

**ESTATE PLANNING QUESTIONNAIRE**

**CLIENT INFORMATION**

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

*Street Address*

\_\_\_\_\_  
*City State Zip Code County*

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (office)

Occupation: \_\_\_\_\_ U.S. Citizen:  yes  no

**SPOUSE INFORMATION (IF APPLICABLE)**

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

*Street Address*

\_\_\_\_\_  
*City State Zip Code County*

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (office)

Occupation: \_\_\_\_\_ U.S. Citizen:  yes  no

**Engagement Contract & Retainer:**

**INFORMATION ON CHILDREN (IF APPLICABLE)**

DO ANY OF YOUR CHILDREN HAVE DISABILITIES OR SPECIAL NEEDS? \_\_\_\_\_

1. Full Name \_\_\_\_\_ Gender \_\_\_\_\_

Birthdate \_\_\_\_\_ Parents \_\_\_\_\_

Address \_\_\_\_\_

2. Full Name \_\_\_\_\_ Gender \_\_\_\_\_

Birthdate \_\_\_\_\_ Parents \_\_\_\_\_

Address \_\_\_\_\_

3. Full Name \_\_\_\_\_ Gender \_\_\_\_\_

Birthdate \_\_\_\_\_ Parents \_\_\_\_\_

Address \_\_\_\_\_

4. Full Name \_\_\_\_\_ Gender \_\_\_\_\_

Birthdate \_\_\_\_\_ Parents \_\_\_\_\_

Address \_\_\_\_\_

5. Full Name \_\_\_\_\_ Gender \_\_\_\_\_

Birthdate \_\_\_\_\_ Parents \_\_\_\_\_

Address \_\_\_\_\_

**EXECUTOR AND TRUSTEE UNDER WILL**

The person you name below will serve as the independent executor of your Will and the trustee of the trust created under your Will (if applicable). In the event the person you name as executor or trustee is unable or unwilling to serve, the person you name below as successor will serve. You may name more than one person to serve as co-executors or co-trustees. We recommend that a trust be created in your Will if you leave property to beneficiaries who are under the age of 35.

<b>CLIENT</b>	<b>SPOUSE (if applicable)</b>
<i>Executor</i> _____	<i>Executor</i> _____
Relationship _____	Relationship _____
<i>Successor Executor</i> _____	<i>Successor Executor</i> _____
Relationship _____	Relationship _____
<i>Successor Executor</i> _____	<i>Successor Executor</i> _____
Relationship _____	Relationship _____
<i>Trustee</i> _____	<i>Trustee</i> _____
Relationship _____	Relationship _____
<i>Successor Trustee</i> _____	<i>Successor Trustee</i> _____
Relationship _____	Relationship _____

**GUARDIAN FOR MINOR CHILDREN**

The person you name below will serve as the guardian for any minor children (under the age of 18) in the event that both parents die. In the event the person you name as guardian is unable or unwilling to serve, the person you name below as successor will serve. You may name an individual as guardian or a married couple as guardians.

<b>CLIENT</b>	<b>SPOUSE (if applicable)</b>
<i>Guardian</i> _____	<i>Guardian</i> _____
Relationship _____	Relationship _____
Address: _____	Address: _____
<i>Successor</i> _____	<i>Successor</i> _____
Relationship _____	Relationship _____
Address: _____	Address: _____

**HEALTH CARE DIRECTIVE TO PHYSICIAN (LIVING WILL)**

This instrument instructs physicians to remove life-sustaining procedures if you have a terminal medical condition, you are unable to make the decision yourself, and the life sustaining procedures would only artificially prolong the moment of death. Two physicians must certify a terminal condition.

1. Would you like us to create a Living Will for you? *Circle: YES / NO*
2. Do you have any special instructions? \_\_\_\_\_

**POWER OF ATTORNEY FOR FINANCIAL DECISIONS**

The person you name below as your agent will have the authority to act on your behalf either immediately or in the event you become incapacitated. (We will discuss this option at your appointment.) You may also name an alternate agent to serve if your primary agent is unable to serve.

<b>CLIENT</b>	<b>SPOUSE (if applicable)</b>
<i>Agent</i> _____	<i>Agent</i> _____
Relationship _____	Relationship _____
Address: _____	Address: _____
<i>Alternate Agent</i> _____	<i>Alternate Agent</i> _____
Relationship _____	Relationship _____
Address: _____	Address: _____
<i>Alternate Agent</i> _____	<i>Alternate Agent</i> _____
Relationship _____	Relationship _____
Address: _____	Address: _____

**POWER OF ATTORNEY FOR MEDICAL DECISIONS & HIPAA AUTHORIZATION**

The person you name below as your agent will have the authority to act on your behalf in regard to medical decisions (e.g., consent to treatment) in the event you become incapacitated. If you are married and would like your spouse to serve as the first agent, please list him/her in the first space. The HIPAA Authorization allows family or friends to communicate with your doctors, nurses, and other hospital staff regarding your health condition and treatment.

