



Wilson McLean
Law Firm

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

Phone: (484) 469-8435
Email: esquire@wilson-mclean.com
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ESTATE PLANNING 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 recent photograph of yourself and your immediate family. This photo will be made a part of our file.
2. Any existing Wills or Trusts or other estate planning documents created by you (your spouse or your partner), including "Living Wills" or "Living Trusts"
3. Any Will or Trust or other estate planning document created by someone else, that you are aware of, under which you (your spouse or your partner) have an interest
4. Beneficiary designations for life insurance policies and for IRAs and employer retirement plans
5. Long Term Care insurance policies
6. Any divorce decree or marital property settlement agreement for you (your spouse or your partner)
7. Any pre-nuptial or post-nuptial agreements which you have entered into
8. Any Power of Attorney that you (your spouse or your partner) have executed and granted
9. Any Retirement Plan, Buy-Sell Agreement, Stock Option Plan, Salary Continuation Plan, or other deferred compensation plan under which you (your spouse or your partner) have an interest.
10. Your most recent personal Federal Income Tax Return
11. All Federal Gift Tax Returns which you have filed
12. Most recent Federal Income Tax Return of any business in which you have an ownership interest



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. **If you are married or have a partner, please complete the Supplemental Spouse/Partner Estate Planning Questionnaire in addition to this questionnaire.** All of the information contained in this questionnaire will remain confidential and will not be disclosed to anyone without your prior consent. Thank you for allowing us to help you achieve your estate planning goals. If you need assistance completing the form, please call our office.

A. PERSONAL INFORMATION

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

1. Name: _____

2. Home address:

3. Telephone numbers:

Home: (____) ____ - _____

Work: (____) ____ - _____ ext. _____

Fax number: (____) ____ - _____

Mobile phone number: (____) ____ - _____

Best telephone number for messages: (____) ____ - _____

Email Address: _____

4. Employer Name & Address:

Length of Employment: Begin date / /
(Month/Day/Year)

End date / /
(Month/Day/Year)



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5. Occupation: _____
6. Date and place of birth: / / _____
 (Month/Day/Year) (Place)
7. Driver's license number and State: _____
8. Social security number: _____
9. United States citizen? (If not, state immigration status)

10. Marital Status: Married Single Divorced Widowed Separated
 Life Partnership/Union

If your spouse is deceased, please provide their name and date of death in the space below:

Name: _____

Date of Death: _____

11. Are you a party to a lawsuit? yes no

If yes, please indicate whether you are the plaintiff or the defendant: _____

Amount of Suit: _____ Location: _____

Docket/Case No. _____

Represented By: _____

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

Reason: _____

Check or fill in your answers	You	Your Spouse/Partner
1. Have you served in the US Military? If yes, which branch? Dates of Service:	Yes: <u> </u> No: <u> </u> Branch: _____ Dates: _____	Yes: <u> </u> No: <u> </u> Branch: _____ Dates: _____
2. Do you have a Will or trust now?	Yes: <u> </u> No: <u> </u>	Yes: <u> </u> No: <u> </u>



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3. How many living children do you have?		
4. Do you have any deceased children?	Yes: ___ No: ___	Yes: ___ No: ___
5. Are all your children legally yours (natural or legally adopted)?	Yes: ___ No: ___	Yes: ___ No: ___
6. How many stepchildren do you have?		
7. In which state do you vote?		
8. Which state issued your driver's license?		
9. In which state is your car registered?		
10. In which state(s) do you own real estate?		
11. Do you pay state income tax?	Yes: ___ No: ___	Yes: ___ No: ___
If yes, which state?	State:	State:
12. In which state do you plan to retire or live permanently?		
13. Have you ever lived in a Community Property State? (AZ, CA, ID, LA, NV, NM, TX, WA, WI & PR)	Yes: ___ No: ___ State:	Yes: ___ No: ___ State:
14. Do you have a pre-nuptial or post-nuptial agreement?	Yes: ___ No: ___	Yes: ___ No: ___
15. Are you a beneficiary of any trusts?	Yes: ___ No: ___	Yes: ___ No: ___
16. Do you have a divorce decree affecting your pension or other property rights?	Yes: ___ No: ___	Yes: ___ No: ___
17. Do you have Prepaid Funeral plans?	Yes: ___ No: ___	Yes: ___ No: ___

If you answered "yes" to questions 2, 14, 15, 16, & 17 please bring these documents to your appointment.



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B. RETIREMENT ACCOUNTS

In this section, please provide information for your retirement accounts, such as Individual Retirement Accounts (IRAs), Pension Plans, 401(k) plans, and 403(b) plans. Use additional sheets of paper, if necessary.

