



**PITTSBURGH ESTATE LAW, PC**

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**CONFIDENTIAL QUESTIONNAIRE**

**FOR THE ESTATE PLANNING OF**

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Email or Mail Drafts (Circle Choice)

The information that is provided in this questionnaire is held in complete confidence and is used for the purpose of determining your estate planning needs. The questionnaire also serves the purpose of helping you to organize in one place much of the important information concerning your personal affairs.

July 2020

Today's Date: \_\_\_\_\_

**PERSONAL INFORMATION**

CLIENT'S NAME \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE ( ) \_\_\_\_\_

TOWNSHIP/BORO \_\_\_\_\_

COUNTY \_\_\_\_\_

EMAIL \_\_\_\_\_

**CLIENT**

**SPOUSE**

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

CELL PHONE ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

OCCUPATION \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

\_\_\_\_\_

BUSINESS PHONE ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

UNITED STATES CITIZEN YES \_\_\_ NO \_\_\_ YES \_\_\_ NO \_\_\_

**CHILDREN**

NAME	SEX	DATE OF BIRTH	MARITAL STATUS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CHILDREN'S ADDRESSES IF THEY LIVE OUTSIDE OF YOUR HOME**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GRANDCHILDREN**

NAME	AGE	PARENTS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ATTORNEY**

NAME \_\_\_\_\_

FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

**ACCOUNTANT**

NAME \_\_\_\_\_

FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

**FINANCIAL ADVISOR**

NAME \_\_\_\_\_

FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

**GUARDIAN(S) OF THE PERSON OF MINOR CHILDREN**

NAME \_\_\_\_\_ RELATIONSHIP (if any) \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

**ALTERNATE GUARDIAN(S) OF THE PERSON OF MINOR CHILDREN**

NAME \_\_\_\_\_ RELATIONSHIP (if any) \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

**EXECUTOR(S) OF THE WILL**

NAME \_\_\_\_\_ RELATIONSHIP (if any) \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

**ALTERNATE EXECUTOR(S) OF THE WILL**

NAME \_\_\_\_\_ RELATIONSHIP (if any) \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP (if any) \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

**TRUSTEE(S) OF ANY TRUSTS**

NAME \_\_\_\_\_ RELATIONSHIP (if any) \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

**ALTERNATE TRUSTEE(S) OF ANY TRUSTS**

NAME \_\_\_\_\_ RELATIONSHIP (if any) \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

**AGENT(S) OF DURABLE FINANCIAL POWER OF ATTORNEY**

NAME \_\_\_\_\_ RELATIONSHIP (if any) \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP (if any) \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

**ALTERNATE AGENT(S) OF DURABLE FINANCIAL POWER OF ATTORNEY**

NAME \_\_\_\_\_ RELATIONSHIP (if any) \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP (if any) \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

**AGENT(S) OF DURABLE MEDICAL POWER OF ATTORNEY**

NAME \_\_\_\_\_ RELATIONSHIP (if any) \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PHONE (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP (if any) \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PHONE (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

**ALTERNATE AGENT(S) OF DURABLE MEDICAL POWER OF ATTORNEY**

NAME \_\_\_\_\_ RELATIONSHIP (if any) \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PHONE (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP (if any) \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PHONE (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

AGES OF DISTRIBUTION: If you do establish a trust to allow a third party to manage assets for beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary his/her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as 1/2 at age 25 and the balance at age 30, or 1/3 at age 21, 1/3 at age 30, and 1/3 at age 35. You can use whatever combination of ages you feel would be appropriate for your situation.

\_\_\_\_\_  
\_\_\_\_\_

**BROTHERS AND SISTERS OF CLIENT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BROTHERS AND SISTERS OF SPOUSE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE	MAJOR ILLNESS/SURGERY	ATTENDING PHYSICIAN
_____	_____	_____
_____	_____	_____
_____	_____	_____

BRANCH OF MILITARY SERVICE \_\_\_\_\_ SERIAL # \_\_\_\_\_  
 ENLISTMENT DATE \_\_\_\_\_ DISCHARGE DATE \_\_\_\_\_ RANK \_\_\_\_\_

Do you have a Durable Financial Power Of Attorney? \_\_\_\_\_  
 Do you have an Advanced Medical Directive or Living Will? \_\_\_\_\_  
 Do you have Long Term Care Insurance? \_\_\_\_\_

What are your primary reasons for initiating estate planning at this time?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List below any specific questions that you might have.  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

**PERSONAL FINANCIAL STATEMENT**

\*If you have a personal net worth statement, it can be substituted for this page\*

**ASSETS**

Cash on hand (Checking and Savings) \_\_\_\_\_  
Money Market, Certificates of Deposit \_\_\_\_\_  
Government Securities \_\_\_\_\_  
Stocks and Bonds (Current Value) \_\_\_\_\_  
Accounts, Loans, and Notes Receivable \_\_\_\_\_  
Retirement Plan (Current Retrievable Funds) \_\_\_\_\_  
Other Assets \_\_\_\_\_  
Real Estate \_\_\_\_\_  
Autos/Boats \_\_\_\_\_  
Life Insurance (Cash Value) Add to determine net worth now \_\_\_\_\_  
Life Insurance (Face Value) Add to determine net worth at death \_\_\_\_\_  
Household Furnishings \_\_\_\_\_  
Other \_\_\_\_\_

TOTAL ASSETS \_\_\_\_\_

**LIABILITIES**

Notes Payable to Banks \_\_\_\_\_  
Accounts and Notes Payable to Others \_\_\_\_\_  
Credit Card Balances \_\_\_\_\_  
Mortgages \_\_\_\_\_  
Taxes Due \_\_\_\_\_  
Other \_\_\_\_\_

TOTAL LIABILITIES \_\_\_\_\_

TOTAL ASSETS \_\_\_\_\_

[less]

TOTAL LIABILITIES \_\_\_\_\_

[=]

NET WORTH TODAY \_\_\_\_\_

NET WORTH AT DEATH \_\_\_\_\_

**INCOME**

Salary \_\_\_\_\_  
Commissions and Bonuses \_\_\_\_\_  
Dividends and Interest \_\_\_\_\_  
Other \_\_\_\_\_

TOTAL ANNUAL INCOME \_\_\_\_\_