PETROSEWICZ
LAW FIRM, P.C.
PROTECTING OUR CLIENTS AND THEIR LEGACY SINCE 1991
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1 PERSONAL INFORMATION
(Please Print)

Full Legal Name ______________________________

What name do you use to *SIGN* legal documents? ______________________________

Home Address ______________________________

City, State, Zip ______________________________

County ______________________________

Phone __________________(Home) __________________(Work) __________________(Cell)

U.S. Citizen ☐ Yes ☐ No Social Security No. ______________________________

Date of Birth (Month/Day/Year) ____________________ Email ______________________________

Employer ______________________________ Position ______________________________

☐ Divorced: Date ____________ ☐ Widowed: Date ____________ ☐ Single

How did you find out about our firm? ______________________________

____

2 CHILDREN'S INFORMATION

(Please Print)

NOTE: Deceased children must also be listed. Please include their name followed by "Deceased" and provide their date of death

Child #1 *Special Needs:* ☐ Medical ☐ Educational ☐ Financial

Full Legal Name ______________________________

Home Address ______________________________

City, State, Zip ______________________________

County ______________________________ Email ______________________________

Phone ____________________(Home) ____________________(Work) ____________________(Cell)

Social Security No. ______________________________ Date of Birth (Month/Day/Year) ______________________________

☐ Married ☐ Divorced ☐ Widowed ☐ Single Child #1's Spouse ______________________________

Child #1's Children (Name and Date of Birth) ____________________ ____________________

____________________ ____________________ ____________________

Child #2 *Special Needs:* ☐ Medical ☐ Educational ☐ Financial

Full Legal Name ______________________________

Home Address ______________________________

City, State, Zip ______________________________

County ______________________________ Email ______________________________

Phone ____________________(Home) ____________________(Work) ____________________(Cell)

Social Security No. ______________________________ Date of Birth (Month/Day/Year) ______________________________

☐ Married ☐ Divorced ☐ Widowed ☐ Single Child #2's Spouse ______________________________

Child #2's Children (Name and Date of Birth) ____________________ ____________________

____________________ ____________________ ____________________

Child #3 *Special Needs:* ☐ Medical ☐ Educational ☐ Financial

Full Legal Name ______________________________

Home Address ______________________________

City, State, Zip ______________________________

County ______________________________ Email ______________________________

Phone ____________________(Home) ____________________(Work) ____________________(Cell)

Social Security No. ______________________________ Date of Birth (Month/Day/Year) ______________________________

☐ Married ☐ Divorced ☐ Widowed ☐ Single Child #3's Spouse ______________________________

Child #3's Children (Name and Date of Birth) ____________________ ____________________

____________________ ____________________ ____________________

Child #4 *Special Needs:* ☐ Medical ☐ Educational ☐ Financial

Full Legal Name ______________________________

Home Address ______________________________

City, State, Zip ______________________________

County ______________________________ Email ______________________________

Phone ____________________(Home) ____________________(Work) ____________________(Cell)

Social Security No. ______________________________ Date of Birth (Month/Day/Year) ______________________________

☐ Married ☐ Divorced ☐ Widowed ☐ Single Child #4's Spouse ______________________________

Child #4's Children (Name and Date of Birth) ____________________ ____________________

____________________ ____________________ ____________________

3 BENEFICIARIES (other than children)
(Please Print)

Beneficiary #1

Full Legal Name ______________________________
Home Address ______________________________
City, State, Zip ______________________________
County ______________ Date of Birth (Month/Day/Year) ______________
Phone ______________ Home / Work / Cell *(please circle one)* ☐ Special Needs
Relationship ______________________________

Beneficiary #2

Full Legal Name ______________________________
Home Address ______________________________
City, State, Zip ______________________________
County ______________ Date of Birth (Month/Day/Year) ______________
Phone ______________ Home / Work / Cell *(please circle one)* ☐ Special Needs
Relationship ______________________________

4 TOP CONCERNS
Please rate the following in importance as it applies to you

Rate as HIGH, SOME or NO CONCERN

Estate Taxes	
Large Retirement Plan	
Appreciated Assets	
Minor Children	
Mismanagement of Inheritance	
Disabled Beneficiaries	
Grandchildren's Education	
Asset Protection / Creditor Concerns	
Probate	
Family Disputes	
Business Succession or Out-of-Date Buy-Sell Agreement	
Lack of Understanding of Operation of Estate Plan	
Family Business or Farm	
Out of State Assets	
Unfunded Trust – Deeds, Asset Statements Don't Say "Trustee" After Name	
Second Marriage / Blended Family	
Medicaid Planning	
Rental Property	
Other: ______________	
Other: ______________	
Other: ______________	

