### **CONFIDENTIAL**

# **ESTATE PLANNING QUESTIONNAIRE**

for
[Name]

Meyer Unkovic & Scott LLP 535 Smithfield Street, Suite 1300 Pittsburgh, PA 15222-2300

> 412-456-2800 www.muslaw.com

We are pleased that you have asked us to prepare your estate plan. To start the process, we would ask that you complete this form to the best of your ability, and bring it with you to our first meeting.

We have found that when clients take the time to compile the information on this Questionnaire and to think about how they want to leave their estates, the initial meeting time can be spent very productively.

The Questionnaire has three parts. Part I asks for general information. Part II pertains to the current values and ownership of your property. Part III asks some basic question about who you want to handle your affairs in the event of death or disability, and how you want to leave your property at death. If you are uncertain about how to respond to a particular question, simply note that fact and we can discuss it at the first meeting.

If you need help in putting together any financial information, we will be happy to assist you.

Please be assured that all the information you provide me with will be held in strict confidence.

We look forward to working with you to help you achieve your estate planning goals.

### **DOCUMENTS TO BE BROUGHT TO THE FIRST MEETING**

Please bring with you to the first meeting any of the following documents that may be available to you (copies are acceptable):

- Any existing wills, trust instruments, powers of attorney, or "living wills" signed by either spouse.
- Current beneficiary designations of life insurance policies and annuity contracts.
- Current beneficiary designations of qualified retirement plans and retirement accounts (IRA and Keogh accounts) in which you are a participant.
- All federal gift tax returns (Form 709) previously filed.
- If applicable, any pre-nuptial or post-nuptial agreement which you have signed, and any property settlement agreement or divorce decree relating to either spouse.

# PART I

# GENERAL CLIENT INFORMATION

Name

Other Names U	Jsed on Title to Asse	ts:		
Social Security	<sup>7</sup> No			
Home Address				<del></del>
Home Telepho	ne			<del></del>
Occupation				
Employer				
Position				
Business Addr	ess			
Business Phon	e			
E-Mail Addres	s			
Date and Place	of Birth			
Citizenship				
YOUR CHILDREN (I	F APPLICABLE):			
Names	Date of Birth	Occupation	Marital <u>Status</u>	Number of Own Children
				<del></del>

Do any of your childs	en have a disability or special n	needs? If yes, explain
YOUR ADVISORS:		
	<u>Name</u>	Telephone No.
Accountant		
Life Insurance Agent		
Investment Advisor		
Other Attorney		
Physician		
Other Consultant or Advisor		

#### PART II

### ASSETS AND LIABILITIES

Note: Please use worksheets on pages 8-10 to list specific assets in each of the applicable categories, and enter totals on this page:

DESCRIPTION OF ASSET	SUMMARY OF VALUES
Primary Residence (Worksheet, Part A)	\$
Second Homes (Worksheet, Part A)	
Investment Real Estate (Worksheet, Part A)	
Listed Stocks, Mutual Funds, Securities (Worksheet, Part B)	
Bonds and Bond Funds (Tax-exempt and taxable) (Worksheet, Part B)	
Cash, C.D.'s, Bank Accounts and Money Market Funds (Worksheet, Part C)	
Professions or Businesses in which you are active (Worksheet, Part D)	
Other Closely Held Businesses (in which you are not active) (Worksheet, Part D)	
Annuities (Worksheet, Part D)	
Home Furnishings/Collections (Worksheet, Part D)	

Automobiles			
(Worksheet, Part D)			
Other Tangible Personal Property (Worksheet, Part D)			
Miscellaneous Assets (Identify if significant) (Worksheet, Part D)	)		
	SUBTOTAL:		\$
Retirement Plans (including IRAs) (Worksheet, Part E)			
Life Insurance on Your life (Worksheet, Part F)			
	SUBTOTAL:		\$
	TOTAL ASSETS:		\$
	TOTAL LIABILIT (Worksheet, Part C		(\$)
	TOTAL NET ASS	ETS:	\$

# **WORKSHEETS**

# PART A -- REAL ESTATE

2.

PART A REAL ESTATE							
	Location	When Acquired	Cost or Other Basis	Current Value			
1.							
2.							
3.							
<u>PART</u>	B STOCKS	<u>, MUTUAL FUNDS, S</u>	ECURITIES, AND BOND F	<u>FUNDS</u>			
	Company	No. of Shares or Units	S Cost or Other Basis	Current Value			
1.							
2.							
2.							
3.							
PART	PART C CASH, C.D.'s, BANK ACCOUNTS AND MONEY MARKET FUNDS						
			Name of Financial				
	Type of In	<u>vestment</u>	Institution Where Held	Current Value			
1.							

