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215-790-1095
"One convenient number for all of our offices"

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

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

Name:_____

Phone:_____

Email:_____

Address:_____

Children: *Continue in blank space, if necessary.*

Name		Date of Birth	Spouse (if applicable)

Beneficiaries: If you didn't have to worry about taxes or any rules, how would you want your estate divided at your death? (ex: all to spouse, then equally to children, etc.)

_____

_____

_____

SELECTING THE PEOPLE WHO WILL CARRY OUT YOUR ESTATE PLAN

Executor: Person who "executes" your plan.

First Choice _____ Second Choice: _____

Guardian: Person responsible for minor children's physical custody.

First Choice: _____ Second Choice: _____

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

First Choice _____ Second Choice: _____

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

First Choice _____ Second Choice: _____

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

First Choice _____ Second Choice: _____

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	
IRAs, 401K, 403bs, etc.:	
	$
	$
	$
Checking + Savings Accounts:	
	$
	$
	$
Investments:	
	$
	$
Business you own (Please list)	
	$
Home (Please list)	
	$
Other real estate (Please list)	
	$
	$
	$
	$
	$
Life insurance (Please list)	
	$
	$
	$
	$
	$
Furniture & furnishings (approx. value)	$
Vehicles (approx. value)	
	$
	$
Personal property (jewelry, art – approx. value)	$
Collections	$
Anything else of value	$
TOTAL ASSETS:	$

FINANCIAL BACKGROUND (continued)

Liabilities	
Mortgage on home	$
Other mortgages	$
Loans	$
Other debts (credit cards, loans, etc.)	$
TOTAL LIABILITIES:	$
***TOTAL NET WORTH:** Assets - Liabilities =	$

*(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 provide the following information.

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