

**ESTATE PLANNING QUESTIONNAIRE (Single)**

PLEASE PROVIDE NAMES AS THEY APPEAR ON GOVERNMENT ISSUED ID

**Full Name:** \_\_\_\_\_

**Other names used:** \_\_\_\_\_

**Marital Status:** Married      Separated      Widowed      Divorced      Single

**Home address:** \_\_\_\_\_

**Phone :**     **Home** \_\_\_\_\_

**Cell** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_     **Age:** \_\_\_\_\_

**Citizenship:** \_\_\_\_\_

**Do you want a Will?**     Yes     No

**Do you want a Durable Power of Attorney?**     Yes     No

**Do you want a Living Will?**     Yes     No

**AGENTS FOR LAST WILL AND TESTMENT**

**Executor for Will** \_\_\_\_\_

**Successor Executor** \_\_\_\_\_

**Guardian for minor children** \_\_\_\_\_

**Successor Guardian** \_\_\_\_\_

**Trustee for minor children’s (OR grandchildren’s) shares** \_\_\_\_\_

\_\_\_\_\_

**Successor Trustee** \_\_\_\_\_

**Ages for Distribution of Trust corpus (up to 3)** \_\_\_\_\_ **then** \_\_\_\_\_ **then** \_\_\_\_\_

**AGENTS FOR POWER OF ATTORNEY (no more than 2)**

Agent for Power of Attorney \_\_\_\_\_

Successor Agent \_\_\_\_\_

**AGENTS FOR LIVING WILL**

Agent for Living Will \_\_\_\_\_

Successor Agent(s) in Order of preference \_\_\_\_\_

**DISTRIBUTIONS UNDER LAST WILL AND TESTAMENT**

Name	Relationship	Primary or Contngent	% or Amt.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special instructions: \_\_\_\_\_

If a beneficiary pre-deceases me, I want their share of the Estate (choose one):

- A. To go to the deceased beneficiary's children.
- B To be divided equally among the other beneficiaries.
- C. Other distribution options \_\_\_\_\_

Is anyone dependant upon you for support or do you have any permanently disabled children? \_\_\_\_\_

If no one named in your in your Will survives you who should receive your estate?

- A. Your family?
- B. Your and your spouse's families?
- C. A Charity? \_\_\_\_\_
- D. Other? \_\_\_\_\_

QUESTIONS FOR WILL:

1. Is the total value of your assets including insurance (please check)
- less than \$1 million \_\_\_\_\_
- > \$1 million but < \$3 million \_\_\_\_\_
- greater than \$3 million \_\_\_\_\_
2. Have you or your spouse ever filed a gift tax return?      Yes      No
3. Do you have any real estate interests other than      Yes      No  
your primary residence?
- If so where & how titled? \_\_\_\_\_
4. Do you have any interests in a closely held      Yes      No  
business, partnership or trust?
5. Are you a party to a Buy/Sell or Stock      Yes      No  
Redemption agreement?
6. Have you been given a Power of Appointment?      Yes      No
7. Do you have children from a relationship with      Yes      No  
someone other than your current spouse?
8. Do you have any Pre or post-nuptial agreements?      Yes      No
9. Are there any medical conditions which affect      Yes      No  
your estate planning?

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