



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.

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Anything else you would like us to know: \_\_\_\_\_

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**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  
1055 Westlakes Drive, Suite 160  
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.