

The Levin Law Firm

Confidential Estate Planning Personal Information Form

Office Locations by Appointment

Exton – Bala Cynwyd – King of Prussia – Philadelphia – Plymouth Meeting

Main Office:

Radnor Corporate Center
150 N. Radnor Chester Road, Suite F-200
Radnor, PA 19087

Telephone: (610) 977-2443

Facsimile: (610) 977-0043

Email: info@levinlawyer.com

WWW.LEVINLAWYER.COM

STEP**1****SIMPLE BACKGROUND INFORMATION**

The information you provide in this section provides us with important objective information about you, your age, marital status, where you live, and how best to communicate with you. This section will ensure your names are spelled correctly in your documents.

Client 1 Information

Full Legal Name _____

Also Known As _____ Prefer to be called _____

Birth date ____ / ____ / ____ Age: ____ Social Security #: _____

Home Address: _____ City: _____ State: ____ Zip: ____

Home Telephone: _____ County of Residence: _____

Business Telephone: _____ Cell Phone: _____

Employer: _____ Position: _____

Email Address: _____ Is it okay to communicate via Email? _____

Circle Applicable: Never Married Married Widowed Divorced (if yes, date: _____) US Citizen? Yes No

Are either of your parents still living? Yes No Are either of your grandparents still living? Yes No

Client 2 Information

Full Legal Name _____

Also Known As _____ Prefer to be called _____

Birth date ____ / ____ / ____ Age: ____ Social Security #: _____

Home Address: _____ City: _____ State: ____ Zip: ____

Home Telephone: _____ County of Residence: _____

Business Telephone: _____ Cell Phone: _____

Employer: _____ Position: _____

Email Address: _____ Is it okay to communicate via Email? _____

Circle Applicable: Never Married Married Widowed Divorced (if yes, date: _____) US Citizen? Yes No

Are either of your parents still living? Yes No Are either of your grandparents still living? Yes No

If married, have you lived in any of the following states while married to each other? Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin? Yes No

Date of Marriage: _____ Existing Pre or Postnuptial Agreement? Yes No Date: _____

STEP**2****POTENTIAL "INDIVIDUAL" BENEFICIARIES**

Identify all potential individual beneficiaries of your estate (e.g., children and grandchildren). Also identify other individuals who you may wish to be a beneficiary of your estate. Please use full legal names. Note: Listing a person in this section is not a firm indication of your decision to provide for a particular individual. Rather, it is simply a means of identifying individuals for discussion purposes.

Beneficiary 1 Relationship to Client: _____ **Special Needs:** Medical Educational Financial
 Full Legal Name: _____ DOB: _____ SSN: _____
 Address: _____ City: _____ State: ___ Zip: _____ Phone: _____
 Status: Married Divorced Widowed Single Spouse's Name: _____ Date Married: _____
 Children: (name and age) _____

Beneficiary 2 Relationship to Client: _____ **Special Needs:** Medical Educational Financial
 Full Legal Name: _____ DOB: _____ SSN: _____
 Address: _____ City: _____ State: ___ Zip: _____ Phone: _____
 Status: Married Divorced Widowed Single Spouse's Name: _____ Date Married: _____
 Children: (name and age) _____

Beneficiary 3 Relationship to Client: _____ **Special Needs:** Medical Educational Financial
 Full Legal Name: _____ DOB: _____ SSN: _____
 Address: _____ City: _____ State: ___ Zip: _____ Phone: _____
 Status: Married Divorced Widowed Single Spouse's Name: _____ Date Married: _____
 Children: (name and age) _____

Beneficiary 4 Relationship to Client: _____ **Special Needs:** Medical Educational Financial
 Full Legal Name: _____ DOB: _____ SSN: _____
 Address: _____ City: _____ State: ___ Zip: _____ Phone: _____
 Status: Married Divorced Widowed Single Spouse's Name: _____ Date Married: _____
 Children: (name and age) _____

Are you concerned with your beneficiaries'/children's ability to get along with one another? Yes No

STEP**3****POTENTIAL "CHARITABLE" BENEFICIARIES**

Some of our clients desire to direct a portion of their estate toward charities or other non-profit organizations. Take a moment and contemplate whether you would ever include such a bequest within your legacy plan. Note: Listing a particular organization in this section is not a firm indication of your decision to make a bequest. Rather, it is simply a means of identifying charities or non-profit organizations for discussion purposes.

