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**CONFIDENTIAL ESTATE PLANNING CLIENT  
QUESTIONNAIRE**

**ESTATE PLANNING DATA SHEET**

**PART 1**

**CLIENT(S)** \_\_\_\_\_ **FILE #** \_\_\_\_\_

PLEASE BRING TO THE FIRST CONFERENCE AS MANY OF THE FOLLOWING DOCUMENTS AS ARE APPLICABLE TO YOU (check those that apply):

- Existing Wills or Trust Agreements;
- Life Insurance Policies;
- Divorce Decrees and Property Settlement Agreements;
- Deeds and Lease Agreements for Real Estate;
- Employee Benefit and Retirement Plans;
- Corporation Documents and Shareholder Agreements;
- Partnership and LLC (or other business) Agreements;
- Deeds of Trust and Notes for Money Owed *to You*;
- Last Year's Income Tax Returns;
- Gift Tax Returns;
- Any Other Information That Might Be Important.

**I. CHILDREN**

1. NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

CHILD'S SPOUSE \_\_\_\_\_ MINOR CHILDREN  YES  NO

CITY AND STATE \_\_\_\_\_

2. NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

CHILD'S SPOUSE \_\_\_\_\_ MINOR CHILDREN  YES  NO

CITY AND STATE \_\_\_\_\_

3. NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

CHILD'S SPOUSE \_\_\_\_\_ MINOR CHILDREN  YES  NO

CITY AND STATE \_\_\_\_\_

4. NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

CHILD'S SPOUSE \_\_\_\_\_ MINOR CHILDREN  YES  NO

CITY AND STATE \_\_\_\_\_

If any children listed are from a prior marriage or are adopted, please so indicate.

**II. BACKGROUND INFORMATION (VERY IMPORTANT, PLEASE COMPLETE)**

YOURS:

A. PREVIOUS MARRIAGES

FORMER SPOUSE  
DATE & PLACE OF MARRIAGE  
HOW TERMINATED  
DATE TERMINATED

B. DIVORCE OBLIGATIONS (PAY/RECEIVE):

CHILD SUPPORT  
ALIMONY  
LIFE INSURANCE  
OTHER TERMS

YOUR SPOUSE'S:

C. PREVIOUS MARRIAGES

FORMER SPOUSE  
DATE & PLACE OF MARRIAGE  
HOW TERMINATED  
DATE TERMINATED

D. DIVORCE OBLIGATIONS (PAY/RECEIVE):

CHILD SUPPORT  
ALIMONY  
LIFE INSURANCE  
OTHER TERMS

E. ARE THERE SPECIAL NEEDS FOR ANY CHILD?       YES     NO

F. DO YOU OR YOUR SPOUSE SUPPORT OR EXPECT TO SUPPORT ANYONE  
ELSE SUCH AS A PARENT OR OTHER PERSON?       YES     NO

IF YES, PLEASE EXPLAIN:

G. MILITARY SERVICE: (BRANCH, RANK, SERIAL #, DATES):

YOURS:

YOUR SPOUSE'S:

H. DESCRIBE ANY SIGNIFICANT HEALTH PROBLEMS:

YOURS:

YOUR SPOUSE'S:

