

**CONFIDENTIAL ESTATE PLANNING INFORMATION FORM
FOR MARRIED CLIENTS**

This questionnaire was developed for use by LOVISCKY & ASSOCIATES in designing comprehensive estate plans for clients. Please complete as much of this form as you can before our meeting. It will facilitate our time together, and make our session most productive. Please bring copies of any requested documents with you. If necessary, my staff can make copies of those documents, and we will return those to you at our next meeting. It is important that you complete this form as thoroughly as you can, as our advice to you will be based upon the information you provide. Any material misstatements or omissions may result in improper advice for your situation. **The information that you supply on this form will be retained in our files, and no information will be released to any person without your prior permission.**

DATE: _____

1. Husband

Full Name: _____

Date of Birth: _____

Other Names Known By: _____

Place of Birth: _____

Occupation (former if retired): _____

Citizenship: _____

Employer: _____

Home Address: _____

Home Phone Number: _____

Office Phone Number: _____

Cell Phone Number: _____

E-mail Address: _____

Fax Number: _____

Any serious health problems? Yes No

2. Wife

Full Name: _____

Date of Birth: _____

Other Names Known By: _____

Place of Birth: _____

Occupation (former if retired): _____

Citizenship: _____

Employer: _____

Office Phone Number: _____

Cell Phone Number: _____

E-mail Address: _____

Fax Number: _____

Any serious health problems? Yes No

3. Advisors

Attorney: _____

Phone Number: _____

Accountant: _____

Phone Number: _____

Trust Officer: _____

Phone Number: _____

Insurance Agent: _____

Phone Number: _____

Financial Advisor: _____

Phone Number: _____

Pension Plan Advisor: _____

Phone Number: _____

May we speak to your advisors directly? Yes No

For tax and financial planning purposes, we recommend that your accountant and financial advisor be kept informed of your estate planning. Would you like for your accountant and financial advisor to receive copies of correspondence and draft and final documents?

Yes No

4. Marriage

A. Date of Marriage: _____

B. Where Living When Married: _____

C. Prior Marriages? (Husband) Yes No

(Wife) Yes No

D. Is there a Prenuptial Agreement or other marital contract in effect?

Yes No If Yes, please attach a copy.

5. Names of Children of Present Marriage (if adopted, indicate (A) after name; if deceased, please indicate (D) after name):

A. Name: _____ Date of Birth: _____

Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

B. Name: _____ Date of Birth: _____

Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

C. Name: _____ Date of Birth: _____

Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

D. Name: _____ Date of Birth: _____

Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

E. Name: _____ Date of Birth: _____

Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

6. List any children of prior marriages (indicate husband's or wife's by indicating (H) or (W) after name; if adopted, indicate (A) after name; if deceased, please indicate (D) after name):

A. Name: _____ Date of Birth: _____

Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

B. Name: _____ Date of Birth: _____

Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

C. Name: _____ Date of Birth: _____

Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

D. Name: _____ Date of Birth: _____

Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

E. Name: _____ Date of Birth: _____

Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

7. Are there any family members who require special schooling, special medical attention, or other special attention? Yes No

If Yes, please give name(s) and describe nature of needs: _____

8. Do you have any other relatives now or likely in the future to be dependent upon you for support?

Yes No

If Yes, give name(s) and relationships: _____

9. Does either of you have any legal obligations to a former spouse or children?

Yes No If Yes, please provide a copy of relevant document(s).

10. Does either of you have a present Will? Yes No

If Yes, please attach a copy.

11. Does either of you have any present Trusts? Yes No

If Yes, please attach a copy.

12. Does either of you have a present Power of Attorney? Yes No

If Yes, please attach a copy.

13. Does either of you have a present Durable Healthcare Power of Attorney and/or Living Will?

Yes No If Yes, please attach a copy.

14. Has either of you ever received a substantial amount by inheritance? Yes No

If Yes, when? _____ Approximate amount: \$ _____

Does either of you anticipate receiving an inheritance? Yes No

If Yes, give approximate amount: \$ _____

15. Does either of you hold a power of appointment under another person's Will or Trust?

Yes No If Yes, please attach a copy.

16. Has either of you ever been required to file a gift tax return?

Yes No If Yes, what years? _____

Please attach copies of any gift tax returns for either spouse.

