

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

ESTATE PLANNING INFORMATION SHEET

	Date:	
What are your three (3) main goals for this consultation?)	
1		
2		
3.		
. CLIENT INFORMATION		
CLIENT		
Full Name:		
Street Address:		
City/State/Zip:		
Home Phone:		
Work Phone:		
Cell Phone:		
Email Address:		
Date of Birth:		
Place of Employment:		
Veteran?		
f Yes, Branch:		
Dates of Service:		
Prior marriage(s), if applicable (date of marriage and spouse's n	name:	
3 (// 11)		

A. Full Name of Child:	Male Female
	Alt. Phone: Work Cell
Date of Birth:	Email Address:
Marital Status:	Name of Spouse:
Child:	Date of Birth:
3. Full Name of Child:	Male
	Alt. Phone: Work Cell
	Email Address:
	Name of Spouse:
	Date of Birth:
C. Full Name of Child:	Male
·	
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. Value Title Description Cash **Real Estate Savings Accounts**

	Value	Title	Description
Checking Accounts			
Money Market Funds or			
CDs			
Automobiles			
Furniture			
Life Insurance ¹			
Stocks in Corporations			
Governmental / Municipal			
or Savings Bonds			
Positive and letter ()			
Business Interests (i.e. partnerships or sole			
proprietorships)			

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.

	Value	Title	Description
Jewelry			
Other			

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

	Value	Title	Description
Loans			
Mortgages			
Credit Cards			
orean caras			
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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	D.	
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The undersigned hereby represents to Schoffst	tall Elder Law that the information contained in the questionnaire (in	cluding the
attached schedules) is accurate and complete, and that	at the undersigned understands that the law firm will rely on this informa	tion. If the
information contained herein is inaccurate or incomplete	e, the recommendations made by Schoffstall Elder Law may not be appr	opriate.
Signature of Client	date	