ESTATE PLANNING QUESTIONNAIRE

FIFFIK LAW GROUP

The information requested on this Questionnaire may seem like none of our business, but it is very important that an estate planner understands your present situation and your wishes for the future. This information enables us to help you plan your estate to accomplish your future goals and to save on taxes and administrative expenses. Completing this form should be relatively east. If there are any sections that seem too difficult, we suggest that you just consider the information being requested and move on to the next section.

All information you provide us, including the information in this Questionnaire, is protected by attorney-client privilege and will be held in complete confidence unless you direct us to communicate with others about your planning. If you would like us to coordinate with another trusted advisor, such as your financial advisor, insurance agent, or accountant, we provide a way to authorize that.

Please complete this questionnaire in as much detail as possible and return it to our office or bring it with you if you have an upcoming consultation. If you have any questions while completing this form, please feel free to call our office at 412-391-1014.

PERSONAL INFORMATION

CLIENT #1 ______________________ **DOB** ____________ ☐ US Citizen ☐ Resident Alien ☐ Naturalized Citizen

OCCUPATION ______________________ ☐ Retired ☐ Employed **VETERAN** ☐ Yes ☐ No

MARITAL STATUS ☐ Single/Widow(er) ☐ Married (date_____) ☐ First ☐ Second ☐ Other ☐ SSN__________

CLIENT #2 ______________________ **DOB** ____________ **DOD** (if applicable) ____________

☐ US Citizen ☐ Resident Alien
☐ Naturalized Citizen **OCCUPATION** ______________________ ☐ Retired ☐ Employed

☐ First Marriage ☐ Second Marriage ☐ Other ☐ SSN__________ **VETERAN** ☐ Yes ☐ No

ADDRESS ______________________ **CITY** ____________ **STATE**____ **ZIP CODE**__________

HOME #______________ **CELL #**______________ **WORK #** ______________

Which number(s) would you prefer to be contacted at? ☐ Home ☐ Cell ☐ Work Best time? ________

EMAIL ADDRESS ______________________________________

REFERRED TO US BY Name ______________ Firm Name ______________

CONTACTS Financial Advisor ______________ Firm ______________ Phone__________

Accountant/Tax ______________ Firm ______________ Phone__________

EXISTING ESTATE PLANNING	YOU		CLIENT #2 ☐ NA		DATE DOCUMENT EXECUTED
Will	☐ Yes	☐ No	☐ Yes	☐ No	Date __________
Trust	☐ Yes	☐ No	☐ Yes	☐ No	Date __________
Power of Attorney	☐ Yes	☐ No	☐ Yes	☐ No	Date __________
Health Care Proxy	☐ Yes	☐ No	☐ Yes	☐ No	Date __________
Living Will	☐ Yes	☐ No	☐ Yes	☐ No	Date __________
Long-Term Care Insurance	☐ Yes	☐ No	☐ Yes	☐ No	Date __________

Have you transferred or gifted assets away in the last 60 months? Amount $ __________ Date ______

YOUR HEALTH STATUS*

☐ Good ☐ Concern ☐ Problem
Specific Concern/Problem ______________

CLIENT #2 HEALTH STATUS

☐ Good ☐ Concern ☐ Problem
Specific Concern/Problem ______________

DO YOU HAVE CHILDREN?

☐ Yes (how many___) ☐ No
☐ Joint ☐ You ☐ Step ☐ Adopted ☐ Foster

DOES CLIENT #2 HAVE CHILDREN?

☐ Yes (how many___) ☐ No
☐ Joint ☐ You ☐ Step ☐ Adopted ☐ Foster

DO YOU HAVE GRANDCHILDREN?

☐ Yes (how many___) ☐ No

DOES CLIENT #2 HAVE GRANDCHILDREN?

