

The Law Office of
Michael J. Girardi

Estate Planning Questionnaire

THE PERSONAL AND CONFIDENTIAL FILE

OF

If you have any questions or need assistance in completing this questionnaire, please do not hesitate to call 724-339-1062. Make sure to complete this questionnaire and bring it with you to our initial meeting.

**ALL THE INFORMATION YOU PROVIDE IN THIS QUESTIONNAIRE IS STRICTLY
CONFIDENTIAL.**

PLEASE NOTE that no attorney-client relationship has been formed by receiving or completing this questionnaire. If you do not return your completed questionnaire within **THIRTY (30) DAYS** from the date of receipt, your file will be closed and the Law Office of Michael J. Girardi will take no further actions in this matter.

INTRODUCTION

This initial estate planning questionnaire is designed to give the Law Office of Michael J. Girardi an accurate understanding of your current estate situation so that we can better advise you on your estate planning needs. Please be as complete as possible when answering this questionnaire; however do not delay an appointment for lack of answers to these questions. If any of the requested information does not apply or is not readily available, leave those sections blank. Feel free to attach any additional information you would like to provide us.

PART I. PERSONAL INFORMATION

A. Husband

Name: _____ Birth Date: ____ / ____ / ____
U.S. Citizen: ____ Yes ____ No Veteran: ____ Yes ____ No
Soc. Sec. No. ____ - ____ - ____ Date of Discharge: ____ / ____ / ____
Cell Phone: _____ Email: _____

B. Wife

Name: _____ Birth Date: ____ / ____ / ____
U.S. Citizen: ____ Yes ____ No Veteran: ____ Yes ____ No
Soc. Sec. No. ____ - ____ - ____ Date of Discharge: ____ / ____ / ____
Cell Phone: _____ Email: _____

C. Residence

Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Date of Marriage: ____ / ____ / ____

D. Children & Grandchildren

Name of Child: _____ Birth Date: ____ / ____ / ____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____
Marital Status: _____ Children (Y/N): _____

Name of Child: _____ Birth Date: ____ / ____ / ____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____
Marital Status: _____ Children (Y/N): _____

F. Other Beneficiaries (people / organizations you want to benefit from your estate)

Name	Relationship to Husband / Wife
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

G. Miscellaneous

Do you have pets? _____ Yes _____ No
Besides your spouse, does anyone live in your home? _____ Yes _____ No

Please rate the following, from 1 (lowest) to 10 (highest)

Husband's Mental Health _____ Husband's Physical Health _____
Wife's Mental Health _____ Wife's Physical Health _____

PART II. CURRENT ESTATE PLAN & ADVISORS

A. Current Estate Plan

Husband, do you have any of the following:

Last Will & Testament _____ Yes _____ No
Financial / General Durable Power of Attorney _____ Yes _____ No
Health Care Power of Attorney / Living Will _____ Yes _____ No
Trust _____ Yes _____ No
Prenuptial Agreement _____ Yes _____ No

Wife, do you have any of the following:

Last Will & Testament _____ Yes _____ No
Financial / General Durable Power of Attorney _____ Yes _____ No
Health Care Power of Attorney / Living Will _____ Yes _____ No
Trust _____ Yes _____ No
Prenuptial Agreement _____ Yes _____ No

Do you have a safe deposit box? _____ Yes _____ No
If yes, please provide the location: _____

B. Advisors

<u>Position</u>	<u>Name</u>	<u>Phone Number</u>
Investment Advisor	_____	_____
Accountant	_____	_____
Life Insurance Agent	_____	_____
Other Attorney	_____	_____
Husband's Primary Physician	_____	_____
Wife's Primary Physician	_____	_____

PART III. INSURANCE

A. Life Insurance

Name of Company: _____ Policy #: _____
Address: _____
City: _____ State: _____ Zip: _____
Type of Policy: _____ Owner: _____
Insured: _____ Face Value: _____
Death Benefit: _____ Cash Value: _____
Beneficiary: _____

Name of Company: _____ Policy #: _____
Address: _____
City: _____ State: _____ Zip: _____
Type of Policy: _____ Owner: _____
Insured: _____ Face Value: _____
Death Benefit: _____ Cash Value: _____
Beneficiary: _____

Name of Company: _____ Policy #: _____
Address: _____
City: _____ State: _____ Zip: _____
Type of Policy: _____ Owner: _____
Insured: _____ Face Value: _____
Death Benefit: _____ Cash Value: _____
Beneficiary: _____

Name of Company: _____ Policy #: _____
Address: _____
City: _____ State: _____ Zip: _____
Type of Policy: _____ Owner: _____
Insured: _____ Face Value: _____
Death Benefit: _____ Cash Value: _____
Beneficiary: _____

