

BERNSTEIN-BURKLEY, P.C.

Attorneys at Law

A BUSINESS APPROACH
TO LEGAL SERVICE

ESTATE PLANNING AND ADMINISTRATION
BERNSTEIN-BURKLEY, P.C.

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ESTATE PLANNING & ADMINISTRATION • BUSINESS LAW

Estate Planning Questionnaire

Personal Information

Name: _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

Date of Birth ___/___/___ Social Security Number: ___-___-___

Occupation: _____ US Citizen? Yes No

Single Married Divorced Separated Widowed

Information about your Spouse:

Name: _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

Date of Birth ___/___/___ Social Security Number: ___-___-___

Occupation: _____ US Citizen? Yes No

Information about your children:

1. Name: _____ Son Daughter

Child of: Husband Wife Both

Date of Birth ___/___/___ Social Security Number: ___-___-___

Married? Y / N Children? Y / N Number of Children _____

Special Needs/Requirements? Describe _____

2. Name: _____ Son Daughter

Child of: Husband Wife Both

Date of Birth ___/___/___ Social Security Number: ____-____-____

Married? Y / N Children? Y / N Number of Children _____

Special Needs/Requirements? Describe _____

3. Name: _____ Son Daughter

Child of: Husband Wife Both

Date of Birth ___/___/___ Social Security Number: ____-____-____

Married? Y / N Children? Y / N Number of Children _____

Special Needs/Requirements? Describe _____

4. Name: _____ Son Daughter

Child of: Husband Wife Both

Date of Birth ___/___/___ Social Security Number: ____-____-____

Married? Y / N Children? Y / N Number of Children _____

Special Needs/Requirements? Describe _____

5. Name: _____ Son Daughter

Child of: Husband Wife Both

Date of Birth ___/___/___ Social Security Number: ____-____-____

Married? Y / N Children? Y / N Number of Children _____

Special Needs/Requirements? Describe _____

Special Provisions

1. I wish to leave everything to my spouse and then to my children equally.

Y N If no, describe: _____

2. I/We are on our second marriage with children by a prior marriage

Y N Describe: _____

3. I/We have children or other beneficiaries under the age of 25.

Y N Describe: _____

4. I/We have a child(ren) with special needs.

Y N Describe: _____

5. I/We have an estate, life insurance included, worth more than \$800,000

Y N

6. I have special requests that I want to make to other than my spouse and/or children.

Y N Describe: _____

7. I/We are especially concerned about nursing home costs

Y N Describe: _____

8. I/We own one or more pieces of real estate.

Y N Describe: _____

9. I/We have an IRA or 401K

Y N Value \$ _____

10. The beneficiary designations on my IRA and/or life insurance are as follows: _____

11. I am interested in learning more about a Living Trust

Y N Describe: _____

12. I am interested in learning more about a nursing home protective trust.

Y N Describe: _____

Other Issues/Special Requests:

CHOICES OF FIDUCIARIES

LAST WILL AND TESTAMENT

Executor Choice (the person responsible for winding up your affairs upon your death)

First Choice for Executor (Spouse) _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

Second Choice for Executor _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

Third Choice for Executor

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

Same for both spouses? Yes No

TRUSTEE

(Trustee is the person who will manage the finances and assets of the trust. For a Living Trust you (and your spouse) will be the initial Trustee but you must name a successor trust when you're gone. For a nursing home protective trust, you should name someone other than yourself to be the initial and successor trustee.)

First Choice for Trustee (usually You and/or Spouse) _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

Second Choice for Trustee _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

Third Choice for Trustee _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

Same for both spouses? Yes No

Guardian Choice (Only for people with minor age children)

First Choice for Guardian _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

Second Choice for Guardian _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

Third Choice for Guardian _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

Age(s) at which children are to receive their distribution _____ (usually 21 – 30 or in stages at 25, 30, and 35)

(Money held in trust until children reach the above age).

Same for both spouses? Yes No

DURABLE POWER OF ATTORNEY

First Choice for Agent (usually Spouse) _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

Second Choice for Agent _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

Third Choice for Agent _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

(Agent is the person who will manage your finances in the event you cannot)

Same for both spouses? Yes No

HEALTH CARE POWER OF ATTORNEY

First Choice for Agent (usually Spouse) _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

Second Choice for Agent _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

Third Choice for Agent _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

(Agent is the person who will make medical decisions for you in the event you cannot)

Same for both spouses? Yes No

Date: _____ By: _____

Date: _____ By: _____

SPOUSAL SELECTION PAGES

If any of the Fiduciary choices are not the same for both spouses please indicate your husband / wife's choices on the following pages.

ALTERNATE CHOICES FOR: _____

LAST WILL AND TESTAMENT

Executor Choice (the person responsible for winding up your affairs upon your death)

First Choice for Executor (Spouse) _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

Second Choice for Executor _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

Third Choice for Executor _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

TRUSTEE

(Trustee is the person who will manage the finances and assets of the trust. For a Living Trust you (and your spouse) will be the initial Trustee but you must name a successor trust when you're gone. For a nursing home protective trust, you should name someone other than yourself to be the initial and successor trustee.)

First Choice for Trustee (usually You and/or Spouse) _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

Second Choice for Trustee _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

Third Choice for Trustee _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

Guardian Choice (Only for people with minor age children)

First Choice for Guardian _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

Second Choice for Guardian _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

Third Choice for Guardian _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

Age(s) at which children are to receive their distribution _____ (usually 21 – 30 or in stages at 25, 30, and 35)

(Money held in trust until children reach the above age).

DURABLE POWER OF ATTORNEY (Agent is the person who will manage your finances in the event you cannot)

First Choice for Agent (usually Spouse) _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

Second Choice for Agent _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

Third Choice for Agent _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

HEALTH CARE POWER OF ATTORNEY(Agent is the person who will make medical decisions for you in the event you cannot)

First Choice for Agent (usually Spouse) _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

Second Choice for Agent _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____

Third Choice for Agent _____

Address: _____

City, State, Zip: _____

Telephone (H) _____ (W) _____ (C) _____

Fax: _____ email: _____