☐ Yes (how many___) ☐ No

IMPORTANT PEOPLE

CHILDREN (if applicable) or **BENEFICIARIES** (who do you want to get your "stuff")

Name ______ ☐ Male ☐ Female Date of Birth ______
Address ______ Phone ______
Child of ☐ Joint ☐ You ☐ Step ☐ Adopted ☐ Foster ☐ Other Relation ______
☐ Student ☐ Employed ☐ Occupation ______
☐ ☐ ☐ First ☐ Second ☐ Other - how long? ____ Spouse Name ______
Children ☐ None ☐ Yes - how many? ____ Ages ______ Special Needs ______
Potential Problems ______

Name ______ ☐ Male ☐ Female Date of Birth ______
Address ______ Phone ______
Child of ☐ Joint ☐ You ☐ Step ☐ Adopted ☐ Foster ☐ Other Relation ______
☐ Student ☐ Employed ☐ Occupation ______
☐ ☐ ☐ First ☐ Second ☐ Other - how long? ____ Spouse Name ______
Children ☐ None ☐ Yes - how many? ____ Ages ______ Special Needs ______
Potential Problems ______

Name ______ ☐ Male ☐ Female Date of Birth ______
Address ______ Phone ______
Child of ☐ Joint ☐ You ☐ Step ☐ Adopted ☐ Foster ☐ Other Relation ______
☐ Student ☐ Employed ☐ Occupation ______
☐ ☐ ☐ First ☐ Second ☐ Other - how long? ____ Spouse Name ______
Children ☐ None ☐ Yes - how many? ____ Ages ______ Special Needs ______
Potential Problems ______

Name ______ ☐ Male ☐ Female Date of Birth ______
Address ______ Phone ______
Child of ☐ Joint ☐ You ☐ Step ☐ Adopted ☐ Foster ☐ Other Relation ______
☐ Student ☐ Employed ☐ Occupation ______
☐ ☐ ☐ First ☐ Second ☐ Other - how long? ____ Spouse Name ______
Children ☐ None ☐ Yes - how many? ____ Ages ______ Special Needs ______
Potential Problems ______

IMPORTANT PEOPLE

CHILDREN (if applicable) or **BENEFICIARIES** (who do you want to get your "stuff")

Name ______ ☐ Male ☐ Female Date of Birth ______
Address ______ Phone ______
Child of ☐ Joint ☐ You ☐ Step ☐ Adopted ☐ Foster ☐ Other Relation ______
☐ Student ☐ Employed ☐ Occupation ______
☐ ☐ ☐ First ☐ Second ☐ Other - how long? ____ Spouse Name ______
Children ☐ None ☐ Yes - how many? ____ Ages ______ Special Needs ______
Potential Problems ______

Name ______ ☐ Male ☐ Female Date of Birth ______
Address ______ Phone ______
Child of ☐ Joint ☐ You ☐ Step ☐ Adopted ☐ Foster ☐ Other Relation ______
☐ Student ☐ Employed ☐ Occupation ______
☐ ☐ ☐ First ☐ Second ☐ Other - how long? ____ Spouse Name ______
Children ☐ None ☐ Yes - how many? ____ Ages ______ Special Needs ______
Potential Problems ______

Name ______ ☐ Male ☐ Female Date of Birth ______
Address ______ Phone ______
Child of ☐ Joint ☐ You ☐ Step ☐ Adopted ☐ Foster ☐ Other Relation ______
☐ Student ☐ Employed ☐ Occupation ______
☐ ☐ ☐ First ☐ Second ☐ Other - how long? ____ Spouse Name ______
Children ☐ None ☐ Yes - how many? ____ Ages ______ Special Needs ______
Potential Problems ______

Name ______ ☐ Male ☐ Female Date of Birth ______
Address ______ Phone ______
Child of ☐ Joint ☐ You ☐ Step ☐ Adopted ☐ Foster ☐ Other Relation ______
☐ Student ☐ Employed ☐ Occupation ______
☐ ☐ ☐ First ☐ Second ☐ Other - how long? ____ Spouse Name ______
Children ☐ None ☐ Yes - how many? ____ Ages ______ Special Needs ______
Potential Problems ______

