

For internal use only:

Matter number: _____

Reviewed by: _____

ESTATE PLANNING QUESTIONNAIRE

**PROVIDED COURTESY OF:
LAW OFFICE OF DANIEL S. WASSMER
171 S. MAIN STREET
DOYLESTOWN, PA 18901
PHONE: 215-348-8610**

PLEASE COMPLETE THIS FORM TO THE BEST OF YOUR ABILITY AND RETURN IT PRIOR TO YOUR SCHEDULED APPOINTMENT. YOUR COOPERATION IN THIS REGARD WILL MAKE YOUR APPOINTMENT MORE PRODUCTIVE AND HENCE SAVE YOU BOTH TIME AND MONEY. IF YOU ARE UNCERTAIN AS TO HOW TO RESPOND TO A PARTICULAR QUESTION, SIMPLY NOTE THAT FACT. ALL OF YOUR ANSWERS WILL BE REVIEWED WITH YOU SO THAT YOU HAVE THE OPPORTUNITY TO AFFIRM OR CHANGE THEM AFTER YOU HAVE BEEN MADE AWARE OF ALL OF THE POTENTIAL OPTIONS AND THEIR RESPECTIVE LEGAL AND TAX RAMIFICATIONS. WE LOOK FORWARD TO WORKING WITH YOU TO HELP YOU ACHIEVE YOUR ESTATE PLANNING GOALS.

DOCUMENTS TO BE SUBMITTED WITH THIS QUESTIONNAIRE OR BROUGHT TO THE FIRST CONFERENCE

PLEASE SUPPLY, EITHER WITH THIS QUESTIONNAIRE OR AT THE FIRST PLANNING CONFERENCE, COPIES OF ANY OF THE FOLLOWING DOCUMENTS WHICH ARE RELEVANT:

1. AN EXISTING WILLS OR TRUSTS OF EITHER SPOUSE, INCLUDING "LIVING WILLS" OR "LIVING TRUSTS"
2. YOUR MOST RECENT PERSONAL FEDERAL INCOME TAX RETURN
3. MOST RECENT FEDERAL INCOME TAX RETURN OF ANY CLOSELY HELD BUSINESS IN WHICH YOU OWN AN INTEREST
4. ALL FEDERAL GIFT TAX RETURNS
5. ANY PRE-NUPTIAL OR POST-NUPTIAL AGREEMENT WHICH YOU HAVE ENTERED INTO
6. ANY PROPERTY SETTLEMENT AGREEMENT OR DIVORCE DECREE RELATED TO EITHER SPOUSE
7. IF AVAILABLE, ANY WILL OR TRUST UNDER WHICH EITHER SPOUSE HAS AN INTEREST

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8. ANY BUY-SELL AGREEMENT, STOCK OPTION PLAN, OR CONTINUATION PLAN OR OTHER DEFERRED COMPENSATION PLAN (OTHER THAN QUALIFIED PLANS) TO WHICH EITHER SPOUSE IS A PARTY
9. POWER OF ATTORNEY (FOR MANAGEMENT OF PROPERTY OR HEALTH CARE)

GENERAL BACKGROUND INFORMATION

DATE: _____

CLIENT: _____

NAME: _____

OTHER NAMES USED: _____

HOME ADDRESS: _____

OTHER RESIDENCES: _____

TELEPHONE: _____

OCCUPATION: _____

EMPLOYER: _____

POSITION: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

PLACE OF BIRTH: _____

CITIZENSHIP: _____

MARITAL STATUS: _____

SOCIAL SECURITY NUMBER: _____

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SPOUSE (IF APPLICABLE):

NAME: _____

RESIDENCE IF OTHER THAN YOURS: _____

OTHER NAMES USED: _____

CITIZENSHIP: _____

OCCUPATION: _____

EMPLOYER: _____

POSITION: _____

PLACE OF BIRTH: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

CHILDREN AND DECEASED CHILDREN

(INCLUDE ADDRESS IF OTHER THAN YOURS, AND NOTE IF CHILD IS DECEASED)

	<u>NAME</u>	<u>MARITAL STATUS</u>	<u>CHILDREN</u>	<u>OCCUPATION</u>
HUSBAND	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
WIFE	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

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ASSETS

NOTE: FEEL FREE TO PREPARE SUPPLEMENTARY SCHEDULES TO PROVIDE FURTHER DETAILS WITH RESPECT TO ANY OF THE FOLLOWING CATEGORIES