- I. NAME AND ADDRESS OF PHYSICIAN:
- J. HAVE YOU EVER LIVED IN A COMMUNITY PROPERTY STATE?  
(AZ, CA, TX, ID, LA, NM, NV, WA, & WI) [ ] YES [ ] NO
- K. NAMES OF OTHER COUNTRIES IN WHICH YOU HAVE LIVED, IF ANY:
- L. HAVE YOU OR YOUR SPOUSE EVER HAD A NAME CHANGE  
(OTHER THAN BY REASON OF MARRIAGE) [ ] YES [ ] NO
- M. DID YOU MAKE GIFTS BEFORE 1982 IN EXCESS OF \$3,000.00  
IN VALUE TO ANY PERSON IN ANY YEAR? [ ] YES [ ] NO  
AFTER 1981 IN EXCESS OF \$10,000.00 IN VALUE TO  
ANY PERSON IN ANY YEAR? [ ] YES [ ] NO  
AFTER 2001 IN EXCESS OF \$11,000.00 IN VALUE TO  
ANY PERSON IN ANY YEAR? [ ] YES [ ] NO
- N. DID YOUR SPOUSE MAKE GIFTS BEFORE 1982  
IN EXCESS OF \$3,000.00 IN VALUE TO  
ANY PERSON IN ANY YEAR? [ ] YES [ ] NO  
AFTER 1981 IN EXCESS OF \$10,000.00 IN VALUE TO  
ANY PERSON IN ANY YEAR? [ ] YES [ ] NO  
AFTER 2001 IN EXCESS OF \$11,000.00 IN VALUE TO  
ANY PERSON IN ANY YEAR? [ ] YES [ ] NO
- O. DO YOU OR YOUR SPOUSE WISH TO FORGIVE  
ANY LOANS AT DEATH? [ ] YES [ ] NO
- P. ARE THERE ANY SPECIFIC INSTRUCTIONS FOR  
YOUR OR YOUR SPOUSE'S BURIAL? [ ] YES [ ] NO
- Q. DO YOU OR YOUR SPOUSE HAVE A  
PRE- OR POST-NUPTIAL AGREEMENT? [ ] YES [ ] NO  
(If so, bring a copy with you)
- R. DO YOU WANT YOUR RESIDENCE TO PASS:  
\_\_\_\_\_ Upon death to your spouse  
\_\_\_\_\_ Other:

**III. KEY PEOPLE IN YOUR ESTATE PLAN**

A. **EXECUTORS OF WILLS** (List persons, banks, or trust companies that you would like to consider as potential executors of your estate):

FIRST [ ] Spouse [ ] Other

ADDRESS

ALTERNATE

ADDRESS

SECOND ALTERNATE

ADDRESS

**B. TRUSTEES OF TESTAMENTARY OR REVOCABLE LIVING TRUSTS** (List persons or trust companies that you would like to consider as potential trustees):

ORIGINAL  Spouse  Other

1ST SUCCESSOR

2ND SUCCESSOR

3RD SUCCESSOR

**C. GUARDIANS FOR MINOR CHILDREN:**

FIRST

SECOND

THIRD

**D. AGENTS UNDER GENERAL DURABLE POWER OF ATTORNEY**

FIRST  Spouse  Other

ADDRESS

ALTERNATE

ADDRESS

SECOND ALTERNATE

ADDRESS

**E. AGENTS UNDER DURABLE MEDICAL POWER OF ATTORNEY/LIVING WILL**

FIRST  Spouse  Other

ADDRESS

ALTERNATE

ADDRESS

SECOND ALTERNATE

ADDRESS

**IV. DISPOSITION OF YOUR ESTATE (Where your assets go after death)**

YES  NO Would you like to prepare a separate written list of specific items of property as a guide for your executor/trustee in the distribution of your tangible personal property, such as jewelry, furniture, furnishings, vehicles, art, antiques, china, silver, and the like?

A. If you plan to make specific bequests, complete the following:

Beneficiary:  
Address:  
Asset/Cash Sum:  
Alternate:

Beneficiary:  
Address:  
Asset/Cash Sum:  
Alternate:

Beneficiary:  
Address:  
Asset/Cash Sum:  
Alternate:

Beneficiary:  
Address:  
Asset/Cash Sum:  
Alternate:

B. If your spouse survives you:

\_\_\_\_\_ All to spouse

\_\_\_\_\_ All to spouse except the following specific items:

C. If your spouse predeceases you:

1) To children:

\_\_\_\_\_ Outright equal shares, no trust  
\_\_\_\_\_ Outright, no trust  
\_\_\_\_\_ % to  
\_\_\_\_\_ % to  
\_\_\_\_\_ % to  
\_\_\_\_\_ Trust  
\_\_\_\_\_ equal shares  
\_\_\_\_\_ unequal shares  
\_\_\_\_\_ % to  
\_\_\_\_\_ % to  
\_\_\_\_\_ % to

