



Wilson McLean
Law Firm

1 Union Avenue
P.O. Box 2410
Bala Cynwyd, PA 19004

Phone: (484) 469-8435
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ESTATE & INHERITANCE TAX QUESTIONNAIRE

Attorney Client Privileged/Confidential



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DOCUMENT REQUEST

At your first appointment with us, please provide us with copies of the following documents:

1. A certified copy of the Deceased's death certificate
2. Any existing Wills or Trusts or other estate planning documents, including "Living Wills" or "Living Trusts" or "Powers of Appointment" created by the Deceased
3. Any Will or Trust or other estate planning document created by someone else, that you are aware of, under which the Deceased had an interest
4. Copy of Recorded Deeds belonging to the Deceased
5. Copy of the Deceased's most recent personal property/excise tax bills
6. Copy of any real or personal property appraisals belonging to the Deceased
7. Copy of any partnership agreements signed by the Deceased
8. The Deceased's most recent personal Federal and State Income Tax Return
9. All Federal Gift Tax Returns which the Deceased may have filed
10. Most recent Federal Income Tax Return of any business in which the Deceased had an ownership interest
11. Financial statements sent to the Deceased related to bank accounts, stocks, bonds, mutual funds, government securities, etc.
12. Copy of promissory notes and amortization schedules belonging to the Deceased
13. Copy of annuity contracts signed by the Deceased
14. Copy of papers related to the Deceased's immigration status, if applicable
15. Copy of statements from the Deceased's life insurance companies



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Please complete this form to the best of your ability and bring it with you to your appointment. All of your answers will be reviewed with you during your consultation. All of the information contained in this questionnaire will remain confidential and will not be disclosed to anyone without your prior consent. If you need assistance completing the form, please call our office.

A. DECEASED'S PERSONAL INFORMATION

If a section does not apply to the deceased person, leave it blank. If more space is needed, please use additional sheets.

- 1. Did the Deceased have an existing Will(s)? Yes No
- 2. Did the Deceased have an existing Trust(s)? Yes No
- 3. Did the Deceased have a prepaid burial contract or insurance? Yes No

4. Deceased's Full Legal Name:

5. Deceased's Address at Time of Death:

6. Deceased's Date of Birth: / /
(Month/Day/Year)

7. Deceased's Place of Birth: _____

8. Deceased's Date of Death: / /
(Month/Day/Year)

9. Deceased's Place of Death (hospital, nursing home, home, location, etc.):

10. Deceased's Social Security Number: _____

Was the Deceased retired? Yes No Occupation: _____



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11. Was the Deceased a United States citizen? Yes No

If not, state immigration status: _____

If not, provide Alien Registration Number: _____

12. Marital Status at Time of Death:

Married Single Divorced
 Widowed Separated Life Partnership/Union

If the Deceased was married, widowed, separate, divorced, or in a life partnership/union, please provide the name of the current spouse/life partner and any former spouse(s)/life partner(s).

Current Spouse/Partner:

Is this person still alive? Yes No Date of Death: ____/____/____
(Month/Day/Year)

Current Spouse's/Partner's Date of Birth: ____/____/____
(Month/Day/Year)

Current Spouse's/Partner's Address, if different:

Current Spouse's/Partner's Home telephone number: (____) _____ - _____

Is the current spouse/partner a United States citizen? Yes No

If not, state immigration status: _____

Ex- Spouse/Partner:

Is this person still alive? Yes No Date of Death: ____/____/____
(Month/Day/Year)



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Ex-Spouse/Partner:

Is this person still alive? Yes No Date of Death: ____/____/____
(Month/Day/Year)

B. DECEASED'S EXECUTOR / TRUSTEE

Does the will or any other communication from the Deceased state who should be the Executor of the Deceased's estate? The Executor is responsible for probating the will, paying debts, collecting the assets, and settling the estate.

Yes: No:

If there is more than one executor, please use additional sheets of paper to provide this information.

Executor Name	
Address	
Phone Number	
Relationship to Deceased	
Date of Birth	
Has this person	<input type="checkbox"/> filed for bankruptcy? <input type="checkbox"/> ever been convicted of a felony?
Is this person a US citizen?	<input type="checkbox"/> yes <input type="checkbox"/> no If not, state immigration status: _____

Does the will or any other communication from the Deceased state who should be the Trustee of the Deceased's estate? The Trustee is responsible for holding, investing and distributing assets in a trust.

Yes: No:

If there is more than one Trustee, please use additional sheets of paper to provide this information.

