

Preliminary Estate Planning Questionnaire – Married

Please take a moment to complete the following preliminary estate-planning questionnaire. The questionnaire will help you organize your thoughts about estate planning and provide us information about your family and finances. Completing the questionnaire in advance of our initial conference will allow us to be much more productive. Please fill out as much as possible, either skipping or placing question marks on those items that seem inapplicable or about which you have questions or simply don't know the answer. Please bring your questionnaire to your appointment.

Although an attorney-client relationship between you and the firm will not be established until such time as an engagement letter or contract has been executed by you and the firm, the information supplied in response to this questionnaire will be held in the strictest confidence, will be used only in the formulation of recommendations to you for estate planning, and will not be revealed to anyone outside of the firm unless authorized by you.

The following preliminary information will help the law firm advise you of your estate planning options and prepare your documents quickly and accurately. The more information you can provide, the more efficient our initial discussions will be. However, please do not spend too much time finding every last document or number before our meeting. The following is a preliminary questionnaire and, therefore, any needed information or paperwork can be obtained later.

Date _____

General Information

Full names of both spouses (as you will sign your wills)

Spouse A _____

Spouse B _____

Address _____

County _____

Phone Numbers

a. Home _____ c. Spouse A's Cell _____

b. Fax _____ d. Spouse B's Cell _____

e. e-mail address(es): _____

Social Security Numbers (optional)

Spouse A _____

Spouse B _____

Birthdates: Spouse A _____ Spouse B _____

Country of Citizenship: Spouse A _____ Spouse B _____

Has either of you ever lived in any state other than Pennsylvania? (Include the names of each state, the dates lived there, and the date you moved to Pennsylvania.)

Spouse A _____
Spouse B _____

Do you and your spouse have life insurance policies? If so, please list the beneficiaries.

Spouse A _____
Spouse B _____

Marital and Family History

a. Are you currently married? Yes ___ No ___

Date & place of marriage: _____

b. Widowed?

• **Spouse A** Yes ___ No ___

Name of deceased spouse _____

Date of death _____

Residence at death _____

Did spouse leave a will? Yes ___ No ___

Was it probated? Yes ___ No ___ (please include a copy of the will)

• **Spouse B** Yes ___ No ___

Name of deceased spouse _____

Date of death _____

Residence at death _____

Did spouse leave a will? Yes ___ No ___

Was it probated? Yes ___ No ___ (please include a copy of the will)

c. Divorced?

• **Spouse A** Yes ___ No ___

Name of ex-spouse _____

Date of divorce _____

State of divorce _____

Financial obligation _____

• **Spouse B** Yes ___ No ___

Name of ex-spouse _____

Date of divorce _____

State of divorce _____

Financial obligation _____

(please provide/include copies of any relevant decrees, custody arrangements, separation agreements, etc.)

d. Are there any premarital or post-marital agreements in effect? Yes ___ No ___

(please provide/include a copy)

Children & Grandchildren (please include any who are deceased)

a. Children of this marriage Birthdate State of Residence

1. _____

2. _____

3. _____

4. _____

5. _____

b. Spouse A children of previous marriage Birthdate State of Residence

1. _____

2. _____

3. _____

4. _____

5. _____

c. Spouse B children of previous marriage Birthdate State of Residence

1. _____

2. _____

3. _____

4. _____

5. _____

d. Grandchildren Birthdate State of Residence Parent's Name

1. _____

2. _____

3. _____

4. _____

5. _____

e. Which descendants listed above are deceased?

1. _____

2. _____

3. _____

4. _____

5. _____

Current Dispositive Plan

a. Do you presently have a will? Yes ___ No ___ (please include a copy, if readily available)

b. In general, to whom do you want your estate to be distributed?

1. Spouse A:

2. Spouse B:

c. Your wills will set up basic trusts for any minor children, grandchildren, or other relatives who might inherit under your will. At what age should these trusts terminate and distribute the assets outright to the children? _____ (this can be discussed further in our conference as there are options for partial distributions of trusts as well)

d. Do you wish to make any specific bequests, either a set amount or a percentage of your estate, to charity:

1. Spouse A:

2. Spouse B:

e. If any of the above beneficiaries predecease you, who is to receive their share:

1. Spouse A:

2. Spouse B:

Fiduciaries

Your executor (also known as an administrator) is responsible for probating your will and distributing your assets to your beneficiaries. Married persons often appoint their spouses as primary executor. Many banks and other institutions will serve as executor for a fee, but often it is best to appoint one of your heirs or family members or close personal friends who is willing to serve for free. If you have minor children, you should appoint a guardian to take care of them if both their parents die before they reach age 18 (you can also appoint a married couple as co-guardians). You should also appoint a trustee to manage any money the children inherit. The trustee and the guardian are frequently the same person; if you prefer to appoint different people to these posts, please make a note in the margin. If you wish to appoint more alternates than the space below allows, please list additional alternates below.

