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ESTATE PLANNING QUESTIONNAIRE

		<i>Client</i>	<i>Client Spouse</i>	
Legal Name (with middle initial)				
Nickname				
Address				
County				
Soc. Sec. #		- -	- -	
Date of Birth				
Home Phone		() -	() -	
Cell Phone		() -	() -	
Email				
Occupation	Phone	() -	() -	
Contact at Work?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
U.S. Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
US Veteran?	Yes <input type="checkbox"/> No <input type="checkbox"/> If so, attach copy of DD-214		Yes <input type="checkbox"/> No <input type="checkbox"/> If so, attach copy of DD-214	

How Did You Learn of Our Services?

- Current Client
- Referred by _____
- Office Sign
- Attended Seminar at _____
- Telephone Directory
- Mailing or Brochure
- Other _____

This Estate Planning Questionnaire is designed to help you gather information necessary for thoughtful estate planning, prior to our initial consultation. Please be as thorough as possible in completing this questionnaire. We will be happy to address any areas of difficulty at the initial consultation. All information you provide to us will be kept strictly confidential under the attorney/client privilege.

1. YOUR FIRST STEP TO GETTING STARTED

Congratulations! You are taking the important first step of getting organized to begin the process of planning for the disposition your estate. Completing all of the steps will help to protect your loved ones and give you peace of mind. At the initial consultation we will review the information you provide, discuss our preliminary recommendations, and agree on fees for our services.

2. CHOOSE PROFESSIONALS

Please provide information about any of your other advisors we might need to contact.

<u>ADVISOR</u>	<u>NAME AND BUSINESS ADDRESS</u>	<u>PHONE / Email</u>
Accountant		
Insurance Agent		
Trust Officer		
Financial Planner		
Other:		
Other:		

3. GATHER INFORMATION

Children: List all children (first, last and middle initial), including adopted and deceased children:

<u>NAME</u>	<u>ADDRESS</u> <i>(If still living with you put HOME)</i>	<u>DATE OF BIRTH</u>	<u>GENETIC PARENT(S)</u> <i>(h/w/both)</i>	<u>ADOPTED</u>	<u>DECEASED</u>
			<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> B	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> B	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> B	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> B	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> B	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> B	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Are there any questions regarding the legitimacy of any child listed or not listed? Yes No

If yes, please describe:

_____.

Does any child have special financial or medical needs? Yes No

If yes, please describe:

_____.

Grandchildren: List all grandchildren (first, last and middle initial), including adopted and deceased grandchildren:

<u>NAME</u>	<u>FULL ADDRESS</u>	<u>DATE OF BIRTH</u>	<u>NAME OF PARENT</u>	<u>ADOPTED</u>	<u>DECEASED</u>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

ASSETS:

Home and Other Real Estate: (Please Bring Deeds)

<u>DESCRIPTION AND LOCATION</u>	<u>TITLED IN WHOSE NAME</u>	<u>TYPE OF OWNERSHIP</u> <i>(Joint Tenants with Right of Survivorship, Tenants in Common, Tenants by the Entireties or Community Property)</i>	<u>ORIGINAL CONTRIBUTION</u> <i>(If purchased with someone else how much did you contribute?)</i>	<u>PURCHASE PRICE</u>	<u>CURRENT VALUE</u>
TOTAL					

Stocks, Bonds, Mutual Funds, Brokerage Accounts:

<u>DESCRIPTION</u>	<u>ACCOUNT #</u>	<u>TITLED IN WHOSE NAME</u>	<u>PURCHASE PRICE</u>	<u>CURRENT VALUE</u>
TOTAL				

Bank Accounts, CD's and Cash:

<u>DESCRIPTION</u>	<u>ACCOUNT #</u>	<u>TITLED IN WHOSE NAME</u>	<u>TYPE OF ACCOUNT</u>	<u>CURRENT VALUE</u>
TOTAL				

Employee Benefits, Pension Plans, SEP, IRAs, 401(k)s, Profit Sharing, Deferred Compensation and Other:

