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f | 610.430.7885
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211 East State Street
Kennett Square, PA 19348
p | 610.444.3180
f | 610.444.3270

108 North Main Street
Doylestown, PA 18901
p | 215.309.4020
f | 215.489.2515

5721 Kennett Pike
Centreville, DE 19807
p | 302.654.4454
f | 302.654.4954

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

FINANCIAL INFORMATION AND ASSETS

Income	This year (estimated)	_____
	Last year	_____

Real Estate	Present Value	How Owned*	Mortgage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Vehicles	Present Value	How Owned*	Balance Due
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Securities	Present Value	How Owned*	Encumbrances
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Indicate whether owned individually or with others

Bank/Investment Accounts	Present Value	Account Number	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Businesses	Present Value	How Owned
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pensions (including Profit-Sharing, IRA'S Keogh, etc.)		
Owner	Present Value	Beneficiary
_____	_____	_____
_____	_____	_____
_____	_____	_____

Annuities		
Owner	Present Value	Beneficiary
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 _____ Primary _____
_____ Backup _____
_____ No _____

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.