5 IMPORTANT FAMILY QUESTIONS

Please Check "Yes" or "No" for Your Answer

	YES	NO
Do any of your children or close relatives receive governmental support or benefits?		
Do any of your children or other close relatives have special education, medical, or physical needs?		
Are you receiving social security, disability, or other benefits, public or private?		
Do you provide primary or other major financial support to adult children or any other adult?		
Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy)		
Have you ever signed a pre or post marriage contract? (Please furnish a copy)		
If you were previously widowed, was a Federal estate tax or State death tax return filed? (Please furnish a copy)		
Have you ever filed a Federal Gift or State gift tax return? (Please furnish a copy)		
Have you completed previous Wills, Trusts or Estate Planning? (Please furnish a copy)		
Are you the beneficiary of any trust now or expect to inherit any property in the near future?		
Do you wish to have a directive prepared expressing your desire that your life not be artificially prolonged in the event of an incurable/terminal condition? (Also known as a Living Will).		
Do you have any Class 3 Firearms (Fully automatic weapons, silencers, etc) <u>or</u> hold a CHL?		
Do you have an Umbrella Insurance Policy?		
Do you have Long Term Care Insurance?		

6 DISPOSITION OF ESTATE

A. Upon your Death, assets are to be distributed to: ______________________________

____

B. Should you die prematurely and there are minor children, at what age(s) should distribution(s) occur from a Minor's Trust?

____

____

C. If your immediate family (e.g. children, grandchildren, etc.) were all to be deceased, to whom would you wish your property to pass? For example, you might want to have one-half your heirs, or to a charity or charities, etc. ___________

____

____

D. Do you have special wishes with respect to any specific properties? ______________________

____

E. Do you wish to make a bequest to your church, synagogue or to any other charitable organization? ___________

____

7 APPOINTMENTS – PEOPLE WHO ACT ON YOUR BEHALF

If you are unable to make decisions for yourself, who would you want to make decisions for you? Though the people who fill these "appointments" are called different names in their different roles, they are people that you trust will act or speak on your behalf to protect you, your choices, your family and your estate.

EXECUTOR – Who would you choose (family member, bank/trust company) to administer and distribute your estate (i.e. deal with the IRS, creditors, probate court, etc)? ***Please provide full legal name***

Initial Choice	
Back up #1	
Back up #2	
Back up #3	

TRUSTEE – Who would you choose to manage assets left in trust for the benefit of dependents of the decedent, make investments and distribute income/principal to the beneficiary? ***Please provide full legal name***

Initial Choice	
Back up #1	
Back up #2	
Back up #3	

DURABLE POWER OF ATTORNEY – Who would you choose to manage your financial affairs on your behalf in the event of your disability? ***Please provide full legal name***

Initial Choice	
Address	
City, State Zip	
Relationship	
Back up #1	
Address	
City, State Zip	
Relationship	
Back up #2	
Address	
City, State Zip	
Relationship	
Back up #3	
Address	
City, State Zip	
Relationship	

MEDICAL POWER OF ATTORNEY – Who would you choose to make health care decisions on your behalf in the event you are unable to make them for yourself? *Please provide full legal name*

Initial Choice	
Address	
City, State Zip	
Phone	

Back up #1	
Address	
City, State Zip	
Phone	

Back up #2	
Address	
City, State Zip	
Phone	

Back up #3	
Address	
City, State Zip	
Phone	

HIPAA – Who would you authorize medical care providers and all entities covered by HIPAA to provide and discuss your medical information with?
Please provide full legal name

Individual #1	
Address	
City, State Zip	
Phone	

Individual #2	
Address	
City, State Zip	
Phone	

Individual #3	
Address	
City, State Zip	
Phone	

GUARDIAN – Who would you choose to serve as guardian for your minor children (if any)? *Please provide full legal name*