<u>DESCRIPTION</u> <i>(Please include whether an employer previously or currently matches any contribution or if you are vested)</i>	<u>TITLED IN WHOSE NAME</u>	<u>BENEFICIARY</u>	<u>CONTINGENT BENEFICIARY</u>	<u>CURRENT VALUE</u>
TOTAL				

Significant Collections: Such as Antiques, Art, Coins, Stamps, Jewelry, Firearms and Furs:

<u>DESCRIPTION</u>	<u>PURCHASE PRICE</u>	<u>OWNER</u>	<u>INSURED</u>	<u>CURRENT VALUE</u>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
TOTAL				

Other Personal Property: Such as Vehicles, Boats, Planes, Furniture, and Furnishings:

<u>SUMMARY DESCRIPTION</u>	<u>OWNER</u>	<u>PURCHASE PRICE</u>	<u>CURRENT VALUE</u>
TOTAL			

Safety Deposit Box:

Yes No

Where? _____

Who has access? Client Client Spouse Other _____

Important Documents you currently have are kept:

_____.

Indebtedness: Money Owed To You

<u>SUMMARY DESCRIPTION</u>	<u>SELF CANCELING NOTE</u>	<u>CURRENT VALUE</u>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
TOTAL		

Life Insurance, Disability Insurance and Annuities: (Please Bring Policies)

<u>INSURANCE COMPANY & POLICY TYPE</u>	<u>ON WHOSE LIFE</u>	<u>POLICY OWNER</u>	<u>BENEFICIARY</u>	<u>CASH VALUE</u>	<u>DEATH BENEFIT</u>	<u>ANY LOANS?</u>
						Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____
						Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____
						Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____
						Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____
						Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____
						Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____
TOTAL						

Current Income:

<u>DESCRIBE SOURCE OF YEARLY INCOME</u>		<u>AMOUNT</u>
	H <input type="checkbox"/> W <input type="checkbox"/>	
	H <input type="checkbox"/> W <input type="checkbox"/>	
	H <input type="checkbox"/> W <input type="checkbox"/>	
	H <input type="checkbox"/> W <input type="checkbox"/>	
TOTAL		

Business or Partnership Interests:

<u>DESCRIPTION & LOCATION</u> <i>(Sole Proprietorship, Partnership, Limited Partnership, Publicly Traded Corporation, S-Corp., LLC, Closely Held Corp., etc...)</i>	<u>PURCHASE PRICE</u>	<u>DATE OF PURCHASE</u>	<u>% INTEREST IN BUSINESS</u>	<u>OTHER OWNERS AND THEIR %</u>	<u>CURRENT VALUE</u>
TOTAL					

Operating Agreement:

Yes No

If yes, please provide a copy including any certificates of agreed value.

Buy/Sell Agreement:

Yes No

Please Describe: _____
_____.

Moratorium/Grievance Period:

Yes No If yes, length of time? _____

PERSONAL LIABILITIES:

Mortgages, Loans, Life Insurance Loans and Other Substantial Debts You Owe:

<u>SUMMARY DESCRIPTION</u>	<u>CURRENT VALUE</u>
TOTAL	

CURRENT ESTATE PLANNING POSITION:

Please read the issue and if applicable fill in the response. If you are unsure respond with a “?” and bring any documents you may have.

<u>ISSUE</u>	<u>RESPONSE</u>
<p>Existing Estate Planning Documents: List any estate planning documents you and your spouse now have, regardless of how long ago they were executed. Bring copies or originals to your initial consultation.</p>	<p>1. _____ 2. _____ 3. _____ 4. _____ 5. _____</p>
<p>Taxable Gifts: If you or your spouse have made taxable gifts or filed gift tax returns in past years, give details and bring copies of the federal forms to your consultation.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Describe: _____ _____ _____</p>
<p>Trust Beneficiary: If you or your spouse benefit from any trusts or similar arrangements, please give full details and bring copies of documentation to your initial consultation.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Describe: _____ _____ _____</p>
<p>Powers of Appointment: If you or your spouse posses a Power of Appointment from a Will or Trust created by someone else over any part of their estate, please describe and bring copies to your initial consultation.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Describe: _____ _____ _____</p>