17. Does either of you work for a business which has some type of plan under which your estate or the person you specify will receive benefits on your death?

Yes No Not Sure

18. Is either of you a party to a Shareholder or Partnership Agreement (including any Buy-Sell Agreements)? Yes No If Yes, please attach a copy.

19. Does either of you have a safe deposit box? Yes No
 If Yes, where located? _____
 Name(s) box is listed under: _____
20. Does either of you own any property in a foreign country? Yes No
 If Yes, give country and approximate value: \$ _____
21. Are you presently involved in any litigation, or is there litigation or potential claims against you that are known? Yes No
22. Are you engaged in any high risk ventures, professions, or circumstances that would make creditor planning important? Yes No

Under the Pennsylvania Rules of Professional Conduct for Attorneys, any information given to us by one spouse or relating to planning is accessible to the other spouse. Each spouse has the right to independent legal counsel with respect to planning. The transfer of assets with respect to estate planning could affect marital rights. Do you have any questions about this? Yes No

We will do your planning based upon the information described in this form. If you wish for us to verify any of this information, please provide us with copies of any Deeds, Mortgages, account statements, or other confirmatory documentation, if requested. The specific ownership and designation of assets, liabilities, and beneficiary designations must be coordinated properly for estate planning documents to function as intended.

The undersigned have reviewed this form and the following asset summary information and believe it to be accurate.

 Husband

 Wife

LIST OF ASSETS

(or attach Personal Financial Statement)

	Approximate Fair Market <u>Value:</u>	Cost <u>Basis:</u>	Owner (Husband/ <u>Wife/Joint</u>):		
1. Real estate: <u>Address</u> <u>Type (Residence/Rental/Land)</u> _____ _____ _____			H	W	J
			H	W	J
			H	W	J
2. Bank accounts, certificates of deposit, money market funds, etc.: <u>Name of Institution</u> <u>Account Number</u> _____ _____ _____ _____			H	W	J
			H	W	J
			H	W	J
			H	W	J
3. Marketable securities: <u>Name of Institution</u> <u>Account Number</u> _____ _____ _____ _____			H	W	J
			H	W	J
			H	W	J
			H	W	J
4. Annuities: _____ _____ _____			H	W	J
			H	W	J
			H	W	J

	Approximate Fair Market <u>Value:</u>	Cost <u>Basis:</u>	Owner (Husband/ Wife/Joint):		
5. IRAs and retirement plans: <u>Name of Plan</u> <u>Account Number</u> _____ _____ _____		N/A N/A N/A	H H H	W W W	J J J
6. Closely held businesses (corporations, LLCs, partnerships, sole proprietorships):* <u>Name of Business</u> <u>Ownership Interest</u> _____ _____ _____			H H H	W W W	J J J
7. Other assets not listed above: _____ _____ _____			H H H	W W W	J J J
8. Valuable personal property: Motor vehicles, boats, etc.: _____ _____ Jewelry: _____ _____ Art, other valuable items (describe): _____ _____ _____			H H H H	W W W W	J J J J

* Please attach copies of any shareholders' agreements, operating agreements, or partnership agreements.

<p>9. Mortgages or other substantial debts:</p> <hr/> <hr/> <hr/> <hr/>	<p>Approximate Fair Market <u>Value:</u></p>	<p>Cost <u>Basis:</u></p>	<p>Owner (Husband/ <u>Wife/Joint</u>):</p> <p>H W J</p> <p>H W J</p> <p>H W J</p> <p>H W J</p>																														
<p>10. Life insurance:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Company</th> <th style="text-align: left; width: 15%;">Death Benefit</th> <th style="text-align: left; width: 15%;">Cash Value</th> <th style="text-align: left; width: 15%;">Person Insured</th> <th style="text-align: left; width: 15%;">Policy Owner</th> <th style="text-align: left; width: 15%;">Beneficiary</th> </tr> </thead> <tbody> <tr><td colspan="6"><hr/></td></tr> <tr><td colspan="6"><hr/></td></tr> <tr><td colspan="6"><hr/></td></tr> <tr><td colspan="6"><hr/></td></tr> </tbody> </table>				Company	Death Benefit	Cash Value	Person Insured	Policy Owner	Beneficiary	<hr/>						<hr/>						<hr/>						<hr/>					
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