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**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. \_\_\_\_\_

Veteran  Yes  No

Date of Birth (Month/Day/Year) \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Divorced: Date \_\_\_\_\_  Widowed: Date \_\_\_\_\_  Single

**How did you find out about our firm?**

\_\_\_\_\_

\_\_\_\_\_

**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) \_\_\_\_\_  
 \_\_\_\_\_  
 Are you concerned with this child managing money?  Yes  No

**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) \_\_\_\_\_  
 \_\_\_\_\_  
 Are you concerned with this child managing money?  Yes  No

**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) \_\_\_\_\_  
 \_\_\_\_\_  
 Are you concerned with this child managing money?  Yes  No

**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) \_\_\_\_\_  
\_\_\_\_\_

Are you concerned with this child managing money?  Yes  No

**Child #5**      *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 #5's Spouse \_\_\_\_\_  
Child #5's Children (Name and Date of Birth) \_\_\_\_\_  
\_\_\_\_\_

Are you concerned with this child managing money?  Yes  No

**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 choose 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 choose one*)  Special Needs  
Relationship \_\_\_\_\_

**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: _____	

## IMPORTANT FAMILY QUESTIONS

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

YES    NO

	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 exclude a family member from your estate plan?		
Do any of your children have stepchildren?		
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?		

## DISPOSITION OF ESTATE

- A. Upon your Death, assets are to be distributed to: \_\_\_\_\_  
\_\_\_\_\_
- B. Should you die prematurely and there are minor children or grandchildren, 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	<input type="text"/>
Back up #1	<input type="text"/>
Back up #2	<input type="text"/>
Back up #3	<input type="text"/>

**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	<input type="text"/>
Back up #1	<input type="text"/>
Back up #2	<input type="text"/>
Back up #3	<input type="text"/>

**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	<input type="text"/>
Address	<input type="text"/>
City, State Zip	<input type="text"/>
Relationship	<input type="text"/>
Back up #1	<input type="text"/>
Address	<input type="text"/>
City, State Zip	<input type="text"/>
Relationship	<input type="text"/>
Back up #2	<input type="text"/>
Address	<input type="text"/>
City, State Zip	<input type="text"/>
Relationship	<input type="text"/>

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 #3

**APPOINTMENT OF DISPOSITION OF REMAINS** – Who would you choose to serve as guardian of your remains and memorialize any desired instructions concerning the disposition of your remains (i.e., whether you prefer cremation or burial, etc.).

Please provide full legal name

Initial Choice

Back up #1

Back up #2

Back up #3

**SPECIAL DIRECTIONS OF DISPOSITION OF REMAINS:** \_\_\_\_\_

\_\_\_\_\_

**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? \_\_\_\_\_



## 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 – <b>AFTER TAX</b> Investment Accounts, Mutual Funds, etc.		
Retirement Assets – <b>BEFORE TAX</b> Accounts such as IRA, 403(b), 401(k), SEP		
Life Insurance Policies - Attach recent statement(s); Please indicate owner/beneficiary		

### NOTES RECEIVABLE – AMOUNTS OWED TO YOU

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



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 \_\_\_\_\_