



# FIFFIK

LAW GROUP

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## ESTATE PLANNING QUESTIONNAIRE

**INSTRUCTIONS: Save this document to your computer and type your information by inserting your cursor on each line. For questions with a check box make your selection by clicking your mouse.**

1) Full Name (first, middle, last): \_\_\_\_\_

How do you typically sign your name? \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Are you a US citizen?\*  Yes  No If no, country of citizenship \_\_\_\_\_

*\*Non-citizens estate taxation varies from taxation of US citizens.*

2) Current Residence

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

3) If you are married, list your spouse's full name (first, middle, last, maiden)

Name of spouse: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Are you currently living with your present spouse?  Yes  No

4) Do you have a Prenuptial Agreement which identified and disposes of separate spousal property?  Yes  No  N/A *If yes, attach a copy with any filing data.*

5) If either you or your spouse has been divorced, please answer the following. If not applicable, please go to question #6.

Date of Marriage: \_\_\_\_\_

Date of Divorce Judgment: \_\_\_\_\_

Court Rendering Judgment: \_\_\_\_\_

Date of Spouse's Death (if applicable): \_\_\_\_\_

6) Have you or your spouse created any trusts or made gifts to others?  Yes  No If yes, describe and include a copy. If not applicable, go to question #7. :

\_\_\_\_\_

7) Do you or your spouse expect any inheritance?  Yes  No If yes, state from who and how much. If not applicable, please go to question #8.

8) If you have children, including adopted children, state the following for each. If you do not have any children, please to question #15.

Full Name	Male/Female	Date of Birth	Child of current marriage (Y/N)

9a) Deceased biological or legally adopted children if applicable.

Full Name	Male/Female	Date of Death

9b) Deceased child's living children if applicable.

Full Name	Male/Female	Date of Birth	Parent's Name

10) If you have stepchildren, do you want them treated as your biological or legally adopted children in your will?  Yes  No  N/A

Full Name	Male/Female	Date of Birth	Biological Parent's Name

11) If you have grandchildren, state the following for each. If not, go to question #13.

Full Name	Parent's Name	Male/Female	Date of Birth	Living (Y/N)

12) Are any of your children or other beneficiaries mentally or physically disabled or have special needs?  Yes  No.

If yes, note any special provisions:

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If yes, are they presently receiving , or do you anticipate that they may apply for, SSI benefits in the future?  Yes  No. *Note: If you leave a bequest, not left to a qualified trust, the recipient might be disqualified from SSI benefits.*

13) If your children are under age eighteen (18), state the following for the person you wish to act as their guardian (custodian) in the event of your death or in case of the joint deaths of you and your spouse (if married). You should obtain consent of that person(s) before executing your will.

If you do not have any minor children, please go to question #15

Full Name(s):	
Address:	
Relationship:	

If at the time of your death the person(s) named above is/are unwilling to serve as guardian (custodian), please list an alternate.

Full Name(s):	
Address:	
Relationship:	

14) Do you want to appoint a guardian also to be the trustee (conservator) of any assets inherited by the minor children?  Yes  No

At what age would you like your children to take control from the trustee of any inherited assets? (must be at least 18 years of age) \_\_\_\_\_ years old.

If no, please list the person or entity you wish to act as their financial custodian. You should obtain consent before executing your Will.

Full Name(s):	
Address:	
Relationship:	

Please list an alternate in case this person is unwilling or unable to serve.

Full Name(s):	
Address:	
Relationship:	

15) Indicate how you want your assets distributed when you pass.

**Please check ONE of the three options**

Option A: I want my assets to pass to my spouse and children as follows:

- If my spouse predeceases me, my assets will be divided in equal shares to my children.
- If any of my children predeceases me, that child's share shall be distributed to his or her children in equal shares.
- In the event my spouse and all of my children and descendants fail to survive me, I want my assets to be distributed as follows: \_\_\_\_\_

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

Option B: I am unmarried with children and want my assets to pass as follows:

- In equal shares to my children
- If one or more of my children predeceases me, that child's share in my estate is distributed to his/her children in equal shares
- In the event all my descendants fail to survive me, I want my assets to be distributed as follows: \_\_\_\_\_

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

Option C: None of the above I want my assets to pass as follows:

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

16) Do you wish to disinherit any children or grandchildren? If so list their names here. If not applicable, please go to question #17. \_\_\_\_\_

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

17) Execution of a Will is the best way to determine how your property will be distributed. However, it cannot address important issues regarding health care decisions. A Health Care Power of Attorney/Living Will ensures you receive your desired health care treatment. Who would you like to serve as your representative responsible for making sure your health care wishes are carried out?

Primary health care agent:

Full Name(s):	
Address:	
Relationship:	
Telephone:	
Email:	

Please list an alternate in case this person is unwilling or unable to serve:

Full Name(s):	
Address:	
Relationship:	
Telephone:	
Email:	

Please indicate your wishes by checking one box below

- I want this person to be able to act on my behalf immediately.
- I want this person to be able to act on my behalf only upon certification by a doctor that I am no longer able to make decisions and act for myself.

18) If married and your spouse is still alive, do you want your spouse to serve as your personal representative/executor?  Yes  No

Please list an alternate below. If not married or you wish to appoint someone other than your spouse, please indicate below. *Note: If you wish to name a non-US resident, please discuss with your Attorney*

Full Name(s):	
Address:	
Relationship:	
Telephone:	
Email:	

Please list an alternate in case this person is unwilling or unable to serve.

Full Name(s):	
Address:	
Relationship:	
Telephone:	
Email:	

Do you wish to waive the fiduciary bond\* requirement?  Yes or  No

*\*A fiduciary bond is a type of surety bond required by the court to be filed by executors, guardians, etc., to ensure proper performance of their duties as an executor. Typically waived, especially when a spouse or family member is appointed executor.*

19) Many people make special provisions for family heirlooms, jewelry, or other items of special value to be distributed to friends or relatives. If you have such property and would like to leave it to specific person. Please complete the following. *Note: In question #15 you indicated how you would like your assets to pass. Please fill out #19 ONLY if you desire items with specific or sentimental value be left to a specific person. (Include a separate page if necessary.)*

Item:	Special Identifying Features	Recipient

20) List the estimated value of your assets as of today's date. Include the dollar amount in the appropriate column(s)

ASSETS:	Individual Assets	Spouses Separate Assets	Joint/Community Assets	Joint Assets/Non-Spouse
Home				
Other real estate*				
Bank Account 1				
Bank Account 2				
Automobiles & Other Vehicles				
Stocks, Mutual Funds, Investments				
Interest in a Business				
Qualified Retirement Plans (e.g. 401K)				
Life Insurance Policies				
Miscellaneous				

*\* Indicate if property is in state or out of state.*

21) List your estimated debt in each category as applicable. Include the dollar amount in the appropriate column(s)

DEBTS:	Individual Assets	Spouses Separate Assets	Joint/Community Assets	Joint Assets/Non-Spouse
Mortgages on home, car etc.				
Signature Loan at Bank				
Medical or other expenses				
Other debts over \$5,000				

22) Indicate the individuals you have selected to act as your agent, and a successor agent if desired, under your Durable General Power of Attorney:

<b>Agent:</b>		<b>Successor Agent:</b>	
Name:		Name:	
Relationship:		Relationship:	
Address:		Address:	
Telephone:		Telephone:	

Confirmation of information and instructions

I confirm the information provided by me in this form is complete and accurate and the instructions I have provided reflect my wishes.

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Date: \_\_\_\_\_