



NORA C. PEACE, ESQ JEANNE M. MARQUETTE, ESQ REBECCA A. OLDS, ESQ

CONFIDENTIAL QUESTIONNAIRE

FOR THE ESTATE PLANNING OF

Name(s): _____

The information that is provided in this questionnaire will be held in complete confidence and used for the purpose of determining your estate planning needs as well as providing the attorney with relevant information regarding your current status.

Today's Date: _____

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PERSONAL INFORMATION

CLIENT'S NAME: _____

PHONE #: _____ EMAIL: _____

SPOUSE'S NAME: _____

PHONE #: _____ EMAIL: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CLIENT

SPOUSE

SOCIAL SECURITY #: _____ -- _____ -- _____

_____ -- _____ -- _____

DATE OF BIRTH: _____

OCCUPATION: _____

UNITED STATES CITIZEN:

YES _____ -or- NO _____

YES _____ -or- NO _____

ORGAN DONATION:

YES _____ -or- NO _____

YES _____ -or- NO _____

CREMATION:

YES _____ -or- NO _____

YES _____ -or- NO _____

Please list below your primary reasons for initiating estate planning:

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? _____

Do you own any real estate located in another state? _____

CHILDREN (if applicable)

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

CHILDRENS'S ADDRESSES (if they live outside of the home)

GRANDCHILDREN (if applicable)

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

AGES OF DISTRIBUTION: If you do establish a minors 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. Please list that information below, if applicable.

The attorney will be reviewing the information below with you, during your initial meeting. However, if you potentially know whom you would like to name in the various areas of your Estate Planning Documents, please complete the appropriate section(s) below.

EXECUTOR OF THE WILL

NAME _____ RELATIONSHIP (if any) _____

ALTERNATE EXECUTOR OF THE WILL

NAME _____ RELATIONSHIP (if any) _____

AGENT OF FINANCIAL POWER OF ATTORNEY

NAME _____ RELATIONSHIP (if any) _____

ALTERNATE AGENT OF FINANCIAL POWER OF ATTORNEY

NAME _____ RELATIONSHIP (if any) _____

AGENT OF MEDICAL POWER OF ATTORNEY

NAME _____ RELATIONSHIP (if any) _____

CELL PHONE NUMBER _____

ALTERNATE AGENT OF MEDICAL POWER OF ATTORNEY

NAME _____ RELATIONSHIP (if any) _____

CELL PHONE NUMBER _____

GUARDIAN(S) OF THE PERSON OF MINOR CHILDREN (if you plan on naming one)

NAME _____ RELATIONSHIP (if any) _____

ALTERNATE GUARDIAN(S) OF THE PERSON OF MINOR CHILDREN

NAME _____ RELATIONSHIP (if any) _____

TRUSTEE OF ANY TRUSTS (that would be created in the documents)

NAME _____ RELATIONSHIP (if any) _____

ALTERNATE TRUSTEE OF ANY TRUSTS

NAME _____ RELATIONSHIP (if any) _____

(for internal office use) OA: _____

RA: _____

QF: _____

R: _____

PERSONAL FINANCIAL STATEMENT

If you have a personal net worth statement, it can be substituted for this page
*This information is completely **OPTIONAL** – but can be helpful to our estate planning strategy*

ASSETS (ESTIMATE)

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)	\$ _____
Real Estate	\$ _____
Life Insurance (Cash Value) Add to determine net worth now	\$ _____
Other: _____	\$ _____

TOTAL ASSETS: \$ _____

LIABILITIES (ESTIMATE)

Notes Payable to Banks	\$ _____
Accounts, Loans and Notes Payable to Others	\$ _____
Credit Card Balances	\$ _____
Mortgages	\$ _____

TOTAL LIABILITIES: \$ _____

NET WORTH TODAY (ESTIMATE): \$ _____

INCOME

Salary (Combined Salaries)	\$ _____
Commissions and Bonuses	\$ _____
Dividends and Interest	\$ _____
Other: _____	\$ _____

TOTAL ANNUAL INCOME: \$ _____

ACCOUNTANT'S NAME: _____

FINANCIAL ADVISOR'S NAME: _____