



The Law Offices of
Jeremy A. Wechsler
An Estate & Trust Planning Practice

Personal Information Form

Confidential

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STEP**1****SIMPLE BACKGROUND INFORMATION**

The information you provide in this section provides us with important objective information about you, your age, marital status, where you live, and how best to communicate with you. This section will ensure your names are spelled correctly in your documents.

Client 1 Information

Full Legal Name _____

Also Known As _____ Prefer to be called _____

Birth date ____ / ____ / ____ Age: ____ Social Security #: _____

Home Address: _____ City: _____ State: ____ Zip: _____

Home Telephone: _____ County of Residence: _____

Business Telephone: _____ Cell Phone: _____

Employer: _____ Position: _____

Email Address: _____ Is it okay to communicate via Email? _____

Circle Applicable: Never Married Married Widowed Divorced (if yes, date: _____) US Citizen? Yes No

Are either of your parents still living? Yes No Are either of your grandparents still living? Yes No

Client 2 Information

Full Legal Name _____

Also Known As _____ Prefer to be called _____

Birth date ____ / ____ / ____ Age: ____ Social Security #: _____

Home Address: _____ City: _____ State: ____ Zip: _____

Home Telephone: _____ County of Residence: _____

Business Telephone: _____ Cell Phone: _____

Employer: _____ Position: _____

Email Address: _____ Is it okay to communicate via Email? _____

Circle Applicable: Never Married Married Widowed Divorced (if yes, date: _____) US Citizen? Yes No

Are either of your parents still living? Yes No Are either of your grandparents still living? Yes No

If married, have you lived in any of the following states while married to each other? Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin? Yes No

Date of Marriage: _____ Existing Pre or Postnuptial Agreement? Yes No Date: _____

STEP**2****POTENTIAL "INDIVIDUAL" BENEFICIARIES**

Identify all potential individual beneficiaries of your estate (e.g., children and grandchildren). Also identify other individuals who you may wish to be a beneficiary of your estate. Please use full legal names. Note: Listing a person in this section is not a firm indication of your decision to provide for a particular individual. Rather, it is simply a means of identifying individuals for discussion purposes.

Beneficiary 1 Relationship to Client: _____ **Special Needs:** Medical Educational Financial
 Full Legal Name: _____ DOB: _____ SSN: _____
 Address: _____ City: _____ State: ___ Zip: _____ Phone: _____
 Status: Married Divorced Widowed Single Spouse's Name: _____ Date Married: _____
 Children: (name and age) _____

Beneficiary 2 Relationship to Client: _____ **Special Needs:** Medical Educational Financial
 Full Legal Name: _____ DOB: _____ SSN: _____
 Address: _____ City: _____ State: ___ Zip: _____ Phone: _____
 Status: Married Divorced Widowed Single Spouse's Name: _____ Date Married: _____
 Children: (name and age) _____

Beneficiary 3 Relationship to Client: _____ **Special Needs:** Medical Educational Financial
 Full Legal Name: _____ DOB: _____ SSN: _____
 Address: _____ City: _____ State: ___ Zip: _____ Phone: _____
 Status: Married Divorced Widowed Single Spouse's Name: _____ Date Married: _____
 Children: (name and age) _____

Beneficiary 4 Relationship to Client: _____ **Special Needs:** Medical Educational Financial
 Full Legal Name: _____ DOB: _____ SSN: _____
 Address: _____ City: _____ State: ___ Zip: _____ Phone: _____
 Status: Married Divorced Widowed Single Spouse's Name: _____ Date Married: _____
 Children: (name and age) _____

Are you concerned with your beneficiaries'/children's ability to get along with one another? Yes No

For additional beneficiaries, use the next page.