	HUSBAND	WIFE	JOINT
CASH, BANK ACCOUNTS & MONEY MARKET FUNDS	_____	_____	_____
BONDS & BOND FUNDS	_____	_____	_____
LISTED STOCKS & MUTUAL FUNDS	_____	_____	_____
LISTED PARTNERSHIPS	_____	_____	_____
RESIDENCE	_____	_____	_____
SECOND HOMES	_____	_____	_____
OTHER REAL ESTATE INVESTMENTS	_____	_____	_____
PROFESSIONS OR BUSINESSES IN WHICH YOU ARE ACTIVE (SOLE PROPRIETORSHIPS, PARTNERSHIPS OR CORPORATIONS)	_____	_____	_____
KEOGH PLANS INCLUDING IRAs (COMPLETE SUPPLEMENTAL INFORMATION)	_____	_____	_____
CLOSELY HELD STOCK (IN WHICH YOU ARE NOT ACTIVE)	_____	_____	_____
INSURANCE (COMPLETE SUPPLEMENTAL INFORMATION)	_____	_____	_____
ANNUITIES	_____	_____	_____
ESTATES OR TRUSTS	_____	_____	_____
HOME FURNISHINGS	_____	_____	_____
AUTOMOBILES	_____	_____	_____

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COLLECTIONS _____

OTHER PERSONAL ITEMS _____

MISC. ASSETS
(IDENTIFY IF SIGNIFICANT) _____

TOTALS _____

SUPPLEMENTAL INFORMATION REGARDING YOUR RETIREMENT PLANS

	<u>IRA</u>	<u>KEOGH</u>	<u>PENSION</u>	<u>PROFIT-SHARING</u>
PARTICIPANT	_____			
BENEFICIARY	_____			
PRESENT VALUE	_____			
LIABILITIES	_____			

	<u>DEBT #1</u>	<u>DEBT #2</u>	<u>DEBT #3</u>	<u>DEBT #4</u>
CREDITOR	_____			
AMOUNT OF DEBT	_____			
ASSETS ENCUMBERED (IF ANY)	_____			
PERSONAL LIABILITIES	_____			

(INDICATE "YES" OR "NO, AND HUSBAND (H), WIFE (W) OR-JOINT (J) IF THERE IS PERSONAL LIABILITY)

ADVISORS

	<u>NAME AND ADDRESS</u>	<u>TELE NO.</u>
ACCOUNTANT	_____	
LIFE INSURANCE AGENT	_____	
ADVISOR	_____	
STOCKBROKER	_____	

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OTHER ATTORNEY(S) _____

PHYSICIAN(S) _____

OTHER CONSULTANT _____

OR ADVISORS _____

IF SPOUSE USES DIFFERENT ADVISORS, PLEASE NOTE AND PROVIDE THE SAME INFORMATION FOR SPOUSE'S ADVISORS.

LIFE INSURANCE

POLICY OWNER _____

POLICY FEATURES _____

APPROXIMATE VALUE _____

COMPANY _____

SURRENDER VALUE _____

ACCIDENTAL DEATH _____

BENEFICIARIES _____

ANNUAL PREMIUM _____

ADDITIONAL FEATURES _____

ADDITIONAL INFORMATION

1. IF RESPONDENT OR SPOUSE WAS MARRIED PREVIOUSLY, INDICATE TO WHOM, WHEN AND HOW MARRIAGE WAS TERMINATED, WHETHER THERE WERE CHILDREN OF SUCH MARRIAGE AND WHETHER THERE ARE ANY CONTINUING RIGHTS OR OBLIGATIONS ARISING PURSUANT TO ANY PROPERTY SETTLEMENT AGREEMENT OR DIVORCE DECREE.

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2. WHERE AND WHEN DID YOUR CURRENT MARRIAGE OCCUR?

3. IN WHAT STATES HAVE YOU RESIDED DURING YOUR MARRIAGE?

4. HAVE YOU AND YOUR SPOUSE ENTERED INTO A PRE-NUPTIAL OR POST-NUPTIAL AGREEMENT?

5. HAS EITHER SPOUSE FILED GIFT TAX -RETURNS OR MADE ANY GIFTS (OUTRIGHT OR IN TRUST) EXCEEDING \$10,000 PER YEAR TO ANY PERSON?

6. DOES EITHER SPOUSE HAVE A POWER OF APPOINTMENT OR OTHER INTEREST UNDER A WILL OR TRUST CREATED BY SOMEONE ELSE?

7. DOES EITHER SPOUSE EXPECT A SIGNIFICANT INHERITANCE?

8. IS EITHER SPOUSE A PARTY TO A BUY-SELL AGREEMENT, STOCK OPTION PLAN, SALARY CONTINUATION PLAN OR OTHER DEFERRED COMPENSATION PLAN OTHER THAN A QUALIFIED PENSION OR PROFIT SHARING PLAN?

