**ROMAN ESTATE LAW, LLC**

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**PERSONAL AND CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE**

Please complete this document prior to your consultation. The purpose of this document is to gather as much information as possible about your assets and liabilities in order to assist you in developing your estate plan. If you are unsure how to answer a question or the question does not apply to your personal situation you can leave the question blank.

If you have documents such as deeds for real estate, prior estate planning documents, retirement account statements, insurance policies, divorce decrees or property settlement agreements from a divorce, etc. please have them available for your consultation.

**Estate Planning Questionnaire**

This form was completed on by:

**Client Name**

Full Legal Name:

**Spouse’s Name (if applicable)**

Spouse’s Full Legal Name:

**IF APPLICABLE HAVE YOU AND YOUR SPOUSE SIGNED A PRE OR POST NUPTIAL AGREEMENT?**

[ ]  Yes [ ]  No Date:

**CONTACT INFORMATION**

Street Address:

City: State: Zip Code:

County:

Home Phone: E-mail Address:

Work Phone: Cell Phone:

Spouse’s E-mail Address:

Spouse’s Work Phone: Spouse’s Cell Phone:

**YOUR PERSONAL INFORMATION**

Date of Birth: Social Security #:

Do you have any serious health problems?:

Occupation:

Where are you employed?

**YOUR SPOUSE’S PERSONAL INFORMATION**

Date of Birth: Social Security #:

Do you have any serious health problems?:

Occupation:

Where are you employed?

Are you a U.S. Citizen? [ ]  Yes [ ]  No

**ACCOUNTANT’S INFORMATION**

Name: Address:

Phone: E-mail:

**FINANCIAL ADVISOR’S INFORMATION**

Name: Address:

Phone: E-mail:

**INSURANCE AGENT’S INFORMATION**

Name: Address:

Phone: E-mail:

**CHILDREN’S INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent Is** | **Child’ Full Name** | **Is your child married?**  | **Date of Birth** |
| [ ]  Me [ ]  Spouse[ ]  Joint |  | [ ]  Yes[ ]  NoName of Spouse: | DOB: [ ]  Male[ ]  Female |
| [ ]  Me [ ]  Spouse[ ]  Joint |  | [ ]  Yes[ ]  NoName of Spouse: | DOB: [ ]  Male[ ]  Female |
| [ ]  Me [ ]  Spouse[ ]  Joint |  | [ ]  Yes[ ]  NoName of Spouse: | DOB: [ ]  Male[ ]  Female |
| [ ]  Me [ ]  Spouse[ ]  Joint |  | [ ]  Yes[ ]  NoName of Spouse: | DOB: [ ]  Male[ ]  Female |
| [ ]  Me [ ]  Spouse[ ]  Joint |  | [ ]  Yes[ ]  NoName of Spouse: | DOB: [ ]  Male[ ]  Female |

Are any children handicapped and/or receiving government benefits?

[ ]  No [ ]  Yes (If yes, which child?)

Do you have any predeceased children? [ ]  No [ ]  Yes

**GRANDCHILDREN’S INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent Is** | **Full Name and Age** | **Parent Is** | **Full Name and Age** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**INFORMATION ABOUT FAMILY MEMBER’S**

**PARENTS, SIBLINGS, NIECES AND NEPHEWS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Whose relative**  | **Relative’s Full Name** | **Age** | **Relationship** |
| [ ]  Me [ ]  Spouse |  |  | [ ]  Father[ ] Mother[ ] Brother [ ] Sister[ ] Niece [ ] Nephew |
| [ ]  Me [ ]  Spouse |  |  | [ ]  Father[ ] Mother[ ] Brother [ ] Sister[ ] Niece [ ] Nephew |
| [ ]  Me [ ]  Spouse |  |  | [ ]  Father[ ] Mother[ ] Brother [ ] Sister[ ] Niece [ ] Nephew |
| [ ]  Me [ ]  Spouse |  |  | [ ]  Father[ ] Mother[ ] Brother [ ] Sister[ ] Niece [ ] Nephew |
| [ ]  Me [ ]  Spouse |  |  | [ ]  Father[ ] Mother[ ] Brother [ ] Sister[ ] Niece [ ] Nephew |
| [ ]  Me [ ]  Spouse |  |  | [ ]  Father[ ] Mother[ ] Brother [ ] Sister[ ] Niece [ ] Nephew |
| [ ]  Me [ ]  Spouse |  |  | [ ]  Father[ ] Mother[ ] Brother [ ] Sister[ ] Niece [ ] Nephew |

If applicable, are you and/or your spouse expecting to receive an inheritance upon the death of a parent, sibling or other family member?

