Langsam Stevens Silver & Hollaender LLP

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ESTATE PLANNING QUESTIONNAIRE

This is a fillable version of the firm's Estate Planning Questionnaire. Click into any blank line or box and type your answer. Please complete every section that applies to you and return it to the office.

Client Name(s)

CONFIDENTIALITY & PRELIMINARY ITEMS

☐ By checking this box, my spouse/partner and I agree to waive confidentiality and any actual or possible conflict of interest with respect to our joint representation in our estate plan. We understand the firm will represent us collectively, will not withhold information from either of us, and will make no changes to our documents without our mutual knowledge and consent. We understand we are each entitled to separate counsel and are waiving that right. (See the Notice Regarding Conflicts of Interest for further options.)

☐ I will provide all requested information below and correct any mistakes before returning this form to the office.

☐ I have attached (or will attach) copies of my principal investment, pension, IRA, life insurance and bank account statements along with a completed Net Worth Financial Statement.

☐ I understand this document may be sent to me as a password-protected PDF and will save the password provided by the office.

1. PERSONAL INFORMATION

Date

Marital Status

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Separated or about to divorce

Your Name (First, Middle, Last)	Social Security No.	Date of Birth
Spouse's Name (First, Middle, Last)	**Social Security No.**	**Date of Birth**

Home Address (Number, Street, City, State, Zip)
Mailing Address if Different

Your Name (First, Middle, Last)	Social Security No.	Date of Birth

Home Phone	Your Cell Phone	Spouse's Cell Phone

Your E-mail	Spouse's E-mail	Preferred Contact Method

Your Employer / Occupation	Spouse's Employer / Occupation

2. EXECUTOR

Who is to serve as your executor? This is the general manager of your estate, making executive decisions. Often the surviving spouse is the first-choice executor, with important exceptions. The executor should be of good character, have enough business skill to sell a house, and be comfortable selecting this firm to assist in representing the estate.

For Client — First choice:

Name	Address

Successor:

Name	Address

For Spouse — First choice:

Name	Address

Successor:

Name	Address

3. GUARDIANSHIP OF MINOR(S)

If any of your children are under 18 or are incapacitated, who is to be responsible for them if both parents predecease the children? Who will be their guardian(s)? We suggest you pick an individual for a first and second choice. The qualities we suggest you seek are love, care, tenderness, the ability to provide your children with a nice home, and the ability to promote good values. We recommend you discuss your plans with each guardian to be certain they are willing to serve. Please give full names and addresses.

Child 1

Full Name (incl. middle initial)	Date of Birth	Social Security No.

☐ Child of: ☐ Client & Spouse ☐ Client only ☐ Spouse only

Child 2

Full Name (incl. middle initial)	Date of Birth	Social Security No.

☐ Child of: ☐ Client & Spouse ☐ Client only ☐ Spouse only

Child 3

Full Name (incl. middle initial)	Date of Birth	Social Security No.

☐ Child of: ☐ Client & Spouse ☐ Client only ☐ Spouse only

Guardian(s) of Minor Children

For Client — First choice:

Name	Address

Phone	E-mail

Successor:

Name	Address

Phone	E-mail

For Spouse — First choice:

Name	Address

Phone	E-mail

Successor:

Name	Address

Phone	E-mail

4. RESIDUARY ESTATE DISPOSITION

Describe briefly who is to receive your property when you die. For example, a disposition format that we often recommend is: to your spouse, if he/she survives by 30 days, but if your spouse does not do so, then in equal shares to your children, per stirpes. "Per stirpes" means that if a beneficiary should predecease you but leaves

children (or descendants if no children), the beneficiary's children (or descendants) would take that deceased beneficiary's share.

For Client:

For Spouse:

5. TRUSTEE

Who is to serve as your trustee? What if, heaven forbid, you die in an accident and your spouse survives but is too incapacitated to carry out their financial affairs — who would lovingly and caringly spend on your spouse? Or, if your selected heir is a disabled/incapacitated beneficiary or a minor child, who would you want to manage and distribute the inheritance for them until majority or until they are no longer incapacitated? Consider whether the trustee will lovingly spend for the beneficiary's care, spend caringly and wisely, and can invest reasonably (the trustee may use investment advisor(s) to help).

