

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



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ATTORNEYS AT LAW

ESTATE PLANNING QUESTIONNAIRE

Date: _____

CLIENT 1:

Name: _____

Date of Birth: _____

Home Address: _____

County of Residence: _____

Home Phone Number: _____

Cell: _____

Email: _____

Are You a U.S. Citizen: _____

Employer: _____ Occupation: _____

CLIENT 2:

Name: _____

Date of Birth: _____

Cell: _____

Email: _____

Are You a U.S. Citizen: _____

Employer: _____ Occupation: _____

Date and Place of Marriage: _____

Have you or your spouse been married before? _____

Do you have current Pre- or Postnuptial Agreements? _____

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

If you answered yes to any of the above, 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* C1 = Client 1 C2 = Client 2 O = Other

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

Client 1 Executor: _____

Address: _____

Client 1 Successor Executor: _____

Address: _____

Client 2 Executor: _____

Address: _____

Client 2 Successor Executor: _____

Address: _____

Name and Address of Guardian(s) of Minor Children (under the age of 18):

Guardian: _____

Address: _____

Successor Guardian: _____

Address: _____

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

Client 1 Agent Name: _____

Address: _____

Telephone: _____

Client 1 Successor Agent Name: _____

Address: _____

Telephone: _____

Client 2 Agent Name: _____

Address: _____

Telephone: _____

Client 2 Successor Agent Name: _____

Address: _____

Telephone: _____

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

Client 1 Agent Name: _____

Address: _____

Telephone: _____

Client 1 Successor Agent Name: _____

Address: _____

Telephone: _____

Client 2 Agent Name: _____

Address: _____

Telephone: _____

Client 2 Successor Agent Name: _____

Address: _____

Telephone: _____

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 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.

<u>Property Description</u>	<u>Joint</u>	<u>Client 1</u>	<u>Client 2</u>
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.

2026 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.

Employer Identification Number (EIN)	\$195 each
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Wills:

Simple Wills (no trusts, no complex terms)	\$650.00 each (base fee)
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Codicils	\$585.00 each (base fee)
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Pour Over Wills <i>(Must be done with Revocable Living Trust)</i>	\$600.00 each (base fee)
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Testamentary Trusts (Trusts in Will, Codicil, or Revocable Trust) Fee is per Will/Trust:

Child's Trust <i>(To protect child's share during minority or longer; to protect in event of divorce, etc.)</i>	\$355.00 each
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Disclaimed Property Trust (tax planning) <i>(Generally, married couple with estate of approximately \$5 million or greater)</i>	\$185.00 each
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Credit Shelter Trust (tax planning) <i>(Generally, married couple close to or exceeding current Federal Estate Tax Exemption)</i>	\$560.00 each
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Marital Trust <i>(Generally, married couple with tax concerns, children from prior relationships, money management concerns)</i>	\$235.00 - \$535.00 each
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Pet Trust	\$235.00 each
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Inter Vivos Trusts:

Revocable Living Trusts <i>(Must be done with Pour Over Will)</i> <i>(Fee does not include transferring assets to Trust)</i>	\$1,850.00
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Third Party Funded Special Needs Trust	\$1,850.00
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Life Insurance Trust <i>(Including form for necessary annual notice documents, letters of instruction, etc.)</i>	\$2,500.00
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<u>Complex Terms in any Will or Trust:</u> (i.e., <i>specific bequests, charitable bequests, etc.</i>)	\$175.00 – \$475.00 each
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Powers of Attorney/Living Wills:

Combined Financial and HealthCare POA	\$400.00 each
Living Will	\$150.00 each
Health Care POA with Living Will	\$275.00 each
Financial Powers of Attorney	\$275.00 each
Meeting with attorney to determine capacity	\$350.00 (additional cost)
Mental Health POA	\$750.00 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