

Peter L. Klenk, Esq.
Principal
Member: PA, NJ, NY, MN &
FL Bars, LL.M. Taxation, NYU

Law Offices of
Peter L. Klenk & Associates

Cherry Hill, NJ
609-270-4306

New York, NY
917-525-5904

Facsimile 215-790-1096

www.klenklaw.com

Pennsylvania Offices:
Philadelphia: 215-790-1095
Allentown: 610-628-9462
Doylestown: 215-262-0603

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 equally to your children or nieces and nephews; 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: _____

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	
<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	
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:	\$

*(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 yes or no.*

	Yes	No
Will	<input type="checkbox"/>	<input type="checkbox"/>
Trust(s)	<input type="checkbox"/>	<input type="checkbox"/>
Living will	<input type="checkbox"/>	<input type="checkbox"/>
Power of attorney	<input type="checkbox"/>	<input type="checkbox"/>
Employment agreements	<input type="checkbox"/>	<input type="checkbox"/>
Divorce decree	<input type="checkbox"/>	<input type="checkbox"/>
Buy/sell agreements	<input type="checkbox"/>	<input type="checkbox"/>
Asset appraisals	<input type="checkbox"/>	<input type="checkbox"/>
Pre/post nuptial agreements	<input type="checkbox"/>	<input type="checkbox"/>

*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
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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		