Spouse A

a. Executor/Executrix

Primary

Name: _____

Relationship: _____

Address: _____

First Alternate

Name: _____

Relationship: _____

Address: _____

Second Alternate

Name: _____

Relationship: _____

Address: _____

b. Trustee of trusts created by will

Primary

Name: _____

Relationship: _____

Address: _____

First Alternate

Name: _____

Relationship: _____

Address: _____

Spouse B

a. Executor/Executrix

Primary

Name: _____

Relationship: _____

Address: _____

First Alternate

Name: _____

Relationship: _____

Address: _____

Second Alternate

Name: _____

Relationship: _____

Address: _____

b. Trustee of trusts created by will

Primary

Name: _____

Relationship: _____

Address: _____

First Alternate

Name: _____

Relationship: _____

Address: _____

Second Alternate
Name: _____
Relationship: _____
Address: _____

Second Alternate
Name: _____
Relationship: _____
Address: _____

c. Guardian for minor children

c. Guardian for minor children

Primary
Name: _____
Relationship: _____
Address: _____

Primary
Name: _____
Relationship: _____
Address: _____

First Alternate
Name: _____
Relationship: _____
Address: _____

First Alternate
Name: _____
Relationship: _____
Address: _____

Second Alternate
Name: _____
Relationship: _____
Address: _____

Second Alternate
Name: _____
Relationship: _____
Address: _____

Financial Information

A. Employment. If you or your spouse is employed other than in your own business, please complete this paragraph. If either of you is a sole proprietor, a partner, or a shareholder in a closely held corporation, you will need to complete questions posed later in the Self Employment Section.

Spouse A

a. Who is your employer? _____

b. What is your position? _____

c. Do you participate in any of the following benefit plans?

- . Profit sharing
- . Group life
- . Pension
- . Accidental death or travel accident insurance
- . Group hospitalization
- . Stock option
- . Group disability income

- . Salary continuation plan
- . Any other employee benefit plan. Please describe:

d. Who may we contact at your place of employment with regard to these programs?

e. Do you have a written employment contract? Yes _____ No _____

If yes, please furnish us with a copy of the contract.

Spouse B

a. Who is your employer? _____

b. What is your position? _____

c. Do you participate in any of the following benefit plans?

- . Profit sharing
- . Group life
- . Pension
- . Accidental death or travel accident insurance
- . Group hospitalization
- . Stock option
- . Group disability income
- . Salary continuation plan
- . Any other employee benefit plan. Please describe:

d. Who may we contact at your place of employment with regard to these programs?

e. Do you have a written employment contract? Yes _____ No _____

If yes, please furnish us with a copy of the contract.

B. Self Employment. If you are a sole proprietor, a partner in a partnership, or a stockholder in a closely held corporation, significant tax considerations are raised. One of the most important of these is how your interest in such a business is to be valued at your death. This is an area that has caused considerable controversy with the tax authorities. The information sought in this section will aid us in recommending to you steps you might take during your lifetime to reduce the likelihood of such a controversy. In addition, it will determine whether or not you have made any arrangements with your business partners or fellow shareholders as to the disposition of your interest or their interests upon death or disability. For example, you may not want a widow or widower of one of your colleagues to be a shareholder or partner with you. Instead, you may want to provide for a buy out of the interest of a deceased business colleague at a fixed price or at a price to be determined according to a formula.

Sole Proprietorship. Do you own your business as a sole proprietorship? Yes ____ No ____

If yes, please complete the questions in this part A.

1. Details of Business Interest in Proprietorship

- a. Name of the business _____
- b. Address _____
- c. Date you acquired the business _____
- d. Nature of the business _____
- e. Have assumed business or professional name certificates been filed? Yes ____ No ____

If yes, in what states or counties?

2. Transfer of Ownership Interest

- a. Is the retention of the business for your family desired? Yes ____ No ____

If yes, who are the relatives now active or who do you expect to become active following your withdrawal?

- b. Is there any agreement requiring the sale of your business at your death? Yes ____ No ____

If yes:

(1) Who are the parties to this agreement? _____

(2) What is the effective date of the transfer (death, disability, retirement)?

(3) What is the purchase price or formula? _____

(4) What is the method of funding (life insurance, payment of future earnings)?

(5) Other material provisions _____

- c. If no agreement of sale is in effect, are there any employees capable of continuing the business after your withdrawal? Yes ____ No ____

Do you own any interest in a business partnership or closely held or family corporation?

