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**Wills, Trusts, Probate & Estate Litigation.**  
**That's All We Do!**

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

Name: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_

aka: \_\_\_\_\_

(W) \_\_\_\_\_

County, number years resided \_\_\_\_\_

Fax: \_\_\_\_\_

Date of Birth/Age: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security: \_\_\_\_\_

Marital History: \_\_\_\_\_

Citizenship: \_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_

Parents' Name/Ages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other temporary residences: \_\_\_\_\_

\_\_\_\_\_

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

Name	Address	Date of Birth	Spouse'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 spouse or, if your spouse 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

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

First Choice \_\_\_\_\_ 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.

First Choice \_\_\_\_\_ Second Choice: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

First Choice \_\_\_\_\_ Second Choice: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

First Choice \_\_\_\_\_ Second Choice: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

**UTMA Account Successor Custodian:** Are you currently the custodian of an UTMA or UGMA account for a minor? If so, if you become incapacitated or die, who should serve as your successor?

First Choice \_\_\_\_\_ 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.

<b>Assets</b>	
<i>Retirement Accounts (Please list)</i>	
	\$
	\$
	\$
<i>Cash Accounts (Please list)</i>	
	\$
	\$
	\$
<i>Marketable securities (Please list)</i>	
	\$
	\$
	\$
<i>Notes/receivables</i>	\$
<i>Business you own (Please list)</i>	
	\$
<i>Home (Please list)</i>	
	\$
<i>Other real estate (Please list)</i>	
	\$
	\$
	\$
	\$
	\$
<i>Life insurance (Please list)</i>	
	\$
	\$
	\$
	\$
	\$
<i>Furniture &amp; furnishings</i>	\$
<i>Vehicles (Please list)</i>	
	\$
	\$
<i>Personal property (jewelry, art)</i>	\$
<i>Collections</i>	\$
<i>Other assets</i>	\$
<b>TOTAL ASSETS:</b>	\$

## FINANCIAL BACKGROUND (continued)

Liabilities	
Mortgage on home	\$
Other mortgages	\$
Loans against life insurance	\$
Other debts (credit cards, loans, etc.)	\$
<b>TOTAL LIABILITIES:</b>	\$
<b>Total assets less total liabilities:</b>	\$
<b>*TOTAL NET WORTH:</b>	\$

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

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## 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:

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Smoke? Yes ( ) No ( )

**General Health Condition and Background (for insurance calculations):**

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## OTHER INFORMATION

**Have the following documents ever been drafted for you? Please check yes\* or no.**

	Yes	No
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.**

- 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 spouse?
- 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.)?

Yes	No

**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		