Beneficiary 5 Relationship to Client: _____ **Special Needs:** Medical Educational Financial
Full Legal Name: _____ DOB: _____ SSN: _____
Address: _____ City: _____ State: ___ Zip: _____ Phone: _____
Status: Married Divorced Widowed Single Spouse's Name: _____ Date Married: _____
Children: (name and age) _____

Beneficiary 6 Relationship to Client: _____ **Special Needs:** Medical Educational Financial
Full Legal Name: _____ DOB: _____ SSN: _____
Address: _____ City: _____ State: ___ Zip: _____ Phone: _____
Status: Married Divorced Widowed Single Spouse's Name: _____ Date Married: _____
Children: (name and age) _____

Beneficiary 7 Relationship to Client: _____ **Special Needs:** Medical Educational Financial
Full Legal Name: _____ DOB: _____ SSN: _____
Address: _____ City: _____ State: ___ Zip: _____ Phone: _____
Status: Married Divorced Widowed Single Spouse's Name: _____ Date Married: _____
Children: (name and age) _____

Beneficiary 8 Relationship to Client: _____ **Special Needs:** Medical Educational Financial
Full Legal Name: _____ DOB: _____ SSN: _____
Address: _____ City: _____ State: ___ Zip: _____ Phone: _____
Status: Married Divorced Widowed Single Spouse's Name: _____ Date Married: _____
Children: (name and age) _____

STEP**3****POTENTIAL "CHARITABLE" BENEFICIARIES**

Some of our clients desire to direct a portion of their estate toward charities or other non-profit organizations. Take a moment and contemplate whether you would ever include such a bequest within your legacy plan. Note: Listing a particular organization in this section is not a firm indication of your decision to make a bequest. Rather, it is simply a means of identifying charities or non-profit organizations for discussion purposes.

Name of Charity or Non-Profit Organization**Address**

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

STEP**4****PEOPLE WHO ADVISE YOU**

Your various advisors play a key role in the establishment of your estate plan. By way of example, your financial advisor and life insurance agent may need to be contacted to confirm and/or change beneficiary designations and titling of accounts. Your accountant may need to be consulted relative to income tax matters.

Name:**Telephone Number:**

- | | | |
|------------------------|-------|-------|
| Tax Advisor | _____ | _____ |
| Family Attorney | _____ | _____ |
| Life Insurance Agent | _____ | _____ |
| Financial Advisor | _____ | _____ |
| Stock Broker | _____ | _____ |
| Banker | _____ | _____ |
| Long Term Care Advisor | _____ | _____ |
| Other Advisors: | | |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

STEP

5

CONCERNS & ANXIETIES

Our objective is to assist clients in identifying their concerns and anxieties. All too often in the planning process, a client will discover that there are other, more pressing concerns than the one that caused them to begin the planning process. Please review the following risks that we frequently hear from clients, identify those risks which concern you, and provide us with some sense of how concerned you are with that particular risk. This will help guide our discussion.

If the responses in this section are different as to Client 1 and 2, please indicate those differences.

Please rank each concern on a scale of 0-5 (0 = No concern, 5 = High Concern)

Tax Concerns

Risk of the IRS "inheriting" half the estate when we die: _____

Risk of capital gains taxes paid on the sale of property: _____

Risk of unnecessary income taxes being paid on investment assets _____

Family Concerns

Risk that assets left to your spouse (whether by virtue of joint tenancy or by will) might not pass to your intended heirs as a result of your spouse remarrying _____

Risk of a child or other beneficiary losing his or her inheritance to creditors, lawsuits or to a divorcing spouse or to mismanagement of the money _____

Risk that an inheritance passing to a minor child or grandchild might be squandered or stolen by the person in charge of managing the money for that grandchild _____

Risk that an inheritance received by a child or other beneficiary who has a disability would render them ineligible for governmental benefits _____

Risk of unnecessary litigation from heirs who receive less than they think they are entitled to _____

Risk that parents, who may need financial assistance, are not provided for _____

Disability Concerns

Risk of loss of control over your assets in event of your disability _____

Risk of unwanted efforts made to save your life if you feel that it's best to die naturally _____

Risk of an unnecessary conservatorship over an incapacitated adult child in order to make health care decisions for that child _____

Creditor Concerns

Risk of lawsuits against you _____

Risk of loss of your assets to a nursing home _____

Risk that a co-owner's creditor may seize property you co-own jointly to satisfy debt of co-owner _____

Post-Death Concerns

Risk of unnecessary costs and delays associated with the estate passing through probate _____

Risk of having to sell assets in a "fire sale" in order to create liquidity needed to pay taxes/fees _____

Risk of private matters unnecessarily being made public _____

STEP**6****APPOINTMENTS – PEOPLE TO ASSIST YOU**

One of the most important aspects of any estate plan is the “appointment” of various persons to assist you and your family in times of need – particularly when death or disability strikes. These appointed “helpers” are called by different names depending on the type of estate plan you elect to implement. In this section, we try to avoid labels. Instead, we focus on the roles these helpers play in protecting your family and your estate.