C. Assets. Your assets consist of real and personal property, whether tangible or intangible, that has financial value. If you own any asset either individually or jointly with another person, please answer the following:

1. Spouse A

a. Type of asset/s owned: _____

b. Name of financial institution/s holding the asset/s: _____

c. Who is the owner of the asset: _____

d. Value of the asset/s: _____

2. Spouse B

a. Type of asset/s owned _____

b. Name of financial institution/s holding the asset/s: _____

c. Who is the owner of the asset: _____

d. Value of the asset/s: _____

Parents and Other Family Members

In preparing your estate plan, it is important for us to know if you might inherit property from your parents or other family members, and whether you are supporting any family members.

1. Are your parents living?

Spouse A _____

Spouse B _____

2. What are their ages?

Spouse A _____

Spouse B _____

3. Describe their health (good, fair, poor).

Spouse A _____

Spouse B _____

4. In what state do they live?

Spouse A _____

Spouse B _____

5. Do they have wills?

Spouse A _____

Spouse B _____

6. What is the approximate amount of the inheritance you might receive?

Spouse A _____

Spouse B _____

7. Do you now support them or is it likely you will support them in the future?

Spouse A _____

Spouse B _____

8. Is there any other information about your family or your spouse's family that would be relevant to your estate plan? _____

9. Do you, your spouse, or your children expect a substantial inheritance from anyone other than your parents? If yes, please explain and state approximate amount of such inheritance. _____

Other Estate Planning Documents

Statutory Durable Power of Attorney

This document allows your designated agent to handle all of your personal financial affairs, including the execution of contracts, motor vehicle registrations, real estate sales, bank account transactions, etc., and is important if you become incapacitated in any way.

Spouses often name each other as their primary agents.

Spouse A
Primary
Name: _____
Relationship: _____
Address: _____

Spouse B
Primary
Name: _____
Relationship: _____
Address: _____

First Alternate
Name: _____
Relationship: _____

First Alternate
Name: _____
Relationship: _____

Second Alternate
Name: _____
Relationship: _____
Address: _____

Second Alternate
Name: _____
Relationship: _____
Address: _____

Medical Power of Attorney

This document allows your designated agent to make decisions on your behalf regarding your health care in the event you cannot make them yourself. It becomes effective only upon your incapacity as certified by your physician. Your agent will have authority to consent to surgery, check you into a nursing home, obtain records about your care, etc.

Spouse A
Primary
Name: _____
Address: _____

Relationship: _____
Telephone #: _____
First Alternate
Name: _____
Address: _____

Relationship: _____
Telephone #: _____

Spouse B
Primary
Name: _____
Address: _____

Relationship: _____
Telephone #: _____
First Alternate
Name: _____
Address: _____

Relationship: _____
Telephone #: _____

Second Alternate
Name: _____
Address: _____

Relationship: _____
Telephone #: _____

Second Alternate
Name: _____
Address: _____

Relationship: _____
Telephone #: _____

Living Wills

This document instructs physicians and hospitals what action to take if you are suffering from a terminal or irreversible condition and are unable to communicate or make decisions for yourself. We can discuss this document more fully when we meet, but for now please consider the following questions:

1. A “terminal condition” is one from which you are expected to die within six months even with all available life-sustaining treatments. If you are suffering from a terminal condition, do you request only those treatments needed to keep you comfortable, or do you request all available life-sustaining treatments?

Spouse A:
 Comfort treatment only.
 All available life-sustaining treatments.
 Undecided for now.

Spouse B:
 Comfort treatment only.
 All available life-sustaining treatments.
 Undecided for now.

2. An “irreversible condition” is one from which you are expected to die even with all available life-sustaining treatments, but with which you may remain alive for more than six months. If you are suffering from an irreversible condition, do you request only those treatments needed to keep you comfortable, or do you request all available life-sustaining treatments?

Spouse A:
 Comfort treatment only.
 All available life-sustaining treatments.
 Undecided for now.

Spouse B:
 Comfort treatment only.
 All available life-sustaining treatments.
 Undecided for now.

Standby Guardianship

A custodial parent, a legal custodian or legal guardian may designate a standby guardian to take care of any minor child in the event of incapacitation.

For example: Chris and Nina are involved in a car accident. Chris dies and Nina is in a coma. The request for guardianship for their children in the wills will not activate because one parent is still living. A standby guardianship provides guidance as to whom you would want to take care of the minor children during this hopefully brief period of incapacitation. This is a very important document when you have many relatives that live close by and could potentially disagree as to who should care for the children.

Spouse A
Primary
Name: _____
Address: _____

Relationship: _____
Telephone #: _____

First Alternate
Name: _____
Address: _____

Relationship: _____
Telephone #: _____

Second Alternate
Name: _____
Address: _____

Relationship: _____
Telephone #: _____

Spouse B
Primary
Name: _____
Address: _____

Relationship: _____
Telephone #: _____

First Alternate
Name: _____
Address: _____

Relationship: _____
Telephone #: _____

Second Alternate
Name: _____
Address: _____

Relationship: _____
Telephone #: _____