Initial Choice	
Back up #1	
Back up #2	
Back up #2	

8 CURRENT PROFESSIONAL ADVISORS

CPA

Name ______________________ Company ______________________

Phone ______________________ Email ______________________

Financial Advisor

Name ______________________ Company ______________________

Phone ______________________ Email ______________________

Banker

Name ______________________ Company ______________________

Phone ______________________ Email ______________________

9 OTHER INFORMATION

Please list the **Charities, Educational** and **Religious Organizations** you have supported financially or with your time in the past 2 years: ______________________

What do you do for fun? ______________________

Do you have a safety deposit box? If so, who has access to the box? ______________________

Is there a homestead or other exemption filed on your home? ______________________

10 SUMMARY OF VALUES – Fair Market Value Today

ASSETS

Cash / Liquid Assets	$	
Annuities	$	
Investment Assets - **AFTER TAX** Investment Accounts, Stocks, Bonds, Mutual Funds	$	
Retirement Assets – **BEFORE TAX** Accounts (IRA, 401(k), 403(b), SEP, etc)	$	
Life Insurance	$	
Notes Receivable	$	
Real Estate	$	
Corporate Business Interests	$	
Farm and Ranch (Livestock, Machinery, Leases, etc)	$	
Oil and Gas Interests	$	
Anticipated Inheritance, Gift or Lawsuit Judgment	$	
Personal Effects (Jewelry, etc)	$	
Other Assets:		
______________________________	$	
______________________________	$	
______________________________	$	
______________________________	$	
TOTAL ASSETS	$	

LIABILITIES

Loans Payable	$	
Accounts Payable	$	
Real Estate Mortgages Payable	$	
Contingent Liabilities	$	
Loans Against Life Insurance	$	
Unpaid Taxes	$	
Other Obligations:		
______________________________	$	
______________________________	$	
______________________________	$	
______________________________	$	
TOTAL LIABILITIES	$	

NET ESTATE	$	

11 DETAIL OF ASSETS – Fair Market Value Today

Please provide a copy of your most recent statement for the following assets:

	Attached? Yes	No
Cash/Liquid Assets – Checking and Savings Account; Certificate of Deposits, etc.		
Investments in Annuities – Attached most recent statement		
Investment Assets – **AFTER TAX** Investment Accounts, Mutual Funds, etc.		
Retirement Assets – **BEFORE TAX** Accounts such as IRA, 403(b), 401(k), SEP		
Life Insurance Policies - Attach recent statement(s); Please indicate owner/beneficiary		

NOTES RECEIVABLE

Name of Debtor	Date of Note	Date Note Due	Owed To:	Current Balance Owed

REAL ESTATE

General Description and /or Address	Owner	Fair Market Value	Mortgage	Basis+

- If property owned either Joint Tenancy or Tenancy in Common, please furnish their name and relationship.
- If two or more names are on deed or contract without stating type of ownership, please use "?"

+ Basis is price you paid for property plus any improvements you have made, less any depreciation you have taken on your tax returns.

CORPORATE BUSINESS INTERESTS

Company / LLC /Partnership	Number of Shares	Buy/Sell Agreement in Existence?	Ownership %	Owner	Value

FARM AND RANCH

Description (Livestock, Machinery, Leases, etc)	Owner	Value

OIL AND GAS

Description (Lease, Overriding Royalty, Fee Mineral Estate, Working Interest, Pooling Agreement, etc.)	Owner	Value

ANTICIPATED INHERITANCE, GIFT OR LAWSUIT JUDGMENT

Description	Inherited From?	Estimated Value

PERSONAL EFFECTS and OTHER ASSETS

Description (Furniture, Automobiles, Jewelry, Collectibles or Other Personal Asset of More Than Nominal Value)	Owner	Value

12 AFFIRMATION

The undersigned hereby states and affirms that the information contained in this Confidential Estate Planning Questionnaire is an accurate and complete record of all assets, liabilities and account information, and that the Petrosewicz Law Firm, P.C. ("the Firm") will be relying on this information in its preparation and counseling regarding estate planning if the undersigned becomes a Client of the Firm. If the undersigned becomes a Client of the Firm, any information that would render this information inaccurate or incomplete will be provided to the Firm in writing within ten (10) days of the date the undersigned becomes aware of the inaccuracy or incompleteness of it. No attorney client relationship has or will be established until an engagement letter has been executed.

Printed Name ______________________________

Signature ______________________________

Date ______________________________