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9. IN GENERAL, HOW DO YOU WANT YOUR ESTATE DISTRIBUTED AMONG YOUR BENEFICIARIES?

10. TO WHAT DEGREE IS EACH SPOUSE CAPABLE OF MANAGING FINANCIAL AFFAIRS?

11. DOES EITHER SPOUSE WANT TO CONTROL THE WAY HIS OR HER ASSETS PASS AFTER THE OTHER SPOUSE DIES (AS OPPOSED TO GIVING THE OTHER SPOUSE SUCH CONTROL)?

12. IF A TRUST IS ESTABLISHED FOR THE SURVIVING SPOUSE, TO WHAT EXTENT SHOULD HE OR SHE BE PERMITTED TO INVADE THE PRINCIPAL?

13. IS THERE ANYONE OTHER THAN YOUR SPOUSE AND CHILDREN FOR WHOM YOU ARE FINANCIALLY RESPONSIBLE OR TO WHOM YOU OR YOUR SPOUSE WISH TO LEAVE A PART OF YOUR ESTATE?

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14. DO YOU WISH TO MAKE ANY CHARITABLE GIFTS IN YOUR WILLS?

15. DO YOU WANT ANY ASSETS TO PASS TO YOUR CHILDREN BEFORE THE SECOND SPOUSE'S DEATH?

16. DO YOU WANT ASSETS PASSING TO YOUR CHILDREN OR GRANDCHILDREN TO BE HELD IN TRUST UNTIL A SPECIFIC AGE?

17. IF SO, AT WHAT AGES SHOULD THE TRUST REQUIRE DISTRIBUTIONS OF INCOME OR PRINCIPAL TO YOUR CHILDREN OR GRANDCHILDREN? (THE TRUSTEE CAN BE GIVEN DISCRETION TO MAKE SUCH DISTRIBUTIONS PRIOR TO SUCH AGES, AND ALL BENEFICIARIES NEED NOT BE TREATED THE SAME).

18. SHOULD ANY SPECIAL PROBLEMS BE CONSIDERED OR SPECIAL ALLOWANCES BE MADE AS TO ANY PERSON, FOR EXAMPLE, FOR PHYSICAL OR MENTAL DISABILITIES?

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19. IF A CHILD IS UNDER 18 WHEN BOTH SPOUSES DIE, WHO DO YOU WANT TO RAISE SUCH CHILD?

20. WHO DO YOU AND YOUR SPOUSE WANT THE EXECUTORS OF YOUR ESTATE TO BE? (YOU MAY EACH SELECT ONE OR MORE INDIVIDUALS AND/OR A BANK).

21. WHO DO YOU AND YOUR SPOUSE WANT TO BE THE TRUSTEES OF ANY TRUSTS ESTABLISHED IN YOUR WILLS? (YOU MAY EACH SELECT ONE OR MORE INDIVIDUALS AND/OR A BANK).

22. IF YOU OR YOUR CHILDREN HAVE ADOPTED OR DO ADOPT A CHILD, SHOULD THE ADOPTED CHILD BE TREATED THE SAME AS A NATURAL CHILD?

23. IF A CHILD DIES WHILE ASSETS ARE IN TRUST FOR HIM OR HER, DO YOU WANT SUCH CHILD TO BE ABLE TO LEAVE ANY OF SUCH ASSETS TO HIS OR HER SPOUSE?

24. IF NEITHER OF YOU, AND NONE OF YOUR ISSUE (LINEAL DECEDENTS) SURVIVE, TO WHOM DO YOU WANT YOUR ASSETS TO PASS?

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25. DO YOU HAVE ANY SPECIFIC PREFERENCES AS TO FUNERAL, BURIAL AND/OR ANATOMICAL BEQUESTS?

26. DO YOU OR YOUR SPOUSE HAVE A SAFE DEPOSIT BOX? *IF SO*, WHERE IS EACH LOCATED, AND IN WHAT NAME OR NAMES IS EACH MAINTAINED?

27. WHERE ARE YOUR INSURANCE POLICIES KEPT?

28. WHERE ARE ORIGINAL WILLS AND OTHER IMPORTANT PAPERS KEPT?

29. DO YOU WISH TO DISCUSS POWERS OF ATTORNEY OR INSTRUCTIONS RECORDING MEDICAL TREATMENT (LIVING WILLS)?

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**ADDITIONAL COMMENTS/ NOTES
OR SUPPLEMENTAL INFORMATION**

Attorney notes
