



Date: _____

Referred by: _____

ABOUT YOU

Full Name _____ Date of Birth _____

Home Address _____

Preferred Telephone Number _____

Preferred Email Address _____

ABOUT YOUR SPOUSE

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 TO YOU OR YOUR SPOUSE

- 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)
- Do you have a Pre- or Post-Nuptial Agreement?
- 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 or your spouse 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? Self: Yes No Spouse: 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: _____ Ownership: Self Spouse Joint

Address: _____

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Address: _____

Approx. Value: _____ Approx. Debt: _____ Ownership: Self Spouse Joint

Address: _____

Approx. Value: _____ Approx. Debt: _____ Ownership: Self Spouse Joint

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 _____ Ownership: Self Spouse Joint

Name of Institution: _____

Type: Checking Savings Money Market Brokerage Other _____

Average Balance _____ Ownership: Self Spouse Joint

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: _____ Debtor: Self Spouse Joint

Description: _____

Creditor: _____ Amount: _____ Debtor: Self Spouse Joint

Description: _____

Creditor: _____ Amount: _____ Debtor: Self Spouse Joint

INCOME

Salaries and other compensation Self _____ Spouse _____

Dividends, interest, etc. Self _____ Spouse _____

Business profits Self _____ Spouse _____

Estates or trusts Self _____ Spouse _____

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

CONTACT US

Thank you! Please return this questionnaire to us via:



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(610) 561-4859

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