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# Mauger Law

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Thank you for choosing Mauger Law as your estate planning partner!

The following Estate Planning Questionnaire is intended to provide our attorneys with the information they need to help craft the right estate plan to meet your specific needs and goals.

*Please read and follow these instructions carefully before completing the Estate Planning Questionnaire:*

**1.) Please save this document to your personal computer before filling in the information.**

Depending on your own personal computer settings, this PDF may have opened within your internet browser or in Adobe or another PDF viewing software. If you fill out this Questionnaire in your internet browser, the information *may not save correctly*. If you do fill out this Questionnaire in your internet browser, you should save the completed Questionnaire to computer by clicking “Print,” and selecting “Print to PDF” under “printer” or “destination” option (where you select your printer).

**2.) Gather financial and family information *prior* to starting this Questionnaire.**

This Questionnaire will ask basic information about your assets and family information in order to give your attorney an idea about the needs of your estate plan. To save you time, we recommend gathering all of your financial and family information (approximate value of assets, names and contact information of important family members, etc.) *before* filling out this Questionnaire.

**3.) Provide as much information as you can, as accurately as you can.**

When your attorney begins preparing your estate plan, they do so considering a number of various legal issues as they apply to your financial and family situation. Their work is only as good as the information they’re provided, and the more information you provide now, the more time (and money) you will save by the time your estate plan is complete.

**4.) When finished, save this PDF to your computer and email it to your attorney.**

Please save your completed Questionnaire to your computer for your own records and email a copy to your attorney. If you do not have an attorney yet, you can visit our website and select the attorney you feel most comfortable with.

Thank you again for choosing Mauger Law. If you have any questions, please do not hesitate to contact us and we’ll be happy to answer them!

NOTICE: While this Questionnaire does not establish an attorney-client relationship, the information you provide in this Questionnaire is nonetheless considered CONFIDENTIAL pursuant to the Pennsylvania Supreme Court’s Rules of Professional Conduct. No attorney-client relationship exists until an Engagement Letter & Fee Agreement has been signed by all parties.



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## ESTATE PLANNING QUESTIONNAIRE PERSONAL AND CONFIDENTIAL

Date: \_\_\_\_\_

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

Spouse: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Township: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Your Cell Phone: \_\_\_\_\_ Spouse's Cell Phone: \_\_\_\_\_

Your Email address: \_\_\_\_\_ Spouse's Email address: \_\_\_\_\_

Your Social Security No.: \_\_\_\_\_ Spouse's Social Security No.: \_\_\_\_\_

Your Occupation: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

Your Work Address: \_\_\_\_\_ Your Spouse's Work Address: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Citizenship: You: \_\_\_\_\_ U.S. Spouse: \_\_\_\_\_ U.S.  
 \_\_\_\_\_ Other \_\_\_\_\_ Other

Previous Marriages: You: \_\_\_\_\_ Spouse: \_\_\_\_\_



**ASSETS**

**OWNER**

HUSBAND

WIFE

JOINT

Real Estate (note size of mortgage)			
Cash or equivalents (CDs, checking accounts, money market accounts)			
Stocks and Mutual Funds			
Bonds			
IRAs			
Deferred Compensation			
Profit Sharing and Pension Plans			
Safe Deposit Box (note bank)			
Tangible Personalty of Special Nature (antique collections, boats, jewelry, etc.)			
Expectancies			
Life Insurance (company name, owner, policy number, face amount)			
Other			

Liabilities other than mortgage and routine charge card balances (notes, judgments, support orders, etc.):

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Advisors (names and addresses):

Accountant: \_\_\_\_\_

Financial Advisor: \_\_\_\_\_

Stockbroker: \_\_\_\_\_

Life Insurance Agent: \_\_\_\_\_

Other documents (Please provide dates of execution and bring to meeting):

Previous Wills: \_\_\_\_\_

Previous Trust Agreements: \_\_\_\_\_

Premarital Agreement: \_\_\_\_\_

Property Settlement Agreement: \_\_\_\_\_

Business Agreements (partnership, shareholder, deferred compensation): \_\_\_\_\_

Employee Benefit Plans: \_\_\_\_\_

Do you presently have long-term care insurance? \_\_\_\_ yes; \_\_\_\_ no

Do you own any firearms? \_\_\_\_ yes; \_\_\_\_ no    Are the firearms registered? \_\_\_\_ yes; \_\_\_\_ no

Present interests in other estates or trusts (Please give fiduciary, nature of interest and value):

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Do you or your spouse expect a significant inheritance that could impact your estate plan? (Please provide an explanation, the nature of the interest and value):

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Gifts (Have any gifts requiring gift tax returns been made? If yes, give dates, amount, donee and attach copy of return):

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Healthcare Power of Attorney:

Who is to be appointed your Agent, and who is to succeed them? (if married, spouse is usually appointed first)

Primary: \_\_\_\_\_

Alternate: \_\_\_\_\_

Second Alternate: \_\_\_\_\_

Legal/Financial Power of Attorney:

Who is to be appointed your Agent, and who is to succeed them? (if married, spouse is usually appointed first)

Primary: \_\_\_\_\_

Alternate: \_\_\_\_\_

Second Alternate: \_\_\_\_\_

Do you wish to make any Specific Gifts of Money?: (Yes/No)\_\_\_\_\_

Persons : \_\_\_\_\_

\_\_\_\_\_

Charity : \_\_\_\_\_

\_\_\_\_\_

Do you wish to establish trusts for your children, minor beneficiaries or other persons?: (Yes/No)\_\_\_\_\_

Executor and Alternates (names, relationship to you and addresses):

Executor(s): \_\_\_\_\_

Alternate(s): \_\_\_\_\_

Second Alternate(s): \_\_\_\_\_

Trustees and Alternates (names, relationship to you and addresses):

Trustee(s): \_\_\_\_\_

Alternate(s): \_\_\_\_\_

Second Alternate(s): \_\_\_\_\_

Guardians of Minors and Alternates (names, relationship to you and addresses):

Guardian(s): \_\_\_\_\_

Alternate(s): \_\_\_\_\_

Second Alternate(s): \_\_\_\_\_

Once you have completed the Questionnaire, save the document for your own files, and send it to your attorney for their review via the email address listed below. Your attorney will review the information and contact you to schedule your consultation and/or discuss next steps.

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