\_\_\_\_\_ Separate trusts for each beneficiary; distribution at age \_\_\_\_\_.  
\_\_\_\_\_ One trust for all beneficiaries, distribution when each reaches age \_\_\_\_\_.  
\_\_\_\_\_ Tier distribution  
\_\_\_\_\_ % at \_\_\_\_\_ years  
\_\_\_\_\_ % at \_\_\_\_\_ years  
Balance at \_\_\_\_\_ years  
\_\_\_\_\_ Distributions other than for support, education, welfare, and/or medical:  
\_\_\_\_\_ Special trust instructions

2) Other beneficiaries

3) Charitable beneficiaries

**V. ADVISORS**

	<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE</b>
A.	ACCOUNTANT:		
B.	OTHER ATTORNEY:		
C.	STOCKBROKER:		
D.	FINANCIAL PLANNER:		
E.	LIFE INSURANCE AGENT:		
F.	OTHER ADVISORS:		

**VI. OTHER INFORMATION YOU WOULD LIKE TO PROVIDE**

**(Please use separate sheet if necessary)**

**ESTATE PLANNING DATA SHEET**

**PART II**

**I. INVENTORY OF ASSETS** (Please complete with full information):

To indicate ownership, please use the following:

- C** owned entirely by you
- S** owned entirely by your spouse
- J** owned jointly with your spouse with right of survivorship
- O** other partial ownership (provide details)

*Include the full value of the property except in the case of property designated O. For property designated O, include only the value of your interest or your spouse's interest.*

**A. REAL ESTATE** (Including condominium apartment)

DESCRIPTION	DATE PURCHASE D	COST PLUS IMPROVEMENTS	CURRENT VALUE	MORTGAGE PAYABLE	NET CURRENT VALUE	OWNED BY

**B. OWNERSHIP INTEREST IN BUSINESS** (Put additional businesses on back of page)

1. Name of business or company:
2. Business address:
3. Type of business entity (e.g., S corporation, LLP):
4. Your ownership interest (percentage, # of shares, units, etc.):  
Spouse's ownership interest (percentage, # of shares, units, etc.):
5. Value of your ownership interest:  
Value of spouse's ownership interest:



Value of entire business:

Names and ownership interests of other owners:

6. Do you have a plan for transferring your interest at death or retirement?

If so, provide details:

7. Do you have a buy/sell agreement? \_\_\_\_ If so, include a copy.

8. Do you have key-person and/or disability insurance for you or your spouse?

If so, include details:

For the "owned by" column of the following sections, please continue to use these ownership codes:

- C** owned entirely by you
- S** owned entirely by your spouse
- J** owned jointly with your spouse with right of survivorship
- O** other partial ownership (provide details)

*Include the full value of the property except in the case of property designated **O**. For property designated **O**, include only the value of your interest or your spouse's interest.*

**C. STOCKS AND BONDS**

(You may attach copies of brokerage or investment accounts.)

1. Listed Securities (stocks and bonds)

<b>DESCRIPTION</b>	<b>NO. OF SHARES OR FACE VALUE</b>	<b>DATE ACQUIRED</b>	<b>ORIGINAL COST</b>	<b>MARKET VALUE</b>	<b>OWNED BY</b>

2. U.S. Government Bonds (e.g., Series "E" or "EE" bonds)

FACE VALUE	PAYABLE ON DEATH TO	ISSUE DATE	CURRENT VALUE	OWNED BY

D. CASH AND NOTES

1. Cash
  
2. Mortgages and Promissory Notes Owed to You

NAME & ADDRESS OF BANK	ACCOUNT NUMBER	CHECKING OR SAVINGS	TRUST ACCOUNT BENEFICIARY	CURRENT BALANCE	OWNED BY

E. LIFE INSURANCE (Please show values in this section without reduction for loans, but be sure to include life insurance policy loans in part II.)