Successors to You***

Who do you nominate to serve as a guardian for your minor children (if applicable)?

		Client 1 Responses	Client 2 Responses
Guardians	Initial Choice		
	Back Up #1		
	Back Up #2		

If you were incapacitated for any period of time, who would you choose to handle your financial affairs?

		Client 1 Responses	Client 2 Responses
Financial Agents/ “Helpers”	Initial Choice		
	Back Up #1		
	Back Up #2		

If you were incapacitated for any period of time, who would you choose to make health care decisions for you?

		Client 1 Responses	Client 2 Responses
Health Care Agents/ “Helpers”	Initial Choice		
	Back Up #1		
	Back Up #2		

If you were deceased, who would you choose to administrate and distribute your estate?

		Client 1 Responses	Client 2 Responses
Estate Fiduciary/ “Helpers”	Initial Choice		
	Back Up #1		
	Back Up #2		
Personal Representative			

*** Ultimately, we will need the addresses and telephone numbers of the persons identified above. Please consider providing this information on the next page.

Contact Information for Appointments

Please use this form to provide addresses and telephone numbers for those that you chose on the previous page.

Full Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Full Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Full Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Full Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Full Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Full Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Full Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Full Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Full Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

STEP**7****ASSET ASSESSMENT**

Determining the ownership, value and character of your assets is important to your estate and legacy plan. The title “ownership” is important for tax and transfer matters. The “value” will be significant in determining potential tax liability. The “character” is relevant in assessing the manner by which the asset can transfer. (If necessary, approximate current total values).

Assets	Client 1		Client 2		Joint Ownership	
	# of Assets	Total Value	# of Assets	Total Value	# of Assets	Total Value
Cash Accounts (i.e., checking, savings, CD, Money Market)						
Investment Accounts (i.e., brokerage accounts,						
Bonds (not held in an investment account)						
Stocks (not held in an investment account)						
Company Stock Options						
Personal Effects (i.e., jewelry, art, vehicles, boats, planes, etc.)						
Retirement Plans (401k, IRAs, etc)						
Pension Plans						
Life Insurance Policies (death value)						
Annuities						
Partnership & LLC Interests						
Corp. Business Interests (S-Corp or LLC)						
Sole Proprietorship Interests						
Monies owed to you (promissory notes)						
Personal Residence						
Other Penna Real Property						
Other Out-of-State Real Property						
Other Assets						
Anticipated Inheritance, Gift or Judgment						
TOTAL ASSET VALUE						

Liabilities	Client 1		Client 2		Joint Ownership	
	# of Assets	Total Value	# of Assets	Total Value	# of Assets	Total Value
Loans Payable						
Accounts Payable						
Real Estate Mortgages						
TOTAL LIABILITIES						

NET ESTATE			
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STEP**8****ABOUT YOUR GOALS & OBJECTIVES**

Before we meet, it is important to us to better understand what prompted you to schedule this appointment. Don't focus on the tools to be used but rather on the outcomes to be achieved.

About Your Goals and Objectives

Goal	Consequences if Goal Isn't Accomplished
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Affirmation: We understand that The Law Offices of Jeremy A. Wechsler (the "Firm") will need to rely on the information we supply to develop an estate plan. We also understand that inaccurate or incomplete information could negatively impact our estate plan. Consequently, if we retain the Firm, we will provide the Firm accurate and complete information prior to signing our estate plan documents.

Client 1: _____

Date: _____

Printed Name: _____

Client 2: _____

Date: _____

Printed Name: _____

Congratulations on completing this questionnaire.

YOU ARE NOW ONE STEP CLOSER TO LEAVING A WELL-CRAFTED LEGACY PLAN.