



Wilson McLean
Law Firm

1 Union Avenue
P.O. Box 2410
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Phone: (484) 469-8435
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**SUPPLEMENTAL SPOUSE/PARTNER
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



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Please complete this form to the best of your ability and return it prior 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. Thank you for allowing us to help you achieve your estate planning goals.

A. PERSONAL INFORMATION

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

1. Spouse's/Partner's name: _____
2. Spouse's/Partner's Date of birth: / /
(Month/Day/Year)
3. Spouse's/Partner's Social Security Number: _____
4. Date of marriage: / /
(Month/Day/Year)
5. Spouse's/Partner's Address, if different:

6. Spouse's/Partner's Work address:

7. Spouse's/Partner's Occupation: _____
8. Spouse's/Partner's Length of Employment:
Begin date / / End date / /
(Month/Day/Year) (Month/Day/Year)
9. Spouse's/Partner's Home telephone number, if different: (_____) _____ - _____



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10. Spouse's/Partner's Work telephone number: (_____) _____ - _____ ext. _____
11. Spouse's/Partner's Driver's license number and State: _____
12. Is your Spouse/Partner a United States citizen? ____ (If not, state immigration status)

13. Is your Spouse/Partner 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: _____

B-A. YOUR SPOUSE'S/PARTNER'S RETIREMENT ACCOUNTS

In this section, please provide information for your spouse/partner's 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 ____/____/____ :	



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

C-A. YOUR SPOUSE'S/PARTNER'S 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	



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Annual Premium	
Premium Due Dates	
Cash Value/Policy Loan	
Company/Agent	

D-A. YOUR SPOUSE'S/PARTNER'S FINANCIAL INFORMATION

Please provide information related to your spouse's/partner's 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 spouse's/partner's investments (include stocks, bonds, mutual funds, stock options, and certificates of deposit.) Use additional sheets of paper, if necessary.

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



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Please provide information related to spouse's/partner's 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 <div style="text-align: right;">Y</div>			
2 <div style="text-align: right;">Y</div>			
3 <div style="text-align: right;">Y</div>			
4 <div style="text-align: right;">Y</div>			

Please provide information related to spouse's/partner's ownership of real property. Please include your spouse's/partner's 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	



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Please provide information related to the lease or purchase of your spouse's/partner's 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	
Fair Market Value	
Loan Balance	
Monthly Payment	
Date of Final Payment	/ /
Co-Owner Contact Information	

E-A. SPOUSE'S/PARTNER'S ADVISOR INFORMATION

Physician Name: _____

Office: _____

Address: _____

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

Accountant Name: _____

Firm: _____

Address: _____

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



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Insurance Agent: _____

Firm: _____

Address: _____

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

Financial Planner Name: _____

Firm: _____

Address: _____

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