Policies Owned by and Insuring You:

COMPANY AND POLICY NUMBER	POLICY TYPE (GROUP, TERM, WHOLE LIFE, ETC.)	ANNUAL PREMIUM	CASH SURRENDER VALUE	FACE VALUE OR DEATH BENEFIT	DESIGNATED BENEFICIARY

Policies Owned by You and Insuring Others:

COMPANY AND POLICY NUMBER	POLICY TYPE (GROUP, TERM, WHOLE LIFE, ETC.)	ANNUAL PREMIUM	CASH SURRENDER VALUE	FACE VALUE OR DEATH BENEFIT	DESIGNATED BENEFICIARY
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Policies Owned by Spouse and Insuring Spouse:

COMPANY AND POLICY NUMBER	POLICY TYPE (GROUP, TERM, WHOLE LIFE, ETC.)	ANNUAL PREMIUM	CASH SURRENDER VALUE	FACE VALUE OR DEATH BENEFIT	DESIGNATED BENEFICIARY
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Policies Owned by Spouse and Insuring Others:

COMPANY AND POLICY NUMBER	POLICY TYPE (GROUP, TERM, WHOLE LIFE, ETC.)	ANNUAL PREMIUM	CASH SURRENDER VALUE	FACE VALUE OR DEATH BENEFIT	DESIGNATED BENEFICIARY
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Policies Owned by Others and Insuring You or Your Spouse:

COMPANY AND POLICY NUMBER	POLICY TYPE (GROUP, TERM, WHOLE LIFE, ETC.)	ANNUAL PREMIUM	CASH SURRENDER VALUE	FACE VALUE OR DEATH BENEFIT	DESIGNATED BENEFICIARY

F. YOUR ANNUITIES AND RETIREMENT BENEFITS (Include Keogh plans and IRAs)

For “type of plan” indicate nonqualified, deferred compensation, pension, profit-sharing, IRA, or the like.

TYPE OF PLAN	ANNUITY OR LUMP SUM PAYOUT	DESIGNATED BENEFICIARY	AMOUNT OF YOUR CONTRIBUTION	APPROXIMATE VALUE

(provide copies of contracts, plans, etc.)

G. YOUR SPOUSE’S ANNUITIES AND RETIREMENT BENEFITS (Include Keogh plans and IRAs)

For “type of plan” indicate nonqualified, deferred compensation, pension, profit-sharing, IRA, or the like.

TYPE OF PLAN	ANNUITY OR LUMP SUM PAYOUT	DESIGNATED BENEFICIARY	AMOUNT OF YOUR CONTRIBUTION	APPROXIMATE VALUE

(provide copies of contracts, plans, etc.)

H. MISCELLANEOUS PROPERTY INTERESTS.

NATURE OF THE PROPERTY	APPROXIMATE VALUE	OWNED BY

II. **DEBTS, LOANS, AND LIENS**

Current Value

- Debts Owed
- By you
- By your spouse

By you and your spouse jointly

Bank Loans

To you

To your spouse

To you and your spouse jointly

Insurance Policy Loans

On policies owned by you

On policies owned by your spouse

Installment Contracts

Payable by you

Payable by your spouse

Payable by you and your spouse jointly

Contingent Liabilities (guaranty, indemnity agreements)

Yours

Your spouse's

**III. APPROXIMATE ANNUAL INCOME**

**Amount**

Salary

Yours

Your spouse's

Fees

Paid to you

Paid to your spouse

Commissions

Paid to you

Paid to your spouse

Interest Income

Yours

Your spouse's

Dividend income

Yours

Your spouse's

Pensions received

Yours

Your spouse's

Annuities

Paid to you

Paid to your spouse  
Royalties received  
    By you  
    By your spouse  
Trust income  
    Received by you  
    Received by your spouse  
Payments received on mortgages, installment sales, etc.  
    By you  
    By your spouse  
TOTAL

**IV. FUTURE INHERITANCES**

Do you or your spouse expect to inherit property from parents or others?

From Whom?

Estimated Amount