|  |  |  |
| --- | --- | --- |
| Peter L. Klenk, Esq.*Principal*Member: PA, NJ, NY, MN &FL Bars, LL.M. Taxation, NYU**Pennsylvania Offices:****Philadelphia:** 215-790-1095Allentown: 610-628-9462Doylestown: 215-515-2529 | Law Offices ofPeter L. Klenk & Associates  Facsimile 215-790-1096www.klenklaw.comWills, Trusts, Probate & Estate Litigation.That’s All We Do! | **Cherry Hill, NJ**609-270-4306New York, NY917-525-5904  |

***Who referred you to Peter L. Klenk, Esquire?***

Partner A Name: Partner B Name:

aka: aka:

County, number years resided County, number years resided

Date of Birth/Age: Date of Birth/Age:

Social Security: Social Security;

Citizenship: Citizenship:

Home Address: Home Address:

Other temporary residences: Other temporary residences:

Telephone: (H) Telephone:(H)

(W) (W)

Fax: Fax:

Email: Email:

Marital History: Marital History:

Parents’ Name/Ages: Parents’ Names/Ages:

Children and Grandchildren: *Continue on back if necessary.*

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Date of Birth | Partner’s Name |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Beneficiaries:** Provide a general description of the persons or organizations you wish to “benefit” from your estate. This could be all to your Partner or, if your Partner has died before you, equally to your children; a division between family and charity (50% to son and 50% to College); specific gifts (coins to Joe); etc.

# SELECTING THE PEOPLE WHO WILL CARRY OUT YOUR ESTATE PLAN

In general, Partners select each other as the first person to serve and then they agree on a backup.

**Executor**: Person who files the will with the County, pays taxes, etc.

Partner A’s First Choice Partner A’s Second Choice:

Address: Address:

Telephone: Telephone:

Partner B’s First Choice: Partner B’s Second Choice:

Address: Address:

Telephone: Telephone:

**Guardian**: Person responsible for minor children’s physical custody.

First Choice: Second Choice:

Address: Address:

Telephone: Telephone:

**Trustee:** Person responsible for any part of your estate left in trust.

Partner A’s First Choice Partner A’s Second Choice:

Address: Address:

Telephone: Telephone:

Partner B’s First Choice: Partner B’s Second Choice:

Address: Address:

Telephone: Telephone:

**Durable Power of Attorney**: Your attorney-in-fact may act for you in your absence or inability.

Partner A’s First Choice Partner A’s Second Choice:

Address: Address:

Telephone: Telephone:

Partner B’s First Choice: Partner B’s Second Choice:

Address: Address:

Telephone: Telephone:

**Living Will (Health Care Directive)**: Authorizes removal of life support.

Partner A’s First Choice Partner A’s Second Choice:

Address: Address:

Telephone: Telephone:

Partner B’s First Choice: Partner B’s Second Choice:

Address: Address:

Telephone: Telephone:

# FINANCIAL BACKGROUND

The requested information will allow us to calculate potential estate tax liability. Please be as accurate as possible, but figures do not need to be accurate to the penny. If calculations are necessary, show them on the back of this page. Please round to the nearest thousand.

|  |  |  |  |
| --- | --- | --- | --- |
| **Assets** | **Partner A** | **Partner B** | **Jointly Owned** |
| *Retirement Accounts (Please list)* |  |  |  |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
| *Cash Accounts (Please list)* |  |  |  |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
| *Marketable securities (Please list)* |  |  |  |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
| *Notes/receivables* | $ | $ | $ |
| *Business you own (Please list)* |  |  |  |
|  | $ | $ | $ |
| *Home (Please list)* |  |  |  |
|  | $ | $ | $ |
| *Other real estate (Please list)* |  |  |  |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
| *Life insurance (Please list)* |  |  |  |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
| *Furniture & furnishings* | $ | $ | $ |
| *Vehicles (Please list)* |  |  |  |
|  | $ | $ | $ |
|  | $ | $ | $ |
| *Personal property (jewelry, art)* | $ | $ | $ |
| *Collections* | $ | $ | $ |
| *Other assets* | $ | $ | $ |
|  |  |  |  |
| **TOTAL ASSETS:** | $ | $ | $ |

# FINANCIAL BACKGROUND (continued)

|  |  |  |  |
| --- | --- | --- | --- |
| **Liabilities** | **Partner** | **Partner** | **Jointly Owned** |
| Mortgage on home | $ | $ | $ |
| Other mortgages | $ | $ | $ |
| Loans against life insurance | $ | $ | $ |
| Other debts (credit cards, loans, etc.) | $ | $ | $ |
|  |  |  |  |
| **TOTAL LIABILITIES:** | $ | $ | $ |
| **Total assets less total liabilities:** | $ | $ | $ |
| **\*TOTAL NET WORTH:** (add all three columns) | $ |

\*(If you sold everything for cash, paid off your bills, this is the amount you would have left over)

# DEATH BENEFITS

List all life insurance policies that you own, that you are a beneficiary of, or other plans that pay out at your death.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Policy or Plan**  | **Death Benefit** | **Present Value** | **Beneficiary** |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |

Please explain who owns the policy and how the proceeds are to be used:

**OTHER INFORMATION**

***Have the following documents ever been drafted for you? Please check if yes.***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Partner A |  | Partner B |
| Will |  |  |  |
| Trust(s) |  |  |  |
| Living will |  |  |  |
| Power of attorney |  |  |  |
| Employment agreements |  |  |  |
| Divorce decree |  |  |  |
| Buy/sell agreements |  |  |  |
| Asset appraisals |  |  |  |
| Pre/post nuptial agreements |  |  |  |

\*Please provide copies of any documents to which you answered yes.

***Please answer the following questions yes or no. If you answer yes, please provide a short explanation on the back of this page.***

|  |  |  |  |
| --- | --- | --- | --- |
|   | Yes |  | No |
| Do you have any obligations to provide for anyone in your will (e.g., per divorce decree)?  |  |  |  |
| Do you own any property jointly with someone other than your Partner?  |  |  |  |
| Are there any inheritances you expect to receive? |  |  |  |
| Do you have any safe deposit boxes?  |  |  |  |
| Do you own any unique personal property which should be separately addressed in your estate plan (e.g., works of art, special collections, valuable gifts)? |  |  |  |
| Are you a beneficiary of anyone’s Qualified Plan (IRA, SEP, 401K, etc.)? |  |  |  |

***If you own a business, please describe:***

Nature of business

Partnership or Corporation

How ownership is divided and between whom is it divided

If owned with relatives, how are you related:

***Please provide the following information.***

|  |  |  |
| --- | --- | --- |
|  | Address | Phone |
| Accountant |  |  |
| Life Insurance Agent |  |  |
| Investment Advisor |  |  |
| Trust Officer |  |  |
| Commercial Banker |  |  |
| Stockbroker |  |  |
| Casualty Insurance Agent |  |  |