

RJ FICHERA LAW FIRM

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**ESTATE PLANNING
PERSONAL AND FINANCIAL QUESTIONNAIRE**

If you and your spouse will have different estate plans, then each must complete a separate questionnaire

PERSONAL INFORMATION

DATE: _____

You		Spouse	
Name:		Name:	
Home Address:			
City:	Zip Code:		
Mailing Address:			
City:	Zip Code:		
Home Phone:			
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	
Birthdate:		Birthdate:	
Email:		Email:	
Employer:		Employer:	
Occupation:		Occupation:	

CHILDREN

Name	Address	Age	T=This Marriage P= PreviousMarriage	Married? Y or N	# of Grandchildren	Phone No.

Circle or fill in your answers	You		Your Spouse	
1. Are you a U.S. citizen?	Yes	No	Yes	No
2. Do you have a will or trust now?	Yes	No	Yes	No
3. Are you expecting to receive property or money from (choose one from the dropdown menu or circle one: gift, inheritance, lawsuit, other):				
If so, approximately how much?	\$		\$	
4. Do you pay state income tax? If yes to which state?				
5. In which state do you plan to retire/live permanently?				
6. Have you ever lived in a Community Property State? (AZ,CA,ID,LA,NV,NM,TX,WA,WI & PR)	Yes	No	Yes	No
7. Do you have a pre-nuptial or post-nuptial agreement?	Yes	No	Yes	No
8. Do you have a divorce decree affecting your pension or other property rights?	Yes	No	Yes	No
<i>If "yes" to question 2, 7 and 8, you must bring these documents to your appointment</i>				

FINANCIAL INFORMATION

1. Real Property:

Description and Location	Titled in whose name Indicate if Joint or Beneficiary and name	Purchase Price	Market Value	Mortgage	Market Value - Mortgage Equity
Total Net Value					

2. Checking Accounts:

Name of Bank	Titled in whose name Indicate if Joint or Beneficiary and name	Approx. Balance
Total Value		

3. Other accounts (savings, money market and/or CD's):

Name of Bank	Titled in whose name Indicate if Joint or Beneficiary and name	Approx. Balance
Total Value		

4. Stocks, bonds or mutual funds (including company stock):

Number Shares	Name of Security	Titled in Whose Name Indicate if Joint or Beneficiary and name	Purchase Price	Current Value
Total Value				

5. Profit sharing, IRAs or pension plans:

Description/Location	Beneficiary	Current Value
Total Value		

6. Life insurance policies and/or annuities:

Name of Company	Insured	Policy Owner	1 st Beneficiary	2 nd Beneficiary	Death Benefit
Total Value					

7. Money owed to you:

Description	Approx. Value	
Total Net Value		

8. Other titled property: car, boat, etc.:

Description	Titled in whose name Indicate if Joint or Beneficiary and name	Market Value	Less Mortgage	Equity
Total Net Value				

9. Special items of value (coin collections, antiques, jewelry, etc.):

Description	Approx. Value	
Total Net Value		

10. What is the approximate total value of all your remaining personal property--whatever you own that has not been included above? (clothes, furniture, etc.) Just estimate.....\$ _____

11. Debts other than mortgage(s) and loans listed above (credit cards, personal loans, etc.):

Description	Amount Owed	
Total Debt		

12. Total value of everything you (and your spouse) own (add totals of line 1 thru line 10 above) \$ _____

13. Total amount you (and your spouse) owe (total of line 11 above) \$ _____

15. Subtract line 13 from line 12. **TOTAL NET ESTATE VALUE**

16. Do you have a safe deposit box(es)? **Yes:** _____ **No:** _____

Location	Titled in whose name

MANAGEMENT DECISIONS: YOUR ESTATE MANAGEMENT TEAM

1. Trustee: Manages the administration and investments in your trust. Should be someone with financial responsibility and experience. If you are creating a trust of which your spouse is to be both the beneficiary and trustee (e.g, a tax saving Credit Shelter Trust (B Trust) you **should** also name a co-trustee to make discretionary decisions.

For You:

For Your Spouse:

1st Choice Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

2nd Choice Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

3rd Choice Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

2. Personal Representative: Manages the probate and settlement of your estate. Can be your spouse, adult children, trusted friends, and/or a corporate fiduciary.