[ ]  No [ ]  Yes (If yes, approximate amount $ )

**INCOME INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Recipient** | **Source of income****(social security, wages, pension)** | **Monthly Amount** |
| [ ]  Me [ ]  Spouse |  | $  |
| [ ]  Me [ ]  Spouse |  | $ |
| [ ]  Me [ ]  Spouse |  | $ |
| [ ]  Me [ ]  Spouse |  | $ |
| [ ]  Me [ ]  Spouse |  | $ |

**ASSET INFORMATION**

**REAL ESTATE (including timeshares, vacant lots, etc.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Owner Is** | **Location of Real Estate** | **Primary Residence, Vacation Home, etc.**  | **Value** | **Mortgage Balance** |
| [ ]  Me [ ]  Spouse[ ]  Joint[ ]  Trust[ ]  LLC |  |  |  |  |
| [ ]  Me [ ]  Spouse[ ]  Joint[ ]  Trust[ ]  LLC |  |  |  |  |
| [ ]  Me [ ]  Spouse[ ]  Joint[ ]  Trust[ ]  LLC |  |  |  |  |
| [ ]  Me [ ]  Spouse[ ]  Joint[ ]  Trust[ ]  LLC |  |  |  |  |
| [ ]  Me [ ]  Spouse[ ]  Joint[ ]  Trust[ ]  LLC |  |  |  |  |

**BANK ACCOUNTS**

**(including checking, savings, certificates of deposit, money market accounts, etc.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Owner Is**  | **Name of Bank** | **Type of account**  | **Current Balance** |
| [ ]  Me [ ]  Spouse[ ]  Joint |  |  |  |
| [ ]  Me [ ]  Spouse[ ]  Joint |  |  |  |
| [ ]  Me [ ]  Spouse[ ]  Joint |  |  |  |
| [ ]  Me [ ]  Spouse[ ]  Joint |  |  |  |
| [ ]  Me [ ]  Spouse[ ]  Joint |  |  |  |
| [ ]  Me [ ]  Spouse[ ]  Joint |  |  |  |
| **Total:**  |  |  |  |

**RETIREMENT PLAN ACCOUNTS**

**(IRA, 401(K), 403(B), TSP, etc.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Owner Is** | **Name of brokerage account or company** | **Primary Beneficiary** | **Secondary Beneficiaries** | **Value** |
| [ ]  Me [ ]  Spouse[ ]  Joint |  |  |  |  |
| [ ]  Me [ ]  Spouse[ ]  Joint |  |  |  |  |
| [ ]  Me [ ]  Spouse[ ]  Joint |  |  |  |  |
| [ ]  Me [ ]  Spouse[ ]  Joint |  |  |  |  |
| [ ]  Me [ ]  Spouse[ ]  Joint |  |  |  |  |
| [ ]  Me [ ]  Spouse[ ]  Joint |  |  |  |  |
| **Total:**  |  |  |  |  |

**STOCKS AND BONDS NOT IN RETIREMENT PLAN ACCOUNT**

**(brokerage accounts, stock options, etc.)**

|  |  |  |
| --- | --- | --- |
| **Owner Is** | **Name of Brokerage Company or Stock** | **Value** |
| [ ]  Me [ ]  Spouse[ ]  Joint |  |  |
| [ ]  Me [ ]  Spouse[ ]  Joint |  |  |
| [ ]  Me [ ]  Spouse[ ]  Joint |  |  |
| [ ]  Me [ ]  Spouse[ ]  Joint |  |  |
| [ ]  Me [ ]  Spouse[ ]  Joint |  |  |
| **Total:**  |  |  |

**DIGITAL ASSETS**

|  |  |  |
| --- | --- | --- |
| **Owner Is**  | **Type of Asset (Paypal, iTunes, website domains, e-books, etc)**  | **Value** |
| [ ]  Me [ ]  Spouse[ ]  Joint |  |  |
| [ ]  Me [ ]  Spouse[ ]  Joint |  |  |
| [ ]  Me [ ]  Spouse[ ]  Joint |  |  |
| [ ]  Me [ ]  Spouse[ ]  Joint |  |  |
| [ ]  Me [ ]  Spouse[ ]  Joint |  |  |
| [ ]  Me [ ]  Spouse[ ]  Joint |  |  |

