



Date: _____

Referred by: _____

ABOUT YOU

Full Name _____ Date of Birth _____

Home Address _____

Preferred Telephone Number _____

Preferred Email Address _____

ESTATE PLANNING OBJECTIVES

Describe any special estate planning objectives you would like to achieve. For example: passing control of family business, disposition of home, provisions for parents or disabled children, charitable gifts, etc.

Anything else you would like us to know: _____

PLEASE CHECK ANY OF THE FOLLOWING THAT APPLY

- ☐ Are you a non-US citizen?
- ☐ Have you ever lived in a Community Property State?
(Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas,
Washington and Wisconsin)
- ☐ Are you subject to any Support Obligations?
- ☐ Do you have an adopted child or descendant?
- ☐ Do you have a family member with special needs or disability?
- ☐ Do you have a family member coping with addiction?
- ☐ Do you hold interest in a copyright or patent?
- ☐ Do you hold any mineral rights (Oil, Gas, other)?
- ☐ Are significant assets held digitally (Bitcoin, PayPal, etc.)?
- ☐ Does anyone owe you money?
- ☐ Are you a veteran?
- ☐ Do you now, or expect to, receive a pension?
- ☐ Have you ever filed a Gift Tax Return?
- ☐ Do you own Collectables that would be part of your estate plan?
- ☐ Are you presently receiving funds from an estate or trust?

**We will talk more
about these issues
when we meet.
Any details can
be included in the
space above or on a
separate sheet.**

YOUR FAMILY

Please list the people who may be included within your estate plan. Please attach an extra sheet if more space is needed.

Full Name: _____

Full Name: _____

Relationship: _____

Relationship: _____

Home Address: _____

Home Address: _____

Date of Birth (or approx. age): _____

Date of Birth (or approx. age): _____

Marital Status: _____

Marital Status: _____

Full Name: _____

Full Name: _____

Relationship: _____

Relationship: _____

Home Address: _____

Home Address: _____

Date of Birth (or approx. age): _____

Date of Birth (or approx. age): _____

Marital Status: _____

Marital Status: _____

Full Name: _____

Full Name: _____

Relationship: _____

Relationship: _____

Home Address: _____

Home Address: _____

Date of Birth (or approx. age): _____

Date of Birth (or approx. age): _____

Marital Status: _____

Marital Status: _____

GENERAL INFORMATION

Do you have a present Will and/or Trust Agreement? ☐ Yes ☐ No

Do you have a Safe Deposit Box? ☐ Yes ☐ No

If yes, state location, box number and ownership. _____

Do you have specific burial instructions? ☐ Yes ☐ No Do you have a Cemetery Plot? ☐ Yes ☐ No

Personal Advisors

Accountant: _____

Financial Advisor: _____

Life Insurance Representative: _____

ASSETS

Real Estate

Address: _____

Approx. Value: _____ Approx. Debt: _____

Address: _____

Approx. Value: _____ Approx. Debt: _____

Address: _____

Approx. Value: _____ Approx. Debt: _____

Address: _____

Approx. Value: _____ Approx. Debt: _____

BANK AND INVESTMENT ACCOUNTS

Checking, Savings, Money Market, Brokerage (Exclude IRA, Roth, or other retirement accounts listed below)

Name of Institution: _____

Type: ☐ Checking ☐ Savings ☐ Money Market ☐ Brokerage ☐ Other _____

Average Balance _____

Name of Institution: _____

Type: ☐ Checking ☐ Savings ☐ Money Market ☐ Brokerage ☐ Other _____

Average Balance _____

Retirement Accounts

Name of Custodian / Institution: _____

Owner of Plan: _____ Estimated Current Value: _____

Type: ☐ IRA ☐ Roth IRA ☐ 401 (k) ☐ 403(b) ☐ Other _____

Name of Custodian / Institution: _____

Owner of Plan: _____ Estimated Current Value: _____

Type: ☐ IRA ☐ Roth IRA ☐ 401 (k) ☐ 403(b) ☐ Other _____

Life Insurance (including policies owned on the lives of others)

Full Name of Company: _____

Policy Number: _____ Type: ☐ Term ☐ Whole Life ☐ Group ☐ Universal Life

Insured: _____ Owner: _____

Death Benefit: _____ Annual Premium: _____

Life Insurance *continued*

Full Name of Company: _____

Policy Number: _____ Type: ☐ Term ☐ Whole Life ☐ Group ☐ Universal Life

Insured: _____ Owner: _____

Death Benefit: _____ Annual Premium: _____

Closely Held Business Interests

Business Name: _____ What Percentage do you own? _____

Type: ☐ C Corporation ☐ S Corporation, LLC ☐ Partnership ☐ Sole Proprietorship

Business Name: _____ What Percentage do you own? _____

Type: ☐ C Corporation ☐ S Corporation, LLC ☐ Partnership ☐ Sole Proprietorship

LIABILITIES

Do you have any debts not listed previously?
(Student loans, credit cards, personal loans, unpaid tax liabilities, charitable pledges)

Description: _____

Creditor: _____ Amount: _____

Description: _____

Creditor: _____ Amount: _____

Description: _____

Creditor: _____ Amount: _____

INCOME

Salaries and other compensation _____

Dividends, interest, etc. _____

Business profits _____

Estates or trusts _____

Social Security, retire plans, annuities, disability insurance, etc. _____

CONTACT US

Thank you! Please return this questionnaire to us via:



KMS Law Office
1235 Westlakes Drive, Suite 320
Berwyn, PA 19312



info@kmslawoffices.com



(610) 561-4859

We will contact you within 24 hours to confirm receipt and to set up an initial appointment.