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PERSONAL INFORMATION
(Please Print)

HUSBAND

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 _____

Date of Marriage (Month/Day/Year) _____

WIFE

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 _____

How did you find out about our firm? _____

CHILDREN'S INFORMATION*You MUST list ALL children – of either of you (Please Print)***NOTE: Deceased children must also be listed. Please include their name followed by "Deceased" and provide their date of death**

Child #1 Parent: ☐ Husband ☐ Wife ☐ Joint 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 Parent: ☐ Husband ☐ Wife ☐ Joint 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 Parent: ☐ Husband ☐ Wife ☐ Joint 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 Parent: ☐ Husband ☐ Wife ☐ Joint 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) _____

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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 _____

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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 After First Death	
Family Business or Farm	
Out of State Assets	
Blended Families: Couples in a Second Marriage with Children from Previous Marriage	
Unfunded Trust – Deeds, Asset Statements Don't Say "Trustee" After Name	
Second Marriage	
Medicaid Planning	
Rental Property	
Other: _____	
Other: _____	
Other: _____	

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 or your spouse 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 and your spouse ever signed a pre or post marriage contract? (Please furnish a copy)		
If you or your spouse were previously widowed, was a Federal estate tax or State death tax return filed? (Please furnish a copy)		
Have you or your spouse ever filed a Federal Gift or State gift tax return? (Please furnish a copy)		
Have you or your spouse completed previous Wills, Trusts or Estate Planning? (Please furnish a copy)		
Are either you or your spouse the beneficiary of any trust now or expect to inherit any property in the near future?		
Do either of 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 Husband's Death, assets are to be distributed to: _____
- B. Upon Wife's Death, assets are to be distributed to: _____
- C. Upon Death of both Husband and Wife, assets are to be distributed to: _____
- D. Should both Husband and Wife die prematurely and there are minor children, at what age(s) should distribution(s) occur from a Minor's Trust? _____
- E. If your immediate family (e.g. spouse, children, grandchildren, etc.) were all to be deceased, to whom would you wish your property to pass? For example, you might want to have it go one-half to the heirs of each of you, or to a charity or charities, etc. _____
- F. Do you have special wishes with respect to any specific properties? _____
- G. Do you wish to make a bequest to your church, synagogue or to any other charitable organization? _____

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 (surviving spouse, 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*

	Husband	Wife
Initial Choice	<input type="text"/>	<input type="text"/>
Back up #1	<input type="text"/>	<input type="text"/>
Back up #2	<input type="text"/>	<input type="text"/>
Back up #3	<input type="text"/>	<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*

	Husband	Wife
Initial Choice	<input type="text"/>	<input type="text"/>
Back up #1	<input type="text"/>	<input type="text"/>
Back up #2	<input type="text"/>	<input type="text"/>
Back up #3	<input type="text"/>	<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*

	Husband	Wife
Initial Choice	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
City, State Zip	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>
Back up #1	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
City, State Zip	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>
Back up #2	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
City, State Zip	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>
Back up #3	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
City, State Zip	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>

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*

	Husband	Wife
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*

	Husband	Wife
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*

	Husband	Wife
Initial Choice		
Back up #1		
Back up #2		
Back up #2		

CPA

Name _____

Company _____

Phone _____

Email _____

Financial Advisor

Name _____

Company _____

Phone _____

Email _____

Banker

Name _____

Company _____

Phone _____

Email _____

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? _____

SUMMARY OF VALUES – Fair Market Value Today

ASSETS

Cash / Liquid Assets

Annuities

Investment Assets - **AFTER TAX** Investment Accounts,
Stocks, Bonds, Mutual FundsRetirement 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 ASSETSHusbandWifeJoint

\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		

LIABILITIES

Loans Payable

Accounts Payable

Real Estate Mortgages Payable

Contingent Liabilities

Loans Against Life Insurance

Unpaid Taxes

Other Obligations:

TOTAL LIABILITIESHusbandWifeJoint

\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		

NET ESTATE

\$		
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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 with someone other than spouse, please furnish their name and relationship. If two or more names are on deed or contract without stating type of ownership, please indicate “?”

+ 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

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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.

Husband's Printed Name _____

Wife's Printed Name _____

Husband's Signature _____

Wife's Signature _____

Date _____

Date _____