/Children(s) Names and Approximate Ages:  
(How you want them named in your documents)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any stepchildren?          YES          NO

\_\_\_\_\_  
\_\_\_\_\_

Do you think that the total value of everything you own (net worth) is greater than \$5,000,000? (*Federal Estate tax deduction*)          YES          NO

Do you think that the total value of everything you own (net worth) is greater than \$675,000? (*N.J. Estate Tax Deduction*)          YES          NO

\* Do you own life insurance policies?          YES          NO

\* Does your spouse own life insurance policies?          YES          NO

***We would appreciate it if you would complete this form and bring it with you to your appointment.***

**\* We Do Not Sell Any Insurance Products.**