

1

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

Veteran  Yes  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. \_\_\_\_\_

Veteran  Yes  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

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** Parent:  Husband  Wife  Joint

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** Parent:  Husband  Wife  Joint

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**      Parent:  Husband  Wife  Joint

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**      Parent:  Husband  Wife  Joint

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

**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 – Example: Family Business or Farm	
Lack of Understanding of Operation of Estate Plan After First Death	
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	
Medicaid Planning	
Rental Property	

5

**IMPORTANT FAMILY QUESTIONS***Please Check "Yes" or "No" for Your Answer*

YES NO

	YES	NO
Do any of your children or other close relatives have special education, medical, or physical needs?		
Do you or your children or close relatives receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or any other adult?		
Do any of your children owe you any money?		
Are you making payments pursuant to a divorce or property settlement agreement? <b>(Please furnish a copy)</b>		
Have you and your spouse ever signed a pre or post marriage contract? <b>(Please furnish a copy)</b>		
If you or your spouse were previously widowed, was a Federal estate tax or State death tax return filed? <b>(Please furnish a copy)</b>		
Have you or your spouse ever filed a Federal Gift or State gift tax return? <b>(Please furnish a copy)</b>		
Have you or your spouse completed previous Wills, Trusts or Estate Planning? <b>(Please furnish a copy)</b>		
Are either you or your spouse 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 have any Class 3 Firearms (Fully automatic weapons, silencers, etc)		
Do you have an Umbrella Insurance Policy?		
Do you have Long Term Care Insurance?		

**6****DISPOSITION OF ESTATE**

- A. Upon Husband's Death, should all assets be distributed to wife?  Yes  No  
If no, then to: \_\_\_\_\_
- B. Upon Wife's Death, should all assets be distributed husband?  Yes  No  
If no, then 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 or grandchildren, 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? \_\_\_\_\_  
\_\_\_\_\_

**7****APPOINTMENTS – PEOPLE YOU WOULD DESIGNATE TO ACT ON YOUR BEHALF**

**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*

	<b>Husband</b>	<b>Wife</b>
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*

	<b>Husband</b>	<b>Wife</b>
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*

	<b>Husband</b>	<b>Wife</b>
Initial Choice		
Address		
City, State Zip		
<b>Phone</b>		
Relationship		
Back up #1		
Address		
City, State Zip		
<b>Phone</b>		
Relationship		
Back up #2		
Address		
City, State Zip		
<b>Phone</b>		
Relationship		
Back up #3		
Address		
City, State Zip		
<b>Phone</b>		
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*

	<b>Husband</b>	<b>Wife</b>
Initial Choice		
Address		
City, State Zip		
<b>Phone</b>		
Back up #1		
Address		
City, State Zip		
<b>Phone</b>		
Back up #2		
Address		
City, State Zip		
<b>Phone</b>		
Back up #3		
Address		
City, State Zip		
<b>Phone</b>		

**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*

	<b>Husband</b>	<b>Wife</b>
Individual #1		
Address		
City, State Zip		
<b>Phone</b>		
Individual #2		
Address		
City, State Zip		
<b>Phone</b>		
Individual #3		
Address		
City, State Zip		
<b>Phone</b>		

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

	<b>Husband</b>	<b>Wife</b>
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 \_\_\_\_\_

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

**SUMMARY OF VALUES – Fair Market Value Today**

**ASSETS**

- Cash / Liquid Assets
- Investment Assets - **AFTER TAX** Investment Accounts, Stocks, Bonds, Mutual Funds
- Retirement Assets - **BEFORE TAX** Accounts IRA, 401(k), 403(b), SEP, etc.
- Annuities
- Life Insurance
- Notes Receivable
- Corporate Business Interests
- Real Estate Home \_\_\_\_\_
- Real Estate Other \_\_\_\_\_
- 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**

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
\$			
\$			
\$			
\$			
\$			
\$			
\$			
\$			
\$			
\$			
\$			
\$			
\$			
\$			
\$			





**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.

Husband’s Printed Name \_\_\_\_\_  
 Husband’s Signature \_\_\_\_\_  
 Date \_\_\_\_\_

Wife’s Printed Name \_\_\_\_\_  
 Wife’s Signature \_\_\_\_\_  
 Date \_\_\_\_\_