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Attorneys At Law

ESTATE PLANNING QUESTIONNAIRE

Date: ____________________________

CLIENT :

Name: ____

Date of Birth: ____

Home Address: ____

____

County of Residence: ____

Home Phone Number: ____

Cell: ____

Email: ____

Are You a U.S. Citizen: ____

Marital Status:____

Employer: ______________________________ Occupation: ___________________________

Do you have Wills, Trusts, or Powers of Attorney in place? ____________________________________

If you answered yes, please provide copies of the documents and name of prior attorney.

Referred by: ____

Children and Other Dependents:

Name and Address	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
______________	_______________	_____________	______	___________
______________	_______________	_____________	______	___________
______________	_______________	_____________	______	___________
______________	_______________	_____________	______	___________

<u>Name of Executor/Executrix</u>: Person(s) charged with administering your estate.

Client 1 Executor: ____

Address: ____

Client 1 Successor Executor: ____

Address: ____

<u>Name and Address of Guardian(s) of Minor Children (</u><u>under the age of 18</u>**<u>)</u>**:

Guardian: ____

Address: ____

Successor Guardian: ____

Address: ____

<u>Financial Power of Attorney</u>: Person(s) appointed to act on your behalf for financial matters.

Client 1 Agent Name: ____

Address: ____

Telephone: ____

Client 1 Successor Agent Name: _____________________________________

Address: ____

Telephone: ____

<u>Health Care Power of Attorney</u>: Person(s) appointed to act on your behalf for medical matters.

Client 1 Agent Name: ____

Address: ____

Telephone: ____

Client 1 Successor Agent Name: _____________________________________

Address: ____

Telephone: ____

ASSETS

Indicate approximate values in appropriate columns.

Property Description	Asset	Value
Personal and household articles (generally assumed to be joint property)	________________	___________
Valuable collections, art, Jewelry, antiques (include all items covered by insurance/rider)	________________	___________
Automobiles	_______________	___________
Checking account(s)	_______________	___________
Savings account(s)	_______________	___________
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: ____

ASSETS CONTINUED

Indicate approximate values in appropriate columns.

Property Description	Asset	Value
529 Account(s)	_____________	___________

Identify beneficiary: ____

Cryptocurrency, NFTs, etc.:	_____________	___________

Identify type/account: ____

Other Assets	_____________	___________

Please describe:____

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:

____

____

____

____

Please be advised that we charge an initial consultation fee of $495.00. This fee includes the review of your questionnaire and prior documents, if any, and a one-hour consultation with an estate planning attorney.
This fee must be paid in advance of your meeting.

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

<u>2024 Base Fee Schedule</u>

Our Base fees include the following: review of completed questionnaires, one hour estate planning consultation with attorney, drafting of documents, 1 hour of attorney time for draft document review, minor changes to documents and questions, and brief meeting to sign documents in our office, typically with paralegals.

<u>Wills</u>:

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)

<u>Testamentary Trusts</u> (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

<u>Inter Vivos Trusts</u>:

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
Life Insurance Trust *(Including form for necessary annual notice documents, letters of instruction, etc.)*	$2,500.00

Employer Identification Number (EIN)	$195 each
Complex Terms in any Will or Trust: (*i.e., specific bequests, charitable bequests, etc*.)	$150.00 – $450.00 each

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