PLANNING ISSUES & CONCERNS

QUESTION	YES	NO	COMMENTS
Do you have any concerns about any of your children, family members, and/or anticipated legal representatives not getting along well?	☐	☐	
Do you, or any family member or beneficiary, have any serious health concerns?	☐	☐	
If married/partners, do either of you have any children who are, for legal purposes, not also the natural or adopted child of the other?	☐	☐	
Do you wish to specifically disinherit any of your children, grandchildren, etc?	☐	☐	
Do you currently own any real estate in another state or country, or own any other property which is physically located outside Pennsylvania?	☐	☐	
Are you the joint owner of any property with anyone other than your current spouse/partner?	☐	☐	
Do you, or any family member or beneficiary, have any kind of disability (whether physical, psychological, developmental, special education, etc.)?	☐	☐	
Do you, or any family member or beneficiary, currently receive any form of means-tested public assistance benefits (e.g. SSI, SSDI, Medicaid, etc.)	☐	☐	
Do you have long-term care (LTC) insurance (i.e. insurance to cover the cost of a nursing home or other long-term skilled care)?	☐	☐	
Are you concerned about the possibility of losing your assets if you or your spouse were ever to need nursing home or other long term skilled care?	☐	☐	
Are you interested in avoiding probate?	☐	☐	
Do you want to safeguard your assets from government, lawsuits, or nursing home expenses?	☐	☐	
Is it important to you to keep estate matters private?	☐	☐	
Are you concerned about protecting your assets for your family, especially from potential predators after your passing, such as your spouse's disability or remarriage, your children's or beneficiaries' lawsuits, divorce, or bankruptcy?	☐	☐	
Do you want to ensure that you remain independent and in control of your care and assets?	☐	☐	
Do you prefer to keep things simple for your family in case something happens to you, whether it's disability or death?	☐	☐	
Do you wish to provide detailed instructions and grant authority to trusted individuals to ensure your desired care is provided if you become disabled?	☐	☐	

WHAT WOULD COMPLETING YOUR ESTATE PLANNING ACCOMPLISH FOR YOU?

PERSONAL FINANCIAL INFORMATION

SOURCE	YOU	SPOUSE	JOINT	TOTAL
Wages	$	$	$	$
Pension	$	$	$	$
Social Security	$	$	$	$
Investment Income	$	$	$	$
Other Income	$	$	$	$
Total Income	$	$	$	$

ASSET INFORMATION AS OF ______________________________ (date)

Please provide total amount for each type of asset and who owns.

PERSONAL FINANCIAL INFORMATION

TYPE OF ASSET	YOU	SPOUSE	JOINT	TOTAL
Cash, Checking, Savings, CDs, Money Market & Cash Management Accounts	$	$	$	$
Investment/Broker-held Accounts (not including cash) and Mutual Fund Accounts	$	$	$	$
Retirement Accounts (IRA, 401K, 403B, SEP, etc.)	$	$	$	$
Life Insurance: death benefit and cash value	$ $	$ $	$ $	$ $
Stocks: you hold (not in brokerage accounts)	$	$	$	$
Bonds: you hold (not in brokerage accounts)	$	$	$	$
Annuities: (original amount; date purchased; current value)	$ $	$ $	$ $	$ $
Real estate: residence (per tax bill)	$	$	$	$
Real estate: other	$	$	$	$
Vehicles: automobile, motorcycle, boats, snowmobiles, etc.	$	$	$	$
Total Assets	$	$	$	$

PERSONAL FINANCIAL INFORMATION

OTHER ASSETS:

