

17 West Gay Street
West Chester PA 19381

43 Leopard Rd
Paoli Executive Green II
Paoli, PA 19301

UNRUH TURNER BURKE & FREES

A T T O R N E Y S A T L A W
A PROFESSIONAL CORPORATION

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Trusts, Estate, and Wealth Preservation Section
Asset Protection, Elder Law Section

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Estate Planning Blog:
www.UTBF.com/trust-estate
www.PaEstatePlanners.com

CONFIDENTIAL

ESTATE PLANNING INFORMATION QUESTIONNAIRE

PLEASE PROVIDE COPIES OF ALL EXISTING

ESTATE PLANNING DOCUMENTS WHENEVER POSSIBLE

Do you have an Existing Will: Yes No

Do you have an Existing Revocable Trust: Yes No

Do you have an Irrevocable Trust: Yes No

Date: _____

Name: _____
Spouse's or Partner's Name: _____

Home Address: _____

Home Telephone No.: _____ County Of Residence: _____

Employer: _____ Employer: _____

Office Tel. No.: _____ Office Tel. No.: _____

In providing my address, fax, cell phone, email address and other contact information, I am specifically authorizing the firm of Unruh, Turner, Burke and Frees and their agents to communicate with me by phone, fax, email, and other means of electronic communication.

E-Mail Address: _____ E-Mail Address: _____

Soc. Sec. No.: _____ Soc. Sec. No.: _____

Date of Birth: _____ Date of Birth: _____

Citizenship: _____ Citizenship: _____

CHILDREN AND DEPENDENTS

Name	Relationship	Address	Date of Birth
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

ASSET SUMMARY

Discuss Beneficiary Designations

1. LIFE INSURANCE

Company	Owner	Death Benefit	Primary Beneficiary	Contingent Beneficiary	Value (if whole life)	Type of Coverage Term/Whole
1.						TW/O
2.						TW/O
3.						TW/O
4.						TW/O
5.						TW/O

See Attachment

2. REAL ESTATE

Address	Owner(s) and Nature of Ownership	Purchase Price	Market Value	Mortgage Balance
1.				
2.				
3.				
4.				
5.				

6. _____

7. _____

See Attachment

3. AUTOMOBILES/VEHICLES

<u>Make</u>	<u>Model</u>	<u>Owner</u>	<u>Value</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

See Attached

4. TANGIBLE PERSONAL PROPERTY

Indicate estimated total present value of the following categories of property:

Jewelry: _____

Household furniture and furnishings: _____

Identify and estimate value of art, antiques, etc.: _____

See Attached

5. BANK ACCOUNTS

<u>Bank Name</u>	<u>Form of Title</u>	<u>Value</u>	<u>Type of Account</u>
1. _____	Jt/Ind/Other	_____	Savings/Checking/ Money Market
2. _____	Jt/Ind/Other	_____	Savings/Checking/ Money Market
3. _____	Jt/Ind/Other	_____	Savings/Checking/ Money Market
4. _____	Jt/Ind/Other	_____	Savings/Checking/ Money Market

See Attached

6. CERTIFICATES OF DEPOSIT

<u>Bank Name</u>	<u>Form of Title</u>	<u>Value</u>	<u>Term</u>
1. _____	Jt/Ind/Other	_____	_____
2. _____	Jt/Ind/Other	_____	_____
3. _____	Jt/Ind/Other	_____	_____
4. _____	Jt/Ind/Other	_____	_____

See Attached

7. ANNUITIES

Company	Owner	Value	Beneficiary	Contingent Beneficiary
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1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

8. I.R.A.'S (DESIGNATE ANY ROTH I.R.A.S)

Company	Owner	Value	Primary Beneficiary	Contingent Beneficiary
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1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

See Attached

NOTE:
 There are income tax consequences to ownership & beneficiary designations of annuities, IRAs, 401(k)s and retirement accounts.