B. Long Term Care Insurance

Name of Company: _____ Policy #: _____
Address: _____
City: _____ State: _____ Zip: _____
Type of Policy: _____ Owner: _____
Insured: _____ Is spouse insured under policy (Y/N) _____
Beneficiary: _____
Daily Rate: _____ Maximum Payment _____ Duration of Policy: _____

PART IV GIFTS

1. Have you ever filed a Federal Gift Tax Return? _____ Yes _____ No
If so, for what calendar year(s)? _____
 2. Have you ever made gifts in in excess of \$10,000? _____ Yes _____ No
 3. Have you made gifts in excess of \$500 in any one month to an individual, group of individuals or trusts within the past 60 months? _____ Yes _____ No
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4. Were names added to or removed from any bank, investment, or financial account held jointly with another individual in the past 60 months? _____ Yes _____ No

If yes to 2, 3 or 4 above, please list the recipients below:

Name	Date	Amount
_____	___ / ___ / ___	_____
_____	___ / ___ / ___	_____
_____	___ / ___ / ___	_____
_____	___ / ___ / ___	_____
_____	___ / ___ / ___	_____
_____	___ / ___ / ___	_____

PART V FIDUCIARIES

A. Personal Representatives

List the individuals you want to serve as the Personal Representatives (Executor) of your estate. Your Personal Representative will be responsible for administering your estate and carrying out the directions in your will. Please name at least one primary and one alternative. Typically, spouses, children, and financial institutions are named.

Husband

Primary: _____

Alt #1 : _____

Alt #2 : _____

Alt #3 : _____

Wife

Primary: _____

Alt #1 : _____

Alt #2 : _____

Alt #3 : _____

B. Trustees

List the individuals you would like to serve as your Trustee under either a Testamentary Trust (to manage your assets on behalf of your beneficiaries after your passing), or a Revocable Living Trust (if you wish to avoid probate). Please name at least one primary and one alternative. Typically, spouses, children, and financial institutions are named.

Husband

Primary: _____

Alt #1 : _____

Alt #2 : _____

Alt #3 : _____

Wife

Primary: _____

Alt #1 : _____

Alt #2 : _____

Alt #3 : _____

C. Guardians for Minor Children

If you should pass leaving minor children, list the individuals you would want to provide the day-to-day care for your children. Please name at least one primary and one alternative.

Primary: _____

Alt #1 : _____

Alt #2 : _____

Alt #3 : _____

D. Financial Power of Attorney Agent

Your agent under your Financial Power of Attorney will be able to manage your financial affairs if you are unable to do so. Typically, the primary agent is the spouse. Please name at least one primary and one alternative.

Husband

Primary: _____

Alt #1 : _____

Alt #2 : _____

Alt #3 : _____

Wife

Primary: _____

Alt #1 : _____

Alt #2 : _____

Alt #3 : _____

PART VI. LIABILITIES

Please list any significant creditors you may have, the current balance, and whether the liability is owed by the husband, wife, or jointly.

Creditor	Current Balance	Husband / Wife / Joint
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there any legal issues we should be aware of? _____ Yes _____ No

PART VII. ASSETS

Please provide the value of each asset in the appropriate space. Pay particular attention to how the asset is owned or titled.

A. General Assets

ASSET	HUSBAND	WIFE	JOINT	
			w/ spouses	w/ another
Personal Effects				
Jewelry				
Furnishings & Art				
Collectibles				
Checking Account				
Savings Account				
Money Market Account				
Certificates of Deposit				
Residence Property				
Other Real Estate				
Closely Held Business Ownership Interest				
Automobiles				
Other Vehicles				
Stocks				
Bonds				
Mutual Funds				
Annuities				
IRA / Roth				
401K / 403B, etc.				
Other				
Other				
Other				
Total				

B. Miscellaneous

- Do you own any firearms? _____ Yes _____ No
- Does the husband anticipate a large inheritance? _____ Yes _____ No
- Does the wife anticipate a large inheritance? _____ Yes _____ No

PART VIII. ESTATE PLANNING GOALS

A. Specific Gifts

List any specific items or dollar amounts you wish to leave to a particular person or persons.

Name	Relation	Item
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Charitable Gifts

Please list any charitable gifts (such as to a charity, institution, or church) you wish to make.

Organization	Item
_____	_____
_____	_____
_____	_____
_____	_____

C. Distribution Goals

Please briefly describe your distribution goals for your estate.

D. Miscellaneous

Are you interested in avoiding probate? _____ Yes _____ No

Are you interested in planning for Medicaid Eligibility? _____ Yes _____ No

How did you hear about the Law Office of Michael J. Girardi?

Certification

The undersigned hereby represent to the Law Office of Michael J. Girardi that the information contained in this questionnaire is accurate and complete, and that the undersigned understand that the Law Office will rely on this information. We understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the Law Office may not be appropriate.

Signature of Client or Client Representative (husband)

Date

Signature of Client or Client Representative (wife)

Date