-8-

# PART D -- TANGIBLE PERSONAL PROPERTY AND OTHER ASSETS

<u>Descri</u>	<u>otion</u>		Current V	<sup>7</sup> alue	
1.					
2.					
3.					
4.					
PART E RETIREMEN	TT PLANS Pension	Profit-Sharing		<u>IRA</u>	<u>Keogh</u>
Name of Beneficiary					
Payment Option Chosen (lump sum, annuity, etc.)					
Present Value of Benefit (including life insurance)					

# PART F -- LIFE INSURANCE

	Name of <u>Insurance Co.</u>	Policy <u>Number</u>	Type of Policy	Face Amount of Death Bene		ash Name of Primary Bene.
1.						
2.						
3.						
4.						
PAR	RT G MORTGA		OTHER DEI	<u>BTS</u> <u>Debt #2</u>	<u>Debt #3</u>	<u>Debt #4</u>
Nam	ne of Mortgagee/C	Creditor				
Pres	ent Balance of De	ebt _				
	cription of Assets numbered (if any)	_				
	onal Liability? icate "yes" or )					

### MISCELLANEOUS ASSET AND LIABILITIES INFORMATION

- 1. Have you guaranteed an obligation of a business or of another person? If so, provide details.
- 2. Are you involved in any pending or threatened litigation which may result in a money

- judgment being entered against you? Has a money judgment or award been entered against either of you which remains unpaid? If so, please provide details.
- 3. Do you own any property jointly with someone else? If so, identify the asset(s) and the extent of your contribution to its acquisition.
- 4. Have you created any "in trust for," "PUGMA" (Pa. Gift to Minors' Act) or "PUTMA" (Pa. Transfers to Minors' Act) accounts for anyone? If so, give details.
- 5. Have you made any gifts (outright or in trust) exceeding \$10,000 per year to any person, or filed a federal gift tax return?
- 6. To your knowledge, have you been given a power of appointment or a beneficial interest under a will or trust instrument created by someone else?
- 7. Do you expect to receive a significant inheritance in the future?
- 8. Are you a party to a buy-sell agreement, stock option plan, salary continuation plan, or deferred compensation plan in connection with your business or employment?
- 9. Do you own a life insurance policy on someone else's life? If so, give details.
- 10. Do you own a safe deposit box? If so, where is it located, and in what name or names is it titled?
- 11. Does anyone else have access to your safe deposit box?
- 12. Where are your current wills, insurance policies, deeds, and other important papers now kept?

#### PART III

#### **ESTATE PLANNING GOALS**

#### A. <u>Lifetime Planning</u>

If you become incapacitated during your lifetime --Whom would you want to handle your property and business affairs for you? Name(s): If that person could not serve, who should be their backup(s)? Name(s): Who would you want to handle your personal needs and medical treatment decisions? Name(s): Who would be the backup? Name(s): **B.** Post-Death Planning Whom do you want to be the Executor(s) of your estate? Name(s): Who should be the backup Executor? Name(s):

If any of your children is under age 18 at your death, whom do you want to have custody of your child?
Name(s):
Who should be the backup?
Name(s):
Describe how you would want your estate distributed, specifically in terms of who should receive:
Household goods and tangible personal property (e.g., jewelry, furniture, and automobiles):
Beneficiaries:
Other specific gifts (e.g., cash or real estate), if any:
Remainder of the estate:
If any of your children or other family members are residing with you at your death, what should be done with your residence?

	minor or adult) to situation) for the		t until they reach a spec	eific age(s), or (because
Yes		No	_	
If you do wa	nt a trust for a ch	ild or other fan	ily member:	
			standards do you want the cretionary distributions	ne Trustee to consider in? Some examples:
	health, maintenar		t;	
	complete education			
	comfort and welf down payment or		ame:	
	defray costs of w		onie,	
			sion considered a good	risk by the trustee.
over othe	ers, or prefer one	beneficiary to o	others? If so, please spe	eify.
		e be separate tr	h all of your children m usts for each of your chi No	•
other ber			income or principal out ercentages upon attainin	right to your children or g certain ages?) When
A	age(s):			
Т	rust Ends When:			

trust pro	perty go?
_	
Who sho	ould serve as the trustee(s) of the trusts for children or other beneficiaries?
N	Vame(s):
Who sho	ould be the backup trustee(s)?
N	Jame(s):
should your	or children predeceases you but leaves any of their own children who survive you deceased child's share of your estate pass to their own children, or should it be ng your other surviving children?
	our children or their descendants survive the second spouse, who then should be seeive your property?
Ultimate	Beneficiaries:

contingent charitable gi	ft if none of your family	survives you?	
If yes, name(s) of ch	narities:		

Do you want to make any charitable gifts as part of your estate plan, including making a

Finally, is there anything you want included in your estate planning documents that was not mentioned above? If so, please explain below or on attached sheet.

#### OTHER DOCUMENTS THAT YOU MAY NEED TO REFER TO, AS APPLICABLE

(You DO NOT have to bring these to our first meeting.)

- If available, any other person's will or trust in which you are named as a beneficiary, executor, or trustee.
- Any buy-sell agreement, stock option plan, salary continuation plan or deferred compensation plan (other than qualified retirement plans) to which either spouse is a party.
- Most recent personal federal income tax return.
- Most recent federal income tax return of any closely held business in which you own an interest, and a list of the present shareholders, partners, or other owners, and their ownership interests.