**ANNUITIES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Owner Is**  | **Name of Company** | **Annuitant** | **Beneficiary** | **Market Value** |
| [ ]  Me [ ]  Spouse[ ]  Joint |  |  |  |  |
| [ ]  Me [ ]  Spouse[ ]  Joint |  |  |  |  |
| [ ]  Me [ ]  Spouse[ ]  Joint |  |  |  |  |
| [ ]  Me [ ]  Spouse[ ]  Joint |  |  |  |  |
| [ ]  Me [ ]  Spouse[ ]  Joint |  |  |  |  |
| [ ]  Me [ ]  Spouse[ ]  Joint |  |  |  |  |
| **Total:**  |  |  |  |  |

**BUSINESS INTERESTS**

**(including S Corps, C Corps, LLCs, Partnerships, etc.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Interest** | **Name of Business** | **Name of owner(s) and each owner’s share** | **Market Value** |
| [ ]  S Corp [ ]  C Corp[ ]  Partnership[ ]  LLC[ ]  Other  |  |  |  |
| # of employees Written Agreement with other owners? [ ]  Yes [ ]  No |  |  |  |
| [ ]  S Corp [ ]  C Corp[ ]  Partnership[ ]  LLC[ ]  Other  |  |  |  |
| # of employees Written Agreement with other owners? [ ]  Yes [ ]  No |  |  |  |
| [ ]  S Corp [ ]  C Corp[ ]  Partnership[ ]  LLC[ ]  Other  |  |  |  |
| # of employees Written Agreement with other owners? [ ]  Yes [ ]  No |  |  |  |

**LIFE INSURANCE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Owner Is**  | **Name of Company** | **Name of Insured** | **Primary Beneficiary** | **Secondary Beneficiary** | **Face Value of Policy**  |
| [ ]  Me [ ]  Spouse[ ]  Other |  |  |  |  |  |
| [ ]  Me [ ]  Spouse[ ]  Other |  |  |  |  |  |
| [ ]  Me [ ]  Spouse[ ]  Other |  |  |  |  |  |
| [ ]  Me [ ]  Spouse[ ]  Other |  |  |  |  |  |
| [ ]  Me [ ]  Spouse[ ]  Other |  |  |  |  |  |
| [ ]  Me [ ]  Spouse[ ]  Other |  |  |  |  |  |
| **Total:**  |  |  |  |  |  |

**LIABILITIES**

|  |  |  |
| --- | --- | --- |
| **Who is liable** | **Type of liability (Mortgage, credit cards, promissory note)**  | **Current balance owed** |
| [ ]  Me [ ]  Spouse[ ]  Joint  |  | $ |
| [ ]  Me [ ]  Spouse[ ]  Joint  |  | $ |
| [ ]  Me [ ]  Spouse[ ]  Joint  |  | $ |
| [ ]  Me [ ]  Spouse[ ]  Joint  |  | $ |
| [ ]  Me [ ]  Spouse[ ]  Joint  |  | $ |
| [ ]  Me [ ]  Spouse[ ]  Joint  |  | $ |
| [ ]  Me [ ] Spouse[ ]  Joint  |  | $ |
| **Total:** |  |  |

**GENERAL INFORMATION**

Do you have children or other possible beneficiaries who were adopted?

[ ]  Yes [ ]  No

Do you or your spouse have any animals?

[ ]  Yes [ ]  No

Do you or your spouse have any firearms?

[ ]  Yes [ ]  No

Do you or any of your family members have a history of dementia or Alzheimer’s?

[ ]  Yes [ ]  No

Do you or any of your family members have significant health problems?

[ ]  Yes [ ]  No

**DISPOSITION OF YOUR ESTATE**

**To whom do you wish to leave your property at your death?**

If you are married and your spouse survives you, do you want to leave everything to your spouse? [ ]  Yes [ ]  No

 *The questions below ask how your estate should be distributed if you are unmarried at the time of your death, or in the event your spouse predeceases you.*

 **Cash Gifts:** Would you want to leave a cash gift to any specific individual or charity? [ ]  Yes [ ]  No

 If so, please list the amount and beneficiary

**Amount of Gift Beneficiary (name and address)**

**Do your chosen beneficiaries get along?**

**Are your beneficiaries aware that you are updating your estate plan?**

**Other Gifts of Specific Items:** Would you want to leave any non-cash specific items of property to a named individual or charity? If so, please list the item and the beneficiary.

**Description of Gift Beneficiary (name and address)**

**Remainder of Estate**: State the names of all persons to whom you wish to leave the rest of estate (in the event you are not survived by your spouse), and note the proportion each is to receive.

