

2987 CORPORATE COURT SUITE 200 OREFIELD, PA 18069 • 610-706-0686 • FAX 610-706-0652 • WWW.LVELDERLAWATTORNEY.COM

ESTATE PLANNING INFORMATION SHEET (COUPLE)

	Date:
What are your three (3) main goals for this consultation?	
1	
2.	
3.	
I. CLIENT INFORMATION	
CLIENT	CO-CLIENT
Full Name:	Full Name:
Street Address:	Street Address:
City/State/Zip:	City/State/Zip:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email Address:	Email Address:
Date of Birth:	Date of Birth:
Place of Employment:	Place of Employment:
Veteran? Yes No	Veteran? Yes No
If Yes, Branch:	If Yes, Branch:
Dates of Service:	Dates of Service:
Date of Marriage, if applicable:	
Prior marriage(s), if applicable:	

A. Full Name of Child:	Male
Street Address:	
Home Phone:	Alt. Phone: Work Cell
Date of Birth:	Email Address:
Marital Status:	Name of Spouse:
Child:	Date of Birth:
3. Full Name of Child:	Male Female
	Alt. Phone: Work Cell
	Email Address:
	Name of Spouse:
	Date of Birth:
C. Full Name of Child:	Male Female
City/State/Zip:	
• •	Alt. Phone: Work Cell
Date of Birth:	
	Name of Spouse:
	Date of Birth:
	Date of Birth:
	Date of Birth:
Child:	Date of Birth:

Make additional copies of this page, if needed.

II. FAMILY INFORMATION (continued) Are any of the above children or grandchildren: 1. From a prior marriage? Yes □ No If yes, please elaborate. 2. Adopted? Yes ☐ No If yes, please elaborate. ☐ No If yes, please elaborate. 4. Do you or any of your family members have significant health problems? ☐ No If yes, please elaborate. 5. Are there any difficult family dynamics that could impact your planning? Yes ☐ No If yes, please elaborate. III. ASSETS - Do you own any of the following assets? If yes, please indicate ownership, value, and a brief description using the following chart. **Co-Client** Client Joint Cash **Real Estate Savings Accounts**

	Client	Co-Client	Joint
Checking Accounts			
Money Market Funds or			
CDs			
Automobiles			
Furniture			
Life Insurance ¹			
Stocks in Corporations			
Governmental / Municipal or Savings Bonds			
or Javings Donus			
Business Interests (i.e.			
partnerships or sole proprietorships)			
1 1 222 2 123/			

¹ In case of insurance, please make the following information available: (1) owner, (2) company, (3) type, (4) face amount (5) cash value, and (6) loans against.

Client	Co-Client	Joint
	Client	Client Co-Client

IV. LIABILITIES - Do you have any of the following liabilities? If yes, please indicate ownership, amount, and a brief description using the following chart.

	Client	Co-Client	Joint
Loans			
Mortgages			
Credit Cards			
ordan daras			
Guarantees			
Pledges to Charities			
Other			

V. PERSONNEL

B. Consider the appointment of an individual or corporate Trustee or Co-Trustees, if applicable (consider also the names of two successors). C. Consider the appointment of a guardian for the person and/or property of any minors or incapacitated persons. MISCELLANEOUS A. Do you desire to make any specific bequests to any particular individuals or charities? B. Have you ever filed a Federal Gift Tax Return?	A. _	Consider the appointment of an individual or corporate (financial institution) Executor, Executrix, or Co-Executors (consider also the names of two successors).
C. Consider the appointment of a guardian for the person and/or property of any minors or incapacitated persons. MISCELLANEOUS A. Do you desire to make any specific bequests to any particular individuals or charities? B. Have you ever filed a Federal Gift Tax Return?	_	
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B. Have you ever filed a Federal Gift Tax Return? Yes No If yes, for which calendar year(s)? C. Do you have any other legal issues I should be aware of? Yes No If yes, please elaborate. D. If either client has any property interests not described above, please explain the nature of the interests and the estimated value		
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	D.	
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VII. CERTIFICATION

The undersigned hereby represents to	Schoffstall Elder	r Law that the information contained in the questionnaire (including	g the
attached schedules) is accurate and complet	e, and that the un	dersigned understands that the law firm will rely on this information.	If the
information contained herein is inaccurate or	ncomplete, the red	commendations made by Schoffstall Elder Law may not be appropriate	Э.
Signature of Client	date	Signature of Co-Client date	