9. 401(k)/403(B)

Company	Owner	Value	Beneficiary	Contingent Beneficiary
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

See Attached

10. MUTUAL FUNDS/STOCKS (NON IRA/401(K))

Bank Name	Form of Title	Purchase Price	Beneficiary (if any)	Value
1. _____	Jt/Ind/Other	_____	_____	_____
2. _____	Jt/Ind/Other	_____	_____	_____
3. _____	Jt/Ind/Other	_____	_____	_____
4. _____	Jt/Ind/Other	_____	_____	_____

See Attached

**11. PENSION, PROFIT-SHARING AND
BUSINESS INTERESTS**

List any partnership interest or sole proprietorship, profit-sharing or pension plan interests, self-employed retirement account or deferred compensation arrangement and approximate value.

<u>Company</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Value</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

If you work for a firm which provides employee benefits, please bring a copy of your firm's description of these benefits.

Please also note any beneficiaries or other elections you have made:

12. FUTURE INHERITANCES

Note any potential inheritances of either spouse or partner.

13. INTERESTS IN ESTATES OR TRUSTS

Note any interests either spouse or partner has in any estate or trust. Copies of any wills or deeds of trust governing such interests should be reviewed.

- 1.
- 2.
- 3.

14. OUTSTANDING LIABILITIES

List any major debts (other than mortgages already noted), life insurance policy loans, etc.

Auto _____

Credit lines _____

Mortgages _____

Other _____

See Attached

15. PERSONAL INFORMATION

Name and address of proposed Guardian(s) to supervise the upbringing of minor children:

Proposed Guardian(s) _____

Name _____ Address _____

Substitute Guardian(s) _____

Name _____ Address _____

Prior Marriages (property settlement agreements should be reviewed): _____

Have you or are you now considering the preservation of any genetic material for purposes of in vitro fertilization, or other methods of conceiving or bearing additional children?

Safe deposit boxes:

Rented in name(s) of:

Bank: _____

Branch: _____

Burial instructions if any: _____

Names and addresses of persons who will be named in the will:

	Name	Address
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

CLIENTS REPORT THAT REVIEWING THESE QUESTIONS CAN SIGNIFICANTLY IMPROVE THE ESTATE PLANNING PROCESS. IT MAY BE HELPFUL TO CONSIDER THE FOLLOWING QUESTIONS BEFORE MEETING FOR DISCUSSION OF YOUR ESTATE PLAN:

1. At what ages should children or grand children receive substantial assets outright? (Different fractions can be distributed at different ages; e.g., one-half at each of ages 30 and 35). Please consider that once the trust is terminated and assets are distributed, they may have a heightened risk from the beneficiary's creditors, from litigation, and from a divorce.
2. Do you want to discuss how to protect your children and beneficiaries from divorce and other creditors?
3. Who should inherit if you are survived by neither spouse (partner) or children?
4. Who should be executor (to settle the estate) or trustee (to administer continuing trusts)? Should a bank or trust company be considered for these duties?
5. Do you have any beneficiaries with physical or mental disabilities which may require specific or "special needs" planning?

6. Are you considering the purchase of additional Life Insurance?

7. Have you considered Long Term Care Insurance?

8. Do you have any particular questions for our meeting?

ADVISOR LISTINGS

1. ACCOUNTANT:

Name: _____ Company: _____

Address: _____

Telephone: _____ E-Mail: _____

2. FINANCIAL ADVISOR:

Name: _____ Company: _____

Address: _____

Telephone: _____ E-Mail: _____

3. LIFE INSURANCE AGENT:

Name: _____ Company: _____

Address: _____

Telephone: _____ E-Mail: _____

If you are not presently working with anyone in the above listed areas, we would be more than happy to refer you to one of the many professionals that we work with and who will be a good fit for helping you achieve all of your financial and estate planning goals. Would you like for us to help you to locate other professionals to help you in these or other areas?

Yes: _____

No: _____

If yes, in what areas would you like referrals?: _____

Please visit our Estate Planning and Estate Administration Blogs:

[www. UTBF.com/trust-estate](http://www.UTBF.com/trust-estate) and www.PaEstatePlanners.com

You can sign up to receive an emailed notice when we post new material.