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

ESTATE PLANNING QUESTIONNAIRE

Client 1:____________________ Date: __________________

Date of Birth: ______________

Home Address: Employer:

____

____

_____________________________ Occupation: __________________

Phone No.:___________________

Cell: _______________________

Email: ______________________

Are You a U.S. Citizen: _____

Client 2:____________________

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

Property Description	Joint	Client 1	Client 2
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. Please contact our office if you have any questions.

2023 Base Fee Schedule

Base fees include: review of completed questionnaires, estate planning consultation of 1 hour with attorney, drafting of documents, 1 hour of attorney time for changes to documents or questions, and brief meeting to sign documents in our office, typically with paralegals)

Wills:

Simple Wills (no trusts, no complex terms)	$575.00 each (base fee)
Codicils	$525.00 each (base fee)
Pour Over Wills *(Must be done with Revocable Living Trust)*	$395.00 each (base fee)

Testamentary Trusts (Trusts in Will, Codicil, or Revocable Trust) Fee is per Will/Trust:

Child's Trust *(To protect child's share during minority or longer, to protect in event of divorce, etc.)*	$350.00 each
Disclaimed Property Trust (tax planning) *(Generally, married couple with estate of approximately $5 million or greater)*	$150.00 each
Credit Shelter Trust (tax planning) *(generally, married couple close to or exceeding current Federal Estate Tax Exemption)*	$475.00 each
Marital Trust *(generally, married couple with tax concerns, children from prior relationships, money management concerns)*	$175.00 - $400.00 each
Pet Trust	$225.00 each

Inter Vivos Trusts:

Revocable Living Trusts *(Must be done with Pour Over Will)* *(Fee does not include transferring assets to Trust)*	$1,500.00
Third Party Funded Special Needs Trust	$1,450.00 each
Life Insurance Trust *(including form for necessary annual notice documents, letters of instruction, etc.)*	$2,500.00 each
Employer Identification Number (EIN)	$195 each

Complex Terms in any Will or Trust: $150.00 – $450.00 each

(i.e., specific bequests, charitable bequests, etc.)

Powers of Attorney/Living Wills:

Combined Financial and HealthCare POA	$350.00 each
Living Will	$150.00 each
Health Care POA with Living Will	$250.00 each
Financial Powers of Attorney	$250.00 each
Meeting with attorney to determine capacity	$250.00 (additional cost)
Mental Health POA	$400.00 each

Documents Subject to Hourly Billing:

Trust Amendments

Consent agreements or Non Judicial Settlement Agreements

Self-Funded Special Needs Trusts

Other Tax Planning or Elder Law Trusts

Transferring assets to a Revocable Trust

Meetings outside of our office