<b>CLIENT</b>	<b>SPOUSE (if applicable)</b>
<i>Agent</i> _____	<i>Agent</i> _____
Relationship _____	Relationship _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
<i>Alternate Agent</i> _____	<i>Alternate Agent</i> _____
Relationship _____	Relationship _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
<i>Alternate Agent</i> _____	<i>Alternate Agent</i> _____
Relationship _____	Relationship _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____

**LIST OF ASSETS**

Your estate includes all of the property that you own at the time of your death, including your home, bank accounts, securities, retirement benefits, life insurance that you own on your life or the life of another, personal property, automobiles, etc. If you are married, you will need to determine the value of your and your spouse’s combined estate and classify the property as separate of community property.

**PLEASE NOTE: Providing this information is optional; however, it is helpful to the attorney to determine if any tax planning is necessary. Tax planning is recommended if your total estate exceeds \$3,500,000.00.**

	COLUMN 1 Your Separate Property	COLUMN 2 Spouse’s Separate Property (if applicable)	COLUMN 3 Community Property (if applicable)
Cash and Savings	_____	_____	_____
Money Market Accounts & CDs	_____	_____	_____
Stocks & Bonds	_____	_____	_____
Notes Receivable	_____	_____	_____
Annuities	_____	_____	_____
Retirement Benefits	_____	_____	_____
Personal Residence	_____	_____	_____
Other Real Estate in PA	_____	_____	_____
Other Real Estate outside PA	_____	_____	_____
Partnership Interests	_____	_____	_____
Term Life Insurance (amount payable at death)	_____	_____	_____
Other Life Insurance (amount payable at death)	_____	_____	_____
Automobiles	_____	_____	_____
Other (furniture, collectibles, art, jewelry, personal property)	_____	_____	_____
Beneficiary of Trust (current value)	_____	_____	_____
<b>Total Assets</b>	<b>\$</b> _____	<b>\$</b> _____	<b>\$</b> _____

**ESTATE INFORMATION**

1. Are you and/or your spouse a beneficiary of a trust? *Circle: YES / NO*
2. Have you and/or your spouse ever created a trust? *Circle: YES / NO*
3. If you answered “yes,” please describe the property that is in the trust: \_\_\_\_\_  
\_\_\_\_\_
4. *If your estate is large than \$3,500,000.00, please notify the attorney because additional estate planning may be necessary. CIRCLE: YES / NO*

**DISPOSITION OF PROPERTY**

IF YOU ARE SINGLE:

- 1. Please list any specific bequests: \_\_\_\_\_  
\_\_\_\_\_
- 2. Whom do you want to receive the rest of your property? \_\_\_\_\_  
\_\_\_\_\_
- 3. If the person named above does not survive you, who do you want to receive the rest of your property? \_\_\_\_\_  
\_\_\_\_\_
- 4. If any minors or young adults receive property, do you want it held in a trust? CIRCLE YES / NO  
What age should the trust terminate (see note at bottom of page)? \_\_\_\_\_

IF YOU ARE MARRIED:

- 1. Please list any specific bequests: \_\_\_\_\_  
\_\_\_\_\_
- 2. Do you want to leave the rest of your property to your spouse? CIRCLE YES / NO  
If not, whom do you want to receive the rest of your property? \_\_\_\_\_  
\_\_\_\_\_
- 3. If your spouse does not survive you, whom do you want to receive the rest of your property?  
\_\_\_\_\_  
\_\_\_\_\_
- 4. If your children or grandchildren receive property, do you want it held in a trust? CIRCLE YES / NO  
What age should the trust terminate (see note at bottom of page)? \_\_\_\_\_
- 5. If neither your children nor your grandchildren survive you, whom do you want to receive your property? \_\_\_\_\_  
\_\_\_\_\_

*PLEASE NOTE:* If property passed to a child who is under the age of 35, we recommend that it pass to a trust for the child's benefit. We recommend the following distributions:

- (1) at age 25, the child is entitled to receive one-third of the trust property
- (2) at age 30, the child is entitled to receive one-half of the remaining trust property
- (3) at age 35 the remainder of the trust will be distributed to your child. The trustee may be given the discretion to distribute the property at an earlier age.

*Contact Information:*

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