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Centreville, DE 19807
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ESTATE PLANNING WORKSHEET

Name in full _____

Birthdate _____ S.S.# _____ U.S. Citizen? ___ Yes ___ No

Address _____

Phone (Home) _____ Phone (Work) _____ Fax _____

Phone (Cell) _____ E-mail Address _____

Township _____ County _____

Spouse's Name in full _____

Birthdate _____ S.S.# _____ U.S. Citizen? ___ Yes ___ No

Address _____

Phone (Home) _____ Phone (Work) _____ Fax _____

Phone (Cell) _____ E-mail Address _____

Township _____ County _____

Professional Advisers

Accountant _____ Phone _____

Broker _____ Phone _____

Financial Planner _____ Phone _____

Other _____ Phone _____

Additional Notes and Comments

CHILDREN AND DEPENDENTS

Children*	Age	Marital Status	Address/Phone	*Please indicate any children who are adopted
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

Grandchildren*	Age	Marital Status	Address/Phone	*Please indicate parents and note any children who are adopted
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

Dependents*	Age	Marital Status	Address/Phone	*Please indicate any dependents who are disabled and describe disability
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

Life Insurance Policies

Insurance Company	Type of Policy	Face Amount	Owner	Beneficiary	Insured	Alternate Beneficiary
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

MISCELLANEOUS ASSETS AND INFORMATION (Please describe fully)

Do you own any non-marketable securities, such as tax shelters? _____

Are you a party to any property settlement agreements? _____ Yes _____ No _____ Prior Marriage(s)
Please explain (include name of persons, rights, obligations, and copies of agreements, if possible)

Do you expect any potential inheritances? _____

Do you have a present interest in or rights to any trust or estates? _____

If yes, do you hold any unexercised powers of appointment? _____

Do you have a safe deposit box? _____ Yes _____ No
Bank _____ Box No. _____ Branch/Location _____

SPECIFIC BEQUESTS

In the space below, or on a separate sheet of paper please list any specific personal property (i.e., jewelry, collections, antiques, household furnishings, etc.) that you desire to leave to a specific beneficiary.

ESTATE PLANNING OBJECTIVES

Do you presently have a Will? _____ Yes _____ Date _____ No
Any codicils/contents? _____ Yes _____ Date _____ No
Power of Attorney/to whom? _____ Yes _____ Date _____ No

Have you considered whom your primary beneficiaries will be?

Children _____
 Parent(s) _____
 Others _____

Contingent Beneficiaries (in case none of primary beneficiaries survive you)

Charities _____
 Parents/Relatives _____
 Others _____

Have you selected guardians of minor children? Yes No Name/relationship _____

Have you selected an Executor of your estate? Yes No
Primary _____
Backup _____

Have you considered a corporation co-fiduciary, such as a bank? Yes No _____

Have you selected a Trustee? Yes No _____

Do you desire any charitable bequests? Yes No _____

Do you own cemetery plots? Yes No _____

Do you have any specific burial instructions? Yes No _____

Do you have a Living Will? Yes No _____

Please check your major areas of concern

- Conservation of estate for spouse
- Conservation of estate for children
- Disposition of business interest
- Children's education
- Income at retirement
- Reduction of death taxes
- Handling of business affairs in the event of liability

- _____ Remarriage of spouse as affecting heirs' inheritance
- _____ Providing for child with special need
- _____ Other _____

Do you have any special estate planning questions or concerns you would like to discuss at our meeting?

Additional Information

Is there any additional information about your assets, liabilities, family matters or related matters which would be helpful or important for us to know in order to serve you and your estate thoroughly and professionally? If so, please include it below.

Please sign and date X _____ Date _____

Please bring this form to our first meeting or mail to your MacElree Harvey attorney. Thank you.