<p>Divorce: Are you contemplating divorce or breakup of your primary relationship?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Describe: _____ _____ _____</p>
<p>Special Needs: Describe any illness, handicap, addiction (drug, alcohol or gambling), domestic situation or other problem involving any beneficiary that might affect your estate plan.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Describe: _____ _____ _____</p>
<p>Prior Marriages or Relationships: Tell us about any former marriages or relationships resulting in children. How and when did they end? Are there any court orders benefiting any former spouse and children. (If so provide copies.)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Describe: _____ _____ _____ _____</p>
<p>Current Marriage (Bring marriage license or skip if not married)</p>	<p>Date of Marriage: _____ & Place of Marriage: _____</p>
<p>Pre/Post Nuptial Agreement: Do you have a pre/post nuptial agreement. If so, please provide a copy.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Health and Insurability: Describe your general state of health, specifically noting any major health problems and insurability.</p>	<p>Client: _____ _____ Client Spouse: _____ _____</p>
<p>Burial/Cremation Instructions:</p>	<p>Client: _____ _____ Client Spouse: _____ _____</p>
<p>Future Events: Do you anticipate any future events such as inheritances, illness, litigation or other matters that would affect your estate plan?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Describe: _____ _____ _____ _____</p>

4. ESTABLISH GOALS & ARTICULATE OBJECTIVES:

Typically clients want their estate plan to provide for beneficiaries, educational funds for family members, provide estate liquidity, include retirement funds, provide survivors with monthly income, provide for their final expenses, avoid unnecessary taxes, and avoid the expense, delay, and publicity of probate court proceedings. Please tell us in detail about your estate planning goals and your motivations for establishing a comprehensive estate plan.

RESPONSE
Please Describe: _____

5. YOUR DECISIONS ABOUT YOUR ESTATE PLAN:

Fundamental Documents of a Typical Estate Plan Include:

- **Wills** (Designates *Who Gets What?* at your death and who will be executor of your estate and who will be guardian of any minor children);
- **Powers of Attorney** (Designates someone to handle your financial affairs if you cannot);
- **Trusts** (A modern substitute for more complex traditional wills. It provides for the *Who Gets What?* during your life and after your death. It helps to limit involvement with probate court and facilitates settlement of estates with less cost to you, greater speed, and more privacy than through wills and probate and with potentially less estate taxes);
- **Health Care Directives** (Includes a Living Will to state wishes if terminally ill and a Health Care Power of Attorney to choose someone to make health care decisions for you in the event you become incapacitated).

Who Gets What?

Special/General/Demonstrative Gifts: You may give specific items (heirlooms) or sums of money to individuals, organizations, or charities. Please list any gifts you wish to make at this time.

GIFTS (Include names and addresses)	
Client:	_____
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
Client Spouse:	_____
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____

Beneficiaries: Who is to get the rest or residuary of your estate? You may designate equal or unequal shares, percentages, or dollar amounts.

BENEFICIARIES (Include names and addresses)	
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____

Alternate or Contingent Beneficiaries: In the event you and your spouse outlive the beneficiaries previously named, how would you like your estate to be distributed?

ALTERNATE / CONTINGENT BENEFICIARIES (Include names and addresses)	
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____

Trusts:

You have the ability and power to direct a beneficiary's inheritance be placed in a trust and distributed according to your instructions. A trust is often considered when assets are intended for minor children, adults with poor financial judgment and those with mental disabilities. You may empower a trustee to use discretion or leave specific instructions for the disbursement of assets.

MANAGEMENT FOR BENEFICIARIES DESIRED
Please Describe: _____

WHO'S IN CHARGE?

