Date:

Name of Person Completing This Form:

○ Husband / Partner A ○ Wife / Partner B ○ Son or Daughter ○ Other

Name and Contact Number

If Other — Name, Relation & Contact

Referred By:

Your legal name is the name on your birth certificate, unless legally changed through a PA court order, marriage, or divorce decree. Pennsylvania recognizes the name on your birth certificate, PA driver's license or state ID, U.S. passport, court order, marriage certificate, or divorce decree.
IMPORTANT — For a Power of Attorney, we use the name on your Deed. The Recorder of Deeds requires the Power of Attorney and the Deed to match exactly for recording purposes.

HUSBAND / PARTNER A

Full Name with Middle Initial(s):

Name on Birth Certificate

Name on Real ID (if applicable)

Name on Driver's License

Name on Social Security Card

Date of Birth:

Cell Phone

Home Phone

Email Address

WIFE / PARTNER B

Full Name with Middle Initial(s):

Name on Driver's License

Name on Social Security Card

Date of Birth:

Cell Phone | **Email Address**

ADDRESS & PROPERTY

We are looking for your address, domicile, and the names on your Deed.

Street Address:

City, State and ZIP | **Municipality (for Property Taxes)**

County | **School District** | **Date Home Purchased**

Property Ownership:

○ Single Name ○ Joint Owners

Name(s) on the Deed:

Mortgage?

○ Yes ○ No

If Yes — Amount Owed ($):

CHILDREN

We require names, birthdates, state of domicile, cell phones, and email addresses for your documents.
For more than four children, list additional children in the 'Other Legal Issues' section on page 4.

Do you have children from your current marriage?

○ Yes ○ No

If Yes — Number of Children (1–4; list additional on page 4):

First Child:

Full Name | **Date of Birth** | **State of Domicile** | **Cell Phone** | **Email Address**

Second Child:	Date of Birth	State of Domicile	Cell Phone	Email Address

Third Child:	Date of Birth	State of Domicile	Cell Phone	Email Address

Fourth Child:	Date of Birth	State of Domicile	Cell Phone	Email Address

CHILDREN — ADDITIONAL QUESTIONS

Do you have any disabled children?

○ Yes ○ No

If Yes — Name of Disabled Child

Are they receiving public benefits? (Yes / No)

Do any of your children have drug, alcohol, or mental health issues?

○ Yes ○ No

If Yes — Name of Child

Should their share be held in trust / protected? (Yes / No)

MARRIAGE INFORMATION

Date of Current Marriage:

Veteran Status — Is either spouse a veteran?

○ Neither ○ Husband / Partner A ○ Wife / Partner B ○ Both

Is there a Pre-nuptial or Post-nuptial Agreement?

○ Yes — please bring a copy to your appointment ○ No

Previous Marriage(s) — Husband / Partner A

Were you (Husband / Partner A) previously married?

○ Yes ○ No

Name of Previous Spouse

Date & Type of Termination (divorce/death/annulment)

Names of Children from Previous Marriage(s):

Are those children included in your estate plan?

○ Yes ○ No

Is any child intentionally left out of the Will?

○ Yes — note name and reason below ○ No

Name and reason if any child intentionally omitted:

Previous Marriage(s) — Wife / Partner B

Were you (Wife / Partner B) previously married?

○ Yes ○ No

Name of Previous Spouse

Date & Type of Termination (divorce/death/annulment)

Names of Children from Previous Marriage(s):

Are those children included in your estate plan?

○ Yes ○ No

Is any child intentionally left out of the Will?

○ Yes — note name and reason below ○ No

Name and reason if any child intentionally omitted:

EXISTING LEGAL DOCUMENTS

Do you have an existing Will?

○ Yes — please bring a copy to your appointment ○ No

If Yes — Location of Original Will:

Do you have a Trust?

○ Yes — please bring a copy to your appointment ○ No

Do you have a Power of Attorney?

☐ Yes — please bring a copy to your appointment ☐ No

If Yes — Location of Original Power of Attorney:

Please bring a copy of your Deed to your appointment.

The Deed is needed to verify how title is held and to ensure your Power of Attorney matches for recording purposes.

Do you own assets in another state?

☐ Yes ☐ No

If Yes — Describe asset(s) and state(s):

Please list any other legal issues or questions to discuss at your appointment:

Additional children beyond the first four — name, DOB, state, cell, email:

Appointment Date | **Attorney** | **Paralegal**

Thank You!

Thanks for completing this Questionnaire. Please be advised that this is confidential and protected information. We will be in touch shortly for the next steps, which are normally a more detailed questionnaire about how you wish your documents prepared. We look forward to working with you on this important matter.

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