TYPE	YOU	SPOUSE	JOINT	TOTAL
	$	$	$	$
	$	$	$	$
Total Value	$	$	$	$

LIABILITIES

TYPE	YOU	SPOUSE	JOINT	TOTAL
Mortgage	$	$	$	$
Loans Payable	$	$	$	$
Other				
Total Value	$	$	$	$

BUSINESS INTEREST

TYPE	YOU	SPOUSE	JOINT	TOTAL
Farm	$	$	$	$
Partnership or LLC Interest	$	$	$	$
Corporation				
Other				
Total Value	$	$	$	$

OTHER THINGS WE SHOULD KNOW

DESIGNATION OF LEGAL REPRESENTATIVES

***All choices must be included in Part 2: Important People**

GUARDIAN OF MINOR CHILDREN

Identify the person or persons that you would nominate to act as legal guardian and caretaker of your child or children who may sill be under age 18 (if applicable).

CLIENT #1

First Choice ______________________________

Second Choice ______________________________

CLIENT #2

First Choice ______________________________

Second Choice ______________________________

PERSONAL REPRESENTATIVE

Identify the person or persons that you would appoint to have the authority to carry out the terms of your Will and manage the probate process. This should be someone you trust and who you believe would keep accurate records (preferable a Pennsylvania resident.)

CLIENT #1

First Choice ______________________________

Second Choice ______________________________

CLIENT #2

First Choice ______________________________

Second Choice ______________________________

AGENT (FOR GENERAL DURABLE POWER OF ATTORNEY)

Identify the person that you want to authorize to handle your legal and financial affairs, if you are unable to do so for yourself. This should be someone you trust and who you believe would keep accurate records (ideally, someone who lives close to you geographically.)

CLIENT #1

First Choice ______________________________

Second Choice ______________________________

CLIENT #2

First Choice ______________________________

Second Choice ______________________________

HEALTH CARE AGENT (FOR HEALTH CARE POWER OF ATTORNEY)

Identify the person that you want to authorize to make any major medical decisions on your behalf, if you are unable to do so for yourself. This should be someone who knows you well enough to know what you would want, and who you trust to act accordingly.

CLIENT #1

First Choice ______________________________

Second Choice ______________________________

CLIENT #2

First Choice ______________________________

Second Choice ______________________________

TRUSTEE

Identify the person (or firm) that you want to have the authority to carry out and administer the terms of your Trust (if applicable).

CLIENT #1

First Choice ______________________________

Second Choice ______________________________

CLIENT #2

First Choice ______________________________

Second Choice ______________________________

DESIGNATION OF LEGAL REPRESENTATIVES

ADDITIONAL DOCUMENTATION

In some instances, it may be necessary for us to review other documents before we can make planning recommendations. If possible without substantial inconvenience, please attach the following documentation.

1. Copies of your previously executed planning documents, including wills, trusts, beneficiary designations, powers of attorney, health care directives, etc.
2. Any Marital Property Agreement (pre or post nuptial) or comparable agreement (if applicable).
3. Copies of the essential records for any business interest you own which confirm the type of entity, what portion you own, and any ownership requirements or restrictions (e.g. Articles and Bylaws, Shareholder/Operating/Partnership Agreement, Buy-Sell Agreement, Non-Compete, etc.) and a copy of any recent valuation reports or analyses.
4. Copies of all deeds to real estate owned by you, if available (or at least the real estate tax bills for each property).
5. Copies of any other documentation which you believe would be important for us to have available in order to assist you.

CONCERNS & QUESTIONS

If you have any concerns or questions about the estate planning process, please feel free to list them below so that we can address them:

I understand that Fiffik Law Group, P.C. (the "Firm") will need to rely on the information I supply to help me develop an estate plan. I also understand that inaccurate or incomplete information could negatively impact my estate plan. Consequently, if I retain the Firm, I will provide the Firm accurate and complete information prior to finalizing or signing my estate plan documents.

CLIENT #1 ______________________ **DATE** ______________

CLIENT #2 ______________________ **DATE** ______________