

Confidential Estate Planning Questionnaire

Angelo & Angelo, LLC Law Offices

Michael Angelo Maccagnan, Esq.

Castle Town Square

4284 Route 8, Suite 204 - Allison Park, PA

P: 724.444.0888 - E: michael@angelolawfirm.com

Please check below the reason for your visit:

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|---|---|---|
| <input type="checkbox"/> To have my/our existing estate plan Reviewed | <input type="checkbox"/> To reduce or eliminate estate taxes | <input type="checkbox"/> To protect my/our assets from lawsuits and future judgment creditors |
| <input type="checkbox"/> To learn about estate planning | <input type="checkbox"/> To reduce or eliminate capital gains Taxes | <input type="checkbox"/> To protect my/our children's inheritance from divorces and creditors |
| <input type="checkbox"/> To have a Will prepared | <input type="checkbox"/> To protect my or my spouse's IRA or Other retirement plan from excessive taxes | <input type="checkbox"/> To protect my/our grandchildren's inheritance from divorces or creditors |
| <input type="checkbox"/> To have a Trust prepared | <input type="checkbox"/> To reduce or eliminate the costs of Probate | <input type="checkbox"/> To start a gift program to children, grandchildren, or others |
| <input type="checkbox"/> Other: _____ | | |

YOU, and if married, YOUR SPOUSE

Your legal name	Name you want us to call you	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Social security number**OPTIONAL	Your date of birth	Your health? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Spouse's legal name	Name you want us to call you	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's social security number**OPTIONAL	Spouse's date of birth	Spouse's health? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Your address, (Include City, State, & Zip)		Date of marriage
*E-mail address		County of residence
Home phone	Business phone	Other phone
Your current occupation. If retired, from what?		Spouse's current occupation. If retired, from what?
Do you or your spouse anticipate receiving an inheritance? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what?		Are you currently a beneficiary under a Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, whose?
Has our firm represented you in any other legal matter previously? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "Yes", please briefly describe the services we provided.		

YOUR CHILDREN, if any or other potential beneficiaries

Legal name	Who is this child's parent(s)? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	Date of Birth	Age	If child is married, Spouse's name	If child has children, how many?

Who Referred you to us?

Name	Firm	Phone
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ESTATE PLANNING DIRECTIVES: The following questions are intended to help you begin to think about the people you will nominate as fiduciaries and agents in your overall plan. Please complete to the best of your ability and we can discuss any questions you may have about these choices at our meeting.

Who will act as Executor/Personal Representative of your estate? <i>Last Will & Testament</i>	Your 1st Choice	Your 2nd Choice	Your 3rd Choice
	Spouse's 1 st Choice	Spouse's 2 nd Choice	Spouse's 3 rd Choice
Who will you nominate as Guardian for of your minor children?	1st Choice	2nd Choice	3rd Choice
Who will act as Trustee of any trust created for your children?	1st Choice	2nd Choice	3rd Choice
Who would you designate to handle your financial affairs if you are <u>incapacitated</u> ? <i>Durable Power of Attorneys</i>	Your 1st Choice	Your 2nd Choice	Your 3rd Choice
	Spouse's 1st Choice	Spouse's 2nd Choice	Spouse's 3rd Choice
Who would you designate to make medical decisions on your behalf if you are <u>incapacitated</u> ? <i>Healthcare Power of Attorney Living Will / Advanced Care Plan</i>	Your 1st Choice	Your 2nd Choice	Your 3rd Choice
	Spouse's 1st Choice	Spouse's 2nd Choice	Spouse's 3rd Choice

YOUR ADVISORS In case we need to consult with them.

Certified Public Accountant	Name	Firm	Phone
Financial Consultant	Name	Firm	Phone
Financial Consultant	Name	Firm	Phone
Life Insurance Professional	Name	Firm	Phone
Attorney, if other than us	Name	Firm	Phone

YOUR ASSETS: Please provide us with an estimate of the value of your assets, or estate, by completing the following schedule. For life insurance policies, please provide the death benefit or the face value, whichever is greater (NOT THE CASH VALUE). For all other assets use your best estimate of each asset's fair market value, disregarding what you paid for the asset or what it was worth when you inherited it.

ASSET	VALUE IN YOUR NAME	VALUE IN SPOUSE'S NAME	VALUE IN JOINT NAMES W/ SPOUSE	AMOUNT OF DEBT ON ASSET
Personal Residence				
Other Real Estate				
IRAs, 401(k)s & Other Retirement Plan Accounts				
Annuities				
Life Insurance Policies				
Business Interests (Sole Proprietorships, C-Corps, S-Corps, LLCs & Partnerships)				
Brokerage Accounts				
Stocks (Individually Held)				
Bonds (Individually Held)				
Cash Accounts (Checking, Savings & CDs)				
Money Owed to You (Notes Receivable)				
Vehicles				
Household Goods & Other Personal Property				
Other (Assets or Debts)				
Totals	A.	B.	C.	D.

Summary (A. + B. + C. — D.) of Total Net Estate Value	\$
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