Trustee Name	
Address	



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Phone Number	
Relationship to Deceased	
Date of Birth	
Has this person	<input type="checkbox"/> filed for bankruptcy? <input type="checkbox"/> ever been convicted of a felony?
Is this person a US citizen?	<input type="checkbox"/> yes <input type="checkbox"/> no If not, state immigration status: _____

C. DECEASED'S ASSETS & LIABILITIES

Estimated net worth of estate: \$ _____

Did the Deceased own a business or was he/she a partner in a business? yes no

If yes, please provide the name of the business:

Is the Deceased owed any money under contract? yes no

Promissory note(s) secured by real estate. Amount owed: _____

Installment contract for sale of personal property. Amount owed: _____

Unsecured promissory note. Amount owed: _____

Regular or Tax-deferred Annuities. Amount owed: _____

Other. Amount owed: _____

Is the Deceased a party to a lawsuit? yes no

If yes, please indicate whether the Deceased is the plaintiff or the defendant: _____

Amount of Suit: _____ Location: _____

Docket/Case No. _____

Represented By: _____



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Possible Completion Date: ____/____/____
 (Month/Day/Year)

Reason: _____

Please provide information for the Deceased's individual or employer provided retirement accounts, such as Individual Retirement Accounts (IRAs), Pension Plans, Profit Sharing plans, 401(k) plans, 403(b) plans, etc. Use additional sheets of paper, if necessary.

1. Account Type:	
Designated Beneficiary:	
Company Name:	
Individual Broker Name:	
Address:	
Phone Number:	
Current Value:	
Loan Balance as of ____/____/____ :	

2. Account Type:	
Designated Beneficiary:	
Company Name:	
Individual Broker Name:	
Address:	
Phone Number:	
Current Value:	
Loan Balance as of ____/____/____ :	

Please list the Deceased's life insurance policies. Use additional sheets of paper, if necessary.

Policy #1 Policy Number	
Named Beneficiaries	
Death Benefit	



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Accidental Death Benefit, if any	
Type of Policy	
Company/Agent	

Policy #2 Policy Number	
Named Beneficiaries	
Death Benefit	
Accidental Death Benefit, if any	
Type of Policy	
Company/Agent	

Please provide information related to the Deceased's ownership of real property. Please include personal home(s), vacation homes, and rental properties. Use additional sheets of paper, if necessary.

Address	
Lender/Mortgage Company Contact Information	
Purchase Date	
Fair Market Value	
Loan Balance	
Name(s) on the Deed	

Address	
Lender/Mortgage Company Contact Information	
Purchase Date	
Fair Market Value	
Loan Balance	
Name(s) on the Deed	

Please provide information related to the Deceased's personal property. Use additional sheets of paper, if necessary. If any of the items below are jointly owned, please circle the 'Y.'

	Description & Location	Fair Market Value
Household furniture and		Y



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appliances		
Collections, art, antiques, and valuable jewelry		Y
Guns		Y
Automobiles		Y
Boats		Y
Recreational Vehicles		Y
Motor Home/Trailer		Y
Business Equipment and Machinery		Y
Personal Equipment and Tools		Y
Livestock		Y

Please make a list of the Deceased's known debts and liabilities. If any of the liabilities are jointly owned, please circle the 'Y.' Use additional sheets of paper, if necessary.

Name & Address of Financial Institution or Creditor	Loan Balance
1	Y
2	Y
3	Y
4	Y
5	Y
6	Y
7	Y



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8	Y
9	Y
10	Y

Please provide information related to the Deceased's financial accounts. If any of the accounts are jointly owned, please circle the 'Y.' Use additional sheets of paper, if necessary.

Account Type	Name & Address of Financial Institution	Account Balance As of ___ / ___ / ___
1 Cash Y		
2 Money Market Accounts Y		
3 Certificates of Deposit Y		
4 Stocks, Bonds Y		
5 Mutual Funds Y		
6 US Savings Bonds Y		
7 Treasury Bills or other government securities Y		
8 Safe Deposit Box Y		Contents:
9 Other Y		

D. Funeral & Administration Expenses

Please list any funeral (ie. burial costs, payments to clergy, flowers, reception, etc.) or administration expenses (ie. Executor's out-of-pocket expenses, accountant, etc.) that have been paid or remain outstanding. Use additional sheets of paper, if necessary.



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Type of Expense	Amount Owed	Amount Paid	Date Paid MM/DD/YY

E. DECEASED'S ADVISOR INFORMATION

Accountant Name: _____

Firm: _____

Address: _____

Telephone Number: (_____) _____ - _____ ext. _____

Insurance Agent: _____

Firm: _____

Address: _____

Telephone Number: (_____) _____ - _____ ext. _____

Financial Planner/Broker Name: _____

Firm: _____

Address: _____

Telephone Number: (_____) _____ - _____ ext. _____



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F. Your Information

Name:

Address:

Home #: (____) _____ - _____

Mobile#: (____) _____ - _____

Email Address:

Relationship to Deceased:

How did you hear about the Wilson McLean Law Firm?
