

Estate Planning Questionnaire



Markovitz Dugan & Associates

Markovitz Dugan & Associates
CPAs & Business Consultants
1001 East Entry Drive
Pittsburgh, PA 15216
T: 412.571.0500
F: 412.571.1635
info@mda-cpa.com
www@mda-cpa.com

We strive to help our clients achieve more than they ever thought possible through innovative financial, tax and business advice.

PERSONAL DATA SHEET

INDIVIDUAL

SPOUSE, if applicable

Full Legal Name		
Date/Place of Birth		
U.S. Citizen?	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ <small style="margin-left: 100px;">COUNTRY</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ <small style="margin-left: 100px;">COUNTRY</small>
Social Security No.		
Home Address		
County		
Part time resident of another state?	<input type="checkbox"/> NO <input type="checkbox"/> YES _____ <small style="margin-left: 100px;">STATE</small>	<input type="checkbox"/> NO <input type="checkbox"/> YES _____ <small style="margin-left: 100px;">STATE</small>
Home Telephone		
Employer		
Position/Title		
Business Address		
	<small>CITY STATE ZIP CODE</small>	<small>CITY STATE ZIP CODE</small>
Prior marriages?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If so, terminated by	<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE	<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE

HEIRS & BENEFICIARIES - LIST CHILDREN, DEPENDENTS & OTHER BENEFICIARIES

Full Legal Name	Birth date	SSN	Child of Hus.(H), Wife (W) or Both (B) Adopted (A)	Married (Y/N)	Special Needs Beneficiary

ADVISORS

ACCOUNTANT

Name: _____

Firm: _____

Address: _____

Telephone: _____

INVESTMENT ADVISOR/BROKER

Name: _____

Firm: _____

Address: _____

Telephone: _____

INSURANCE ADVISOR/AGENT

Name: _____

Firm: _____

Address: _____

Telephone: _____

BANKER

Name: _____

Firm: _____

Address: _____

Telephone: _____

LAWYER

Name: _____

Firm: _____

Address: _____

Telephone: _____

PHYSICIAN

Name: _____

Firm: _____

Address: _____

Telephone: _____

CLERGY

Name: _____

Church: _____

Address: _____

Telephone: _____

DOCUMENTS

1. Do you currently have a Will? NO YES _____
LOCATION
2. Do you currently have a Power of Attorney? NO YES _____
LOCATION
3. Do you currently have a Living Will? NO YES _____
LOCATION
4. Do you have your most recent personal Federal Income Tax Returns? NO YES _____
LOCATION
5. Do you own an interest in a closely held business, and if so, do you have the most recent Federal Return for the business?
 N/A NO YES _____
LOCATION
6. If you own a business, do you have a buy-sell agreement? N/A NO YES _____
LOCATION
7. Have you ever filed a Federal Gift Tax Return? NO YES _____
LOCATION
8. Do you have a copy of your birth certificate? NO YES _____
LOCATION
9. Do you have a copy of your marriage certificate? N/A NO YES _____
LOCATION
10. Do you have any prenuptial or postnuptial agreements? N/A NO YES _____
LOCATION
11. Do you have a copy of any divorce papers? N/A NO YES _____
LOCATION
12. Have you or your spouse ever created a trust? NO YES _____
LOCATION
13. Are you or your spouse a beneficiary of any trust? NO YES _____
LOCATION
14. Have you ever executed a Community Property Agreement? NO YES _____
LOCATION
15. Do you have copies of the deeds to any real property? NO YES _____
LOCATION
16. Do you or your spouse have a safe deposit box? NO YES _____
LOCATION
17. Do you have a copy of your discharge papers? N/A NO YES _____
LOCATION
18. Do you have a cemetery plot? NO YES _____
LOCATION
19. Have you made funeral or burial arrangements? NO YES _____
LOCATION

ASSET SCHEDULES

BANK ACCOUNTS (Include checking, regular savings and certificates of deposit.)

Name of Institution	Type of Account	Account Number	Interest Rate	Ownership (HW, or J)	Approximate Value
TOTAL					

SECURITIES (Include common stock, preferred stock, government bonds [municipal, U.S. Bonds, treasury notes], mutual funds and any interests in a limited partnerships.)

Name of Entity	No. of Shares	Face Value	Int. Rate	Date Acquired	H, W or J	Est. Market Value
TOTAL						

REAL ESTATE

Type of Property	Location	Date of Purchase	Purchase Price	H, W or J	Current Market Value
TOTAL					

- Please note: if more space is necessary for your accounts, you may add them to the Continuation Schedule of page 9.

ASSET SCHEDULES (Continued)

BUSINESS INTERESTS

Name of Entity	Type	Date Acquired	Cost	H, W or J	Market Value
TOTAL					

MORTGAGES & PROMISSORY NOTES

Mortgage/Creditor	Face Value	H, W or J	Outstanding Balance
TOTAL			

TANGIBLE & PERSONAL PROPERTY (Include automobiles, aircrafts, watercrafts, jewelry, furs, collections [such as coins or stamps] artwork, antiques, other personal effects or household goods of value, interests in estates or trusts and stock options.)

Item/Description	H, W or J	Value
TOTAL		

ASSET SCHEDULES (Continued)

INSURANCE POLICIES (Including life, accident, motor vehicle and homeowner.)

Insurance Co.	Policy No.	Type of Policy	Agent's Name/Phone	Who's Insured	Beneficiary	Policy Location	Amount
TOTAL							

ANNUITIES

Institution/Company	Beneficiary	Account No.	Principal Value	H, W or J	Payout
TOTAL					

PENSION & RETIREMENT

Sponsoring Com./ Financial Institution	Company Address	Type of Plan	Beneficiary	Payout	Current Value
TOTAL					

LIABILITIES AND GIFTING SCHEDULES

PERSONAL DEBT & LIABILITIES

Name of Debt/Liability	H, W or J	Amount
TOTAL		

GIFTS MADE BY YOU IN YOUR LIFETIME

Donee	Type of Gift	Date Given	Trust Gift	Gift Split w/ Spouse	Gift Tax Ret. Filed	Value
TOTAL						

TOTALS OF ALL ACCOUNTS

Asset Summary	Husband	Wife	Joint	Total
Bank Account				
Securities				
Real Estate				
Business Interests				
Mortgage & Promissory Notes				
Tangible & Personal Property				
Insurance Policies				
Annuities				
Person & Retirement				
TOTAL ASSETS				

Personal Debt & Liabilities				
TOTAL LIABILITIES				

TOTAL ASSETS				
LESS TOTAL LIABILITIES				
TOTAL				

I/we recognize that the information provided herein may also be used, if I/we should so request, as a basis for the creation of an estate plan. I/we realize that if the assumptions or facts provided herein are incorrect the resulting estate plan may be inappropriate to my/our needs. The accuracy and completeness of my/our estate plan is dependent on the information provided.

PRINT NAME

SIGNATURE

DATE

PRINT NAME

SIGNATURE

DATE

CONTINUATION SCHEDULE

If you need additional space for any of the previous categories, please fill in the heading boxes as needed and place information here.

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