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

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



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C. LIFE INSURANCE POLICIES

Use additional sheets of paper, if necessary.

Policy #1 Policy Number	
Owner	
Insured	
Named Beneficiaries	
Death Benefit	
Accidental Death Benefit, if any	
Type of Policy	
Annual Premium	
Premium Due Dates	
Cash Value/Policy Loan	
Company/Agent	

Policy #2 Policy Number	
Owner	
Insured	
Named Beneficiaries	
Death Benefit	
Accidental Death Benefit, if any	
Type of Policy	
Annual Premium	
Premium Due Dates	
Cash Value/Policy Loan	
Company/Agent	



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D. YOUR FINANCIAL INFORMATION

Please provide information related to your personal bank accounts (include all checking, online bank accounts, money market accounts, savings accounts, stored value cards, and safe deposit boxes and their contents). IF AN ACCOUNT IS 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 Y		
2 Y		
3 Y		
4 Y		

Please provide information related to your investments (include stocks, bonds, mutual funds, stock options, annuities, certificates of deposit, etc.) Use additional sheets of paper, if necessary.

Investment Type	Name & Address of Company	Current Value	Loan Balance as of ___/___/___
1			
2			
3			
4			

Please provide information related to any debts, credit cards or any additional loans. IF AN ACCOUNT IS JOINTLY OWNED/CO-SIGNED, PLEASE CIRCLE THE 'Y'. Use additional sheets of paper, if necessary.

Name & Address of Financial Institution	Credit Limit & Loan Balance	Amount owed as of ___/___/___	Available Credit as of ___/___/___
1 Y			
2 Y			



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3	Y			
4	Y			

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

Location and County	
Lender/Mortgage Company Contact Information	
Purchase Date	
Fair Market Value	
Loan Balance	
Monthly Payment	
Date of Final Payment	___ / ___ / ___
Co-Owner Contact Information	

Location and County	
Lender/Mortgage Company Contact Information	
Purchase Date	
Fair Market Value	
Loan Balance	
Monthly Payment	
Date of Final Payment	___ / ___ / ___
Co-Owner Contact Information	

Please provide information related to the lease or purchase of your vehicles (cars, boats, planes, etc.). Use additional sheets of paper, if necessary.

Year, Mileage, Make, Model	
Lender/Lessor Contact Info	
Purchase/Lease Date	
Fair Market Value	
Loan Balance	
Monthly Payment	
Date of Final Payment	___ / ___ / ___
Co-Owner Contact Information	

Year, Mileage, Make, Model	
Lender/Lessor Contact Info	
Purchase/Lease Date	



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Fair Market Value	
Loan Balance	
Monthly Payment	
Date of Final Payment	/ /
Co-Owner Contact Information	

E. ADVISOR INFORMATION

Physician Name: _____

Office: _____

Address: _____

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

Accountant Name: _____

Firm: _____

Address: _____

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

Insurance Agent: _____

Firm: _____

Address: _____

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

Financial Planner Name: _____

Firm: _____

Address: _____

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



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F. INCOME, EXPENSES, & HEALTH INSURANCE

Please provide the monthly income of you and your spouse/partner.

	You	Spouse/Partner
Work Earnings		
Social Security Retirement		
Social Security Disability		
Supplemental Security Income		
Veterans' Benefits		
Private Pension		
Annuity		
Interest and Dividends		
Other Income (_____)		

Please provide your monthly expenses.

Rent	
Mortgage (include principal and interest)	
Property taxes (divide annual amount by 12)	
Homeowner's or Tenant's Insurance (divide annual amount by 12)	
Maintenance Charges for Condos Only	

Please provide information regarding your health insurance.

	You	Spouse/Partner
Medicare If yes, write in Number:	Yes: ___ No: ___ _____	Yes: ___ No: ___ _____
Medicare Supplement What Type of Plan (A, B, C, D, E, F, G, H, I, J)?	Yes: ___ No: ___ _____	Yes: ___ No: ___ _____
How much do you pay for your Medicare Supplement per month/quarter?		
Long Term Care Insurance How much does it pay?	Yes: ___ No: ___ _____	Yes: ___ No: ___ _____



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How long does it cover you?		
Other Insurance (Medicare Part D drug plan, etc.) Please put the type:	Yes: ___ No: ___ _____	Yes: ___ No: ___ _____
Prescription Drug Coverage What type of coverage (PACE, PACENET, VA coverage, Medicare Part D, Medicare Advantage Plan, etc.)?	Yes: ___ No: ___ _____	Yes: ___ No: ___ _____