 **Beneficiary Proportion of Estate**

**ISSUES TO CONSIDER IN PLANNING YOUR ESTATE**

 *There are matters to consider in conjunction with having your Will and other documents prepared*

*These include the following:*

 Who do you want designated to serve as Personal Representative (Executor/Executrix) of your estate? The Personal Representative is the person or institution in charge of taking care of the administration of your estate.

**Common Choices for Personal Representative(s), please select:**

[ ]  Spouse

[ ]  One or more of your children:

[ ]  Relative:

[ ]  Close Friend:

[ ]  Professional team of several persons to serve as Co-Personal Representative (e.g. Trust Company):

Successor Personal Representative(s):

If you have children who are under the age of 18, who would you choose to care for them if you (and your spouse) were to die? Would you want someone else to be in charge of any money/property the children would receive? (“Guardian of the Estate – finances)? The person you choose to raise you children can be different from the person you choose to handle your children’s finances (Guardian of the Person).

**Common Choices for Guardian(s), please select:**

[ ]  Guardian(s) of the Estate (finances):

[ ]  Successor Guardian(s) of the Estate (finances):

[ ]  Guardian(s) of the Person:

[ ]  Successor Guardian(s) of the Person:

You might also want to establish a Trust for your spouse or children in your Will and would need to select Trustees.

**Common Choices for Trustee(s), please select:**

[ ]  Spouse

[ ]  One or more of your children:

[ ]  Relative:

[ ]  Close Friend:

[ ]  Professional team of several persons to serve as Co-Personal Representative (e.g. Trust Company):

Successor Trustee(s):

What do you want done with any property you leave to a beneficiary, if that beneficiary dies before you do? Specifically, who would you want to get that beneficiary’s share of your estate?

[ ]  Children of Beneficiary

[ ]  Others:

* If you are leaving a portion of your estate to children, at what age do you think the children should receive their inheritances? If you don’t specify otherwise, the children will receive all of their inheritances at 18. Many people feel it is unwise for children to receive a large inheritance at the young age of 18, 21 or even 25 and instead leave a child’s inheritance in trust created under a Will.
* You should consider leaving funds in a trust for children or other younger beneficiaries of your estate, and we can discuss the many distribution options that are available through a trust.
* If you are married, you should consider how you would answer these questions in the event of the death of both spouses.

**OTHER ESTATE PLANNING DOCUMENTS**

**HEALTH CARE POWER OF ATTORNEY AND MEDICAL DIRECTIVE (LIVING WILL)**

 Who do you want to designate as the person(s) to act as agent/surrogate(s) under your Health Care Power of Attorney and Medical Directive? The agent/surrogate is in charge of making medical decisions on your behalf if you cannot communicate your wishes and is also the person entitled to access your medical information.

1. Original

2. First Alternate

3. Second Alternate

**DURABLE POWER OF ATTORNEY (FINANCIAL)**

Who do you want to designate as the person to act as agent under your Durable Power of Attorney? The agent is the person in charge of making financial decisions on your behalf.

1. Original

2. First Alternate

3. Second Alternate

**GIFT TAX RETURNS FILED**

Calendar Year

Taxable Gifts

Tax Due

Gift Splitting? [ ]  Yes [ ]  No

GST Allocation [ ]  Yes [ ]  No

**CLOSELY HELD BUSINESS INFORMATION**

Name of Business:

Form of Entity: [ ]  Partnership [ ]  Corporation [ ]  Sole [ ]  LLC

Shareholder’s/Partner’s Names:

Ownership:

Buy/Sell Agreement executed: [ ]  Yes [ ]  No

Date:

Funded: [ ]  Yes [ ]  No

S Corp Election: [ ]  Yes [ ]  No

QSST Made: [ ]  Yes [ ]  No

Salary Continuation Plan: [ ]  Yes [ ]  No

**MISCELLANEOUS**

Have you or your spouse been previously married?

[ ]  Yes [ ]  No

Notes:

Are you the beneficiary of any trust, whether or not you are presently receiving any income from the trust?

[ ]  Yes [ ]  No

Notes:

If applicable, is your spouse the beneficiary of any trust, whether or not they are presently receiving any income from the trust?

[ ]  Yes [ ]  No

Notes:

Have you made any significant gifts in any one calendar year?

[ ]  Yes [ ]  No

Notes:

If applicable, has your spouse made any significant gifts in any one calendar year?

[ ]  Yes [ ]  No

Notes:

Do you have long term care insurance coverage?

[ ]  Yes [ ]  No

Notes:

If applicable, does your spouse have long term care insurance coverage?

[ ]  Yes [ ]  No

Notes:

**ANY OTHER INFORMATION**