Carefully choose who will carry out your estate plan, because those chosen will be making decisions for you in your absence. Do not name any person unless you have full confidence in their honesty and good judgment. You may wish to speak with those people to see if they are agreeable to act in your stead and willing to abide by your wishes. You may name two or more people to act together. Depending on the type of trust you wish to create, choices typically include yourself, your spouse, adult children, and trusted friends. Professionals such as bank trust officers or lawyers can be chosen to work alone or teamed with a family member, particularly if special expertise or neutrality is desired. We suggest you name alternates, but this is not required. Avoid choices which might lead to family feuds or resentment.

<i><u>AGENT</u></i>	<i><u>CLIENT</u></i>	<i><u>CLIENT SPOUSE</u></i>
Executor: Settles any Probate Estate	1 st Choice:	1 st Choice:
	2 nd Choice:	2 nd Choice:
	3 rd Choice:	3 rd Choice:
Trustee and Successor Trustee(s): At Incapacity or Death	1 st Choice:	1 st Choice:
	2 nd Choice:	2 nd Choice:
	3 rd Choice:	3 rd Choice:
Guardian for Children: Raises Children if Parents are unable	1 st Choice:	1 st Choice:
	2 nd Choice:	2 nd Choice:
	3 rd Choice:	3 rd Choice:

Limited Power of Attorney: Handles Your Financial Affairs Now but Terminates at Incapacity	1 st Choice:	1 st Choice:
	2 nd Choice:	2 nd Choice:
	3 rd Choice:	3 rd Choice
Durable Power of Attorney: Able to Handle Financial Affairs Now and After Incapacity	1 st Choice:	1 st Choice:
	2 nd Choice:	2 nd Choice:
	3 rd Choice:	3 rd Choice:
Agent for Health Directives: Makes Decisions at Incapacity	1 st Choice:	1 st Choice:
	2 nd Choice:	2 nd Choice:
	3 rd Choice	3 rd Choice
Special Directives: Heroic or non heroic measures, DNR, pain medication, Organ Donation, etc.	Client: _____ _____ _____ _____	
	Client Spouse: _____ _____ _____ _____	

6. PREPARE AND SIGN DOCUMENTS

After information is gathered and planning decisions are made, we will prepare draft documents. Our usual goal is to have draft documents ready for your review in about two weeks. We respond more quickly in urgent situations. You will have the opportunity to review the documents thoroughly at home. You should contact us in advance of any scheduled appointment about any changes or editing of the documents. You will need to sign a waiver that you have reviewed the documents and you consider all factors to be included as of the date of your signature. Documents are almost always signed at our office. However, we can go to other locations for signing if absolutely necessary provided that the necessary witnesses and notary are also available.

After the documents are signed, we ordinarily prepare a portfolio for you containing copies of the signed documents. We will provide extra copies of any health directives and suggest that they be filed with your usual health care providers to ensure that they are aware of your wishes.

7. RE-TITLE ASSETS AS NEEDED:

Your initial estate plan is not complete until you re-title assets and make beneficiary designations in accordance with the plan. If you have a trust and wish to avoid probate, it is necessary to change the name on your assets to that of the trust or to otherwise assure that the assets will pass outside of probate. It may be advisable to change ownership or beneficiary designations even if you do not have a trust.

8. PURCHASE NEW ASSETS IN THE NAME OF THE TRUST:

Typically, if part of the estate plan requires the purchase of life insurance a trust will be set up and the life insurance will be purchased in the name of the trust to minimize any estate tax liability generated from the purchase.

9. QUESTIONS TO ASK:

10. PERIODIC REVIEW:

You should give thought to your estate plan every year, asking yourself if there have been changes in your personal or financial situation, or in the federal tax laws that affect your estate plan. In addition, we are available to assist your future needs at any time.

11. CERTIFICATION:

By affixing our signatures below, I _____ and I _____, certify that this is everything we own and we understand that we are solely responsible for informing Katzman Law Office, PC, Attorneys at Law, of any additional assets. We will not hold the firm, liable for failure to include assets we have not disclosed to them.

Client: _____ Client Spouse: _____

Date: _____ Date: _____

END OF DOCUMENT

