

*McAndrews, Mehalick, Connolly,  
Hulse and Ryan P.C.*



Attorneys At Law

30 Cassatt Avenue  
Berwyn, Pa 19312  
Phone: 610-648-9300  
Fax: 610-648-0433  
[www.McAndrewsLaw.com](http://www.McAndrewsLaw.com)

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:

Client 1: Power of Attorney (please name):

Agent: Name, address and relationship to you (person appointed to act on your behalf for medical and financial matters): \_\_\_\_\_

\_\_\_\_\_  
Name of **Successor** Agent (person appointed to *replace* named Agent above, if Agent is not able or willing to act on your behalf):

\_\_\_\_\_  
Client 2: Power of Attorney (please name):

Agent: Name, address and relationship to you (person appointed to act on your behalf for medical and financial matters): \_\_\_\_\_

\_\_\_\_\_  
Name of **Successor** Agent (person appointed to *replace* named Agent above, if Agent is not able or willing to act on your behalf):

\_\_\_\_\_

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.

## Estate Planning and Document Preparation

\*The below base fee schedule includes one and one-half hours of attorney time as well as an appointment to sign the documents. This generally includes an Initial One-Hour Consultation\* with clients, analysis of estate planning needs, and recommendation for new estate/special needs plan, drafting the documents and up to one half-hour of subsequent consultation for questions and changes. Many straightforward plans are accomplished within this time frame.

If your needs exceed this one and one-half hours of attorney time, then we bill all time Hourly after first one and one-half hours of attorney time.

\*If after our initial meeting, you decide not to retain McAndrews Law Offices to prepare estate planning documents, a fee of \$295.00 will be assessed for the meeting.

Pour Over Wills	\$395 each (base fee)
Simple Wills	\$395 each (base fee)
Codicils (simple - i.e. changes to minor provisions, taking one hour or less time to prepare)	\$295 each (base fee)
Codicils (complex - i.e. changes to major dispositive provisions or changes requiring more than one hour of time)	\$550 each (base fee)
Complex Wills:	
Wills with only Minor's Trust OR Wills with only Disclaimed Property Trust	\$495 each (base fee)
Wills with Minor's Trust & Disclaimed Property Trust	\$650 each (base fee)
Wills with Credit Shelter Trust & Marital Trust without Minor's Trust	\$700 each (base fee)
Wills with Credit Shelter Trust & Marital Trust with Minor's Trust	\$800 each (base fee)
Wills with make up provisions, complex calculations of asset allocations among beneficiaries or trusts	\$950 each (base fee)
Revocable Living Trusts	\$750 - \$1500
Trust Amendments	Billed Hourly

Trust Modifications (consent agreements or non judicial settlement agreements)	Billed Hourly
Life Insurance Trust (including form for necessary annual notice documents, letters of instruction, etc.)	\$900 each (base fee)
Special Needs Trust	
– Third Party Funded	\$950 each (base fee)
– Self-Funded (these matters are generally more complex and labor intensive than most other trusts)	Fee Determined After Review
Other Trusts (Real Estate, Business Interests, Etc.)	Fee Determined After Review
Employer Identification Number (EIN)	\$195 each
Powers of Attorney	\$150 each
Advance Medical Directive (Living Will)	\$95 each

*Meetings outside of McAndrews Law Offices are billed at the firm's prevailing hourly rates.*

**\*Hourly charges apply for all time required beyond initial drafts of documents (client changes), our initial one hour attorney meeting and/or review time, and one-half hour post-meeting activities. We reserve the right to include additional hourly billing time to our base fee rates in special circumstances where the work we are asked to perform well exceeds our expectations based on the information initially provided to us by the client.**

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