The executor is different from the trustee: the executor manages the estate upon death after the Will is probated, and when money leaves the executor's hands to an incapacitated or minor beneficiary, a trustee receives it and pays it out over time in a loving, caring, and kindly way — not simply saving every last penny, but spending on goods, services, and experiences (camp, travel, tutoring, and special experiences for a minor; enrichment and comfort for an adult). Because the spouse could become incapacitated too, we generally suggest someone other than the spouse as the first and second choice for trustee.

For Client — First choice:

Name	Address

Successor:

Name	Address

For Spouse — First choice:

Name	Address

Successor:

Name	Address

6. AGENT FOR DURABLE POWER OF ATTORNEY — FINANCIAL AFFAIRS

The law allows you to make advance choices for representatives who can take care of you and make important decisions if you become incapacitated, including a Durable Power of Attorney. We generally suggest naming the same person for your financial and healthcare agent so there is no disagreement over expenditures, though you do not have to do this and may select different agents. If your Durable Power(s) of Attorney are ever no longer in effect (for example, they cannot be located or have been destroyed), a court Petition for Appointment of a Guardian would be required — the guardian nominations you make below give the court helpful guidance. The law also allows you to create a Living Will (Advance Directive) for end-of-life treatment choices, which we generally tie to your Healthcare Power of Attorney agent.

Who is to serve as your agent for a durable power of attorney for financial affairs? Consider someone in reasonable proximity, and think of two levels: (1) a limited need, such as attending a closing in your stead if you had a broken leg, and (2) a full need, such as taking charge of your life affairs if you were incapacitated or in a coma.

For Client — First choice:

Name	Address

Successor:

Name	Address

For Spouse — First choice:

Name	Address

Successor:

Name	Address

7. HEALTH CARE POWER OF ATTORNEY

(With Guidance for End-of-Life Health Treatment.) Who is to serve as your healthcare agent to make medical decisions for you if you are unable to do so because you are incapacitated? We generally recommend that your financial and healthcare agents be the same person so there is no dispute about expenditures for healthcare.

For Client — First choice:

Name	Address

Successor:

Name	Address

For Spouse — First choice:

Name	Address

Successor:

Name	Address

8. FINANCIAL GUARDIAN

A guardianship need generally arises only if no power of attorney is in force and a court must appoint your guardian. Who is to serve as your financial guardian (Guardian of the Estate) if your power of attorney is not locatable or in force at the time of your incapacity?

For Client — First choice:

Name	Address

Successor:

Name	Address

For Spouse — First choice:

Name	Address

Successor:

Name	Address

9. GUARDIAN OF THE PERSON

Who is to serve as guardian of your person — the person who makes care decisions for you, such as medical care and rehabilitation — if your power of attorney is not locatable or in force at the time of your incapacity?

For Client — First choice:

Name	Address

Successor:

Name	Address

For Spouse — First choice:

Name	Address

Successor:

Name	Address

10. LIVING WILL (A/K/A ADVANCE DIRECTIVE)

Who is to serve as your representative in your Living Will (a/k/a Advance Directive) to make end-of-life medical decisions for you if you are unable to do so because you are incapacitated and you do not have a Healthcare Power of Attorney? In your Living Will, you make choices about whether you want heroic measures taken.

For Client — First choice:

Name	Address

Successor:

Name	Address

For Spouse — First choice:

Name	Address

Successor:

Name	Address

☐ Do you want to donate your organs and tissues after death? You: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No

11. SPECIFIC BEQUESTS

Any specific bequests? For each, list the item, to whom it goes, whether the gift should lapse if the item no longer exists at the time of your death, and what should happen if the named beneficiary is no longer living.

A. Item	To Whom	If Item/Beneficiary Is Gone

B. Item	To Whom	If Item/Beneficiary Is Gone

C. Item	To Whom	If Item/Beneficiary Is Gone

12. FAMILY AND BENEFICIARY INFORMATION

This section gathers the citizenship, birth, and identifying details we need for both you and your spouse, followed by a short series of yes/no questions and state-residency details that affect how your estate is taxed and administered.

Client

☐ Citizenship: ☐ US ☐ Other: _____

Birthdate	Social Security No.

Address, City, County, State, Zip

Spouse

☐ Citizenship: ☐ US ☐ Other: _____

Birthdate	Social Security No.

Address, City, County, State, Zip

Please answer the following for you and your spouse

1. Are you a U.S. Citizen? **You: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No**

2. Have you served in the US Military? If so, which branch? (note below) **You: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No**

3. Do you have a will or trust now? **You: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No**

4. Do you have any deceased children? **You: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No**

5. Are all your children legally yours (natural or legally adopted)? **You: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No**

6. Do you pay