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

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

Partner A Name: _____
aka: _____
County, number years resided _____
Date of Birth/Age: _____
Social Security: _____
Citizenship: _____
Home Address: _____

Partner B Name: _____
aka: _____
County, number years resided _____
Date of Birth/Age: _____
Social Security: _____
Citizenship: _____
Home Address: _____

Other temporary residences: _____

Other temporary residences: _____

Telephone: (H) _____
(W) _____
Fax: _____
Email: _____

Telephone:(H) _____
(W) _____
Fax: _____
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
<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 & furnishings</i>	\$	\$	\$
<i>Vehicles (Please list)</i>			
	\$	\$	\$
	\$	\$	\$
<i>Personal property (jewelry, art)</i>	\$	\$	\$
<i>Collections</i>	\$	\$	\$
<i>Other assets</i>	\$	\$	\$
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		