For You:

For Your Spouse:

1st Choice Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

2nd Choice Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

3rd Choice Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

3. You may provide that the Personal Representatives and/or Trustees be insured, or bonded, to protect the beneficiaries:

The Personal Representative should be bonded Yes No

The Trustee should be bonded Yes No

4. **Durable General Power of Attorney** appoints an agent that can make any decision and do any act that you can, and it will continue to be in force even after you become incapacitated. It is a very powerful document and should only be granted with great care, and then only to a person that you have the utmost trust in. If you wish a Durable General Power of Attorney provide the following

	For You:	For Your Spouse:
1 st Choice	Name: _____ Address: _____ Phone: _____	Name: _____ Address: _____ Phone: _____
2 nd Choice	Name: _____ Address: _____ Phone: _____	Name: _____ Address: _____ Phone: _____
3 rd Choice	Name: _____ Address: _____ Phone: _____	Name: _____ Address: _____ Phone: _____

5. **Guardians For Minor Children:** Responsible adult who will raise your children if something happens to you.

	For You:	For Your Spouse:
1 st Choice	Name: _____ Address: _____ Phone: _____	Name: _____ Address: _____ Phone: _____
2 nd Choice	Name: _____ Address: _____ Phone: _____	Name: _____ Address: _____ Phone: _____
3 rd Choice	Name: _____ Address: _____ Phone: _____	Name: _____ Address: _____ Phone: _____

BENEFICIARIES

1. **Special Gifts (cash or a specific item) To Organizations (charity, foundation, religious or fraternal organization):**

Name of Organization	Description of Gift	Alternate Beneficiary

2. **Special Gifts To Individuals**

Do you want to give any specific items or cash gifts to a family member or other individual? (For example: wedding ring to your daughter, gun collection to a son or nephew, etc.)

Name of Person	Description of Gift or Amount	Alternate Beneficiary

3. Beneficiaries

Who do you want to receive the rest of your estate after these special gifts have been distributed? You can designate a dollar amount or percentage, however the percentages are easier, and must add up to 100 per cent.

Name of Person/Organization	Amount/Percentage	Alternate Beneficiary

4. Do you want your children to receive their inheritance in installments, at certain ages, or all at once? In what amounts and at what age(s)? Your children's inheritance can be held in trust and managed for them until they are at any age you chose (21, 25, 30, etc) and used for their education and other needs until that time. This method waits until the children are mature enough to handle money.

5. If a child dies, do you want that child's share to go to that child's children, your grandchildren, (Per Stirpes) or do you want that child's share to be divided among *only* your other living children (Per Capita). , nothing to a grandchild whose parent died.

6. Do you want to ensure that your children from a previous marriage receive a share of your estate? **You** Yes No **Your Spouse** Yes No

7. List Dependents Who Require Special Care

Do you want to provide for "basic" care or luxuries and other extras to supplement government benefits? **Yes** **No**

8. Alternative Beneficiaries

Who do you want to receive your estate if you (and your spouse) outlive the beneficiaries you've named above?

Name of Person/Organization	Amount/Percentage

9. Disinheriting

Are there any relatives that you specifically do not want to receive anything from your estate?

HEALTH CARE PLANNING

Please answer the following for your Advanced Health Care Directive

If you have a terminal condition, you want:	You	Your Spouse
Your life artificially prolonged by machine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nutrition and Hydration (Food and Water) by tube?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pain relief?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Upon your death, do you wish to donate your organs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
For transplants	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
For science or medical research	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to die at home rather than in a hospital or nursing home?	<input type="checkbox"/> At home <input type="checkbox"/> Hosp / Nur Home	<input type="checkbox"/> At home <input type="checkbox"/> Hosp / Nur Home

A **Health Care Agent** gives broader protection. Do you want to appoint someone (spouse, child, friend) to make health care decisions for you when you are unable to, but not necessarily terminal? If so provide the following:

For You:
1st Choice Name: _____
Address: _____
Phone: _____

For Your Spouse:
Name: _____
Address: _____
Phone: _____

2nd Choice Name: _____
Address: _____
Phone: : _____

Name: _____
Address: _____
Phone: _____

SPECIAL INSTRUCTIONS FOR FUNERAL/BURIAL

1. What type of service do you want, how elaborate, and where? Any special people to contact? Do you want cremation?

2. If you have a cemetery lot, where is it located?

Cemetery Name

City

State
