

# McAndrews Law Offices, P.C.



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*Attorneys At Law*

## ESTATE PLANNING QUESTIONNAIRE

Client 1: \_\_\_\_\_

Date: \_\_\_\_\_

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

SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_  
\_\_\_\_\_  
Occupation: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Are You a U.S. Citizen: \_\_\_\_\_

Client 2: \_\_\_\_\_

SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

Employer: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Are You a U.S. Citizen: \_\_\_\_\_

Date and Place of Marriage: \_\_\_\_\_

Have you or your spouse been married before? \_\_\_\_\_

Do you have current Pre- or Postnuptial Agreements, Wills, Trusts, or Powers of Attorney? \_\_\_\_\_ (If yes, please provide copies and name of prior attorney).

Referred by: \_\_\_\_\_

Children and Other Dependents:

Name	Relationship	Date of Birth	Physical or Mental Disability?
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

If any children or dependents are mentally or physically challenged, please attach a medical/psychological report or other description.

Life Insurance:

Type	Death Benefit	Insured*	Owner*	Beneficiary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\* C1 = Client 1      C2 = Client 2      O = Other  
Name: \_\_\_\_\_

Name of Executor/Executrix:

Address:

Name of Alternate Executor/Executrix:

Address:

Name of Guardian(s) of Any Minor (under age 18) Children:

Address:

ASSETS

Indicate approximate values in appropriate columns

<u>Property Description</u>	<u>Joint</u>	<u>Client 1</u>	<u>Client 2</u>
Personal and household articles (generally assumed to be joint property)	_____	_____	_____
Valuable collections, art, jewelry, antiques (include all items covered by insurance/rider)	_____	_____	_____
Automobiles	_____	_____	_____
Checking or savings accounts	_____	_____	_____
Money market or savings certificates	_____	_____	_____
Stocks and bonds	_____	_____	_____
Business interest (please describe)	_____	_____	_____
Home (net of mortgage)	_____	_____	_____
Other real estate (with location)	_____	_____	_____
Pension or Profit-sharing Identify beneficiaries:	_____	_____	_____
IRAs Identify beneficiaries:	_____	_____	_____
Other Retirement Plan Identify beneficiaries:	_____	_____	_____
Other Assets	_____	_____	_____

Debts or Liabilities

Please list any significant debts or other financial liabilities e.g. mortgages, loans, etc.)

Disposition of Estate

Please provide a general description of the disposition of your property which you (and your spouse, if applicable) desire upon your death(s).

Disposition of estate if no survivors (i.e. to my intestate heirs, charities, other individuals)

Please provide any specific questions, health issues or concerns below:

Upon receipt of the completed Questionnaire, McAndrews Law Offices, P.C. will contact you to schedule an initial meeting. Our fees for estate planning documents are attached. Please contact our office if you have any questions.