Name of Charity or Non-Profit Organization**Address**

- | | | |
|----|--|--|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

STEP**4****PEOPLE WHO ADVISE YOU**

Your various advisors play a key role in the establishment of your estate plan. By way of example, your financial advisor and life insurance agent may need to be contacted to confirm and/or change beneficiary designations and titling of accounts. Your accountant may need to be consulted relative to income tax matters.

Name:**Telephone Number:**

- | | | |
|------------------------|--|--|
| Tax Advisor | | |
| Family Attorney | | |
| Life Insurance Agent | | |
| Financial Advisor | | |
| Stock Broker | | |
| Banker | | |
| Long Term Care Advisor | | |
| Other Advisors: | | |
| | | |
| | | |
| | | |
| | | |

STEP**5****APPOINTMENTS – PEOPLE TO ASSIST YOU**

One of the most important aspects of any estate plan is the “appointment” of various persons to assist you and your family in times of need – particularly when death or disability strikes. These appointed “helpers” are called by different names depending on the type of estate plan you elect to implement. In this section, we try to avoid labels. Instead, we focus on the roles these helpers play in protecting your family and your estate.

Successors to You***

Who do you nominate to serve as a guardian for your minor children (if applicable)?

		Client 1 Responses	Client 2 Responses
Guardians	Initial Choice		
	Back Up #1		
	Back Up #2		

If you were incapacitated for any period of time, who would you choose to handle your financial affairs?

		Client 1 Responses	Client 2 Responses
Financial Agents/ “Helpers”	Initial Choice		
	Back Up #1		
	Back Up #2		

If you were incapacitated for any period of time, who would you choose to make health care decisions for you?

		Client 1 Responses	Client 2 Responses
Health Care Agents/ “Helpers”	Initial Choice		
	Back Up #1		
	Back Up #2		

If you were deceased, who would you choose to administrate and distribute your estate?

		Client 1 Responses	Client 2 Responses
Estate Fiduciary/ “Helpers”	Initial Choice		
	Back Up #1		
	Back Up #2		
Personal Representative			

*** Ultimately, we will need the addresses and telephone numbers of the persons identified above. Please consider providing this information on the next page.

Contact Information for Appointments

Please use this form to provide addresses and telephone numbers for those that you chose on the previous page.

Full Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Full Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Full Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Full Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Full Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Full Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Full Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Full Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Full Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

STEP**6****ASSET ASSESSMENT**

Determining the ownership, value and character of your assets is important to your estate and legacy plan. The title “ownership” is important for tax and transfer matters. The “value” will be significant in determining potential tax liability. The “character” is relevant in assessing the manner by which the asset can transfer. (If necessary, approximate current total values).

Assets	Client 1		Client 2		Joint Ownership	
	# of Assets	Total Value	# of Assets	Total Value	# of Assets	Total Value
Cash Accounts (i.e., checking, savings, CD, Money Market)						
Investment Accounts (i.e., brokerage accounts,						
Bonds (not held in an investment account)						
Stocks (not held in an investment account)						
Company Stock Options						
Personal Effects (i.e., jewelry, art, vehicles, boats, planes, etc.)						
Retirement Plans (401k, IRAs, etc)						
Pension Plans						
Life Insurance Policies (death value)						
Annuities						
Partnership & LLC Interests						
Corp. Business Interests (S-Corp or LLC)						
Sole Proprietorship Interests						
Monies owed to you (promissory notes)						
Personal Residence						
Other Penna Real Property						
Other Out-of-State Real Property						
Other Assets						
Anticipated Inheritance, Gift or Judgment						
TOTAL ASSET VALUE						

Liabilities	Client 1		Client 2		Joint Ownership	
	# of Assets	Total Value	# of Assets	Total Value	# of Assets	Total Value
Loans Payable						
Accounts Payable						
Real Estate Mortgages						
TOTAL LIABILITIES						

NET ESTATE			
-------------------	--	--	--

STEP**7****ABOUT YOUR GOALS & OBJECTIVES**

Before we meet, it is important to us to better understand what prompted you to schedule this appointment. Don't focus on the tools to be used but rather on the outcomes to be achieved.

About Your Goals and Objectives

Goal	Consequences if Goal Isn't Accomplished
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Affirmation: We understand that The Levin Law Firm (the "Firm") will need to rely on the information we supply to develop my estate plan. We also understand that inaccurate or incomplete information could negatively impact our estate plan. Consequently, if we retain the Firm, we will provide the Firm accurate and complete information prior to signing our estate planning documents.

Client 1: _____

Date: _____

Printed Name: _____

Client 2: _____

Date: _____

Printed Name: _____

Congratulations on Completing this Questionnaire.

WE LOOK FORWARD TO WORKING WITH YOU TO CREATE YOUR LEGACY PLAN.