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## ESTATE PLANNING QUESTIONNAIRE

Today's Date: \_\_\_\_\_

### PERSONAL AND FAMILY DATA

Your Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Township: \_\_\_\_\_ County: \_\_\_\_\_

U.S. Citizen: ( ) Yes ( ) No

Home Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Occupation & Title: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business E-Mail: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Township: \_\_\_\_\_ County: \_\_\_\_\_

U.S. Citizen: ( ) Yes ( ) No

Home Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Occupation & Title: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business E-Mail: \_\_\_\_\_

**CHILDREN**

NAME & NICKNAME	BIRTH DATE	GOING TO COLLEGE?	TOTAL COLLEGE COSTS (ESTIMATE)
1.			
2.			
3.			
4.			
5.			
6.			

**GRANDCHILDREN**

NAME & NICKNAME	BIRTH DATE	GOING TO COLLEGE?	TOTAL COLLEGE COSTS (ESTIMATE)
1.			
2.			
3.			
4.			
5.			
6.			

**WILLS**

Have you made a Will? ( ) Yes ( ) No

If so, in what state? \_\_\_\_\_

Type of Will (simple, two-trust, pour-over, other): \_\_\_\_\_

Executor? \_\_\_\_\_

Children's Guardian: \_\_\_\_\_

Does spouse have a Will? ( ) Yes ( ) No

What type? \_\_\_\_\_

Do you have a Trust? ( ) Yes ( ) No

Describe as follows: \_\_\_\_\_

**GIFTS & INHERITANCES**

Have you made gifts of \$10,000 or more within the past three years? ( ) Yes ( ) No

If yes, indicate to whom gifted and the amount.

<b><u>Individual's Name</u></b>	<b><u>Amount of Gift</u></b>
_____	\$ _____
_____	\$ _____

Since 1977, have you made gifts for which you were required to file a gift tax return? ( ) Yes ( ) No

If yes, please indicate the beneficiary's name and the amount of the gift. In addition, please provide copies of the gift tax returns that were filed.

<b><u>Individual's Name</u></b>	<b><u>Amount of Gift</u></b>
_____	\$ _____
_____	\$ _____

Prior to 1977, did you make any gifts for which you paid gift tax and filed a gift tax return? ( ) Yes ( ) No

If yes, please indicate the beneficiary's name and the amount of the gift. In addition, please provide copies of the gift tax returns that were filed.

<u>Individual's Name</u>	<u>Amount of Gift</u>
_____	\$ _____
_____	\$ _____

In the past 10 years, have you inherited property with respect to which a federal estate tax was paid? ( ) Yes ( ) No

Do you expect to inherit property in your lifetime? ( ) Yes ( ) No

If yes, from whom? \_\_\_\_\_

### **PRESENT INCOME SOURCES**

Present annual earned income: \$ \_\_\_\_\_ Spouse's: \_\_\_\_\_

At retirement: Pension: Per month \$ \_\_\_\_\_ at age \_\_\_\_\_

Other: Per month \$ \_\_\_\_\_ at age \_\_\_\_\_

Upon disability: Income amount per month: \$ \_\_\_\_\_ for \_\_\_\_\_ years provided by \_\_\_\_\_

At death: Survivor benefits (other than Social Security)

\$ \_\_\_\_\_ per month for \_\_\_\_\_ years provided by \_\_\_\_\_

If working now, will spouse continue to work after your death? ( ) Yes ( ) No

**YOUR OBJECTIVES**

What are your main financial goals and concerns?

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To whom do you wish to leave your estate following your death? Specific bequests? Special concerns?

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Whom would you like to name as executor and contingent executor of your will?

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Whom would you like to name as trustee and contingent trustee of a trust created under your will?

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Whom would you like to name as guardian of minor beneficiaries who receive property under your will?

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Whom would you like to name as agent and contingent agent under your power of attorney?

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Whom would you like to name as surrogate and contingent surrogate under your living will (optional)?

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Are there charities you support on a regular or annual basis? ( ) Yes ( ) No

If yes, do you want to make gifts to any of these charities in your estate plan? ( ) Yes ( ) No

**ASSETS**

<b>ASSETS</b>	<b>VALUE</b>	<b>OWNER(S)</b>	<b>ESTIMATED INCOME (IF ANY)</b>
Checking Accounts			
Savings Accounts			
Certificates of Deposit			
Savings Bonds			
Mutual Funds			
Stocks or Bonds			
Business Interests			
Motor Vehicles			
Real Estate (in which state?)			
Personal Property			
Other			
<b>TOTALS</b>			

**LIFE INSURANCE POLICIES ON YOUR LIFE**

AMOUNT	OWNER	TYPE (e.g., whole, term)	BENEFICIARY	CASH VALUE

**LIFE INSURANCE POLICIES ON SPOUSE'S LIFE**

AMOUNT	OWNER	TYPE (e.g., whole, term)	BENEFICIARY	CASH VALUE

**TAX DEFERRED & EMPLOYEE BENEFIT PLANS**

TYPE	CURRENT DEATH BENEFIT	OWNER	BENEFICIARY
Savings and Loan			
Qualified Plan, e.g., 401(k), 403(b)			
Split Dollar			
IRA			
Roth IRA			
Other			
<b>TOTALS</b>			

What is the overall asset allocation of your investment and retirement accounts? (i.e., percent stocks, bonds, real estate, etc.)

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If you own bonds, are they held in a tax-deferred account (e.g., IRA, 401(k))?

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**LIABILITIES**

TYPE	YOUR SEPARATE LIABILITIES	SPOUSE'S SEPARATE LIABILITIES	JOINT LIABILITIES
Home Mortgage (Monthly Payment)			
Other Mortgage (Monthly Payment)			
Bank Loans			
Installment Obligations			
Other			
<b>TOTALS</b>			

In the space below, please sketch a family tree. Please include each generation in which there is at least one living member, as well as other generations if you believe them to be relevant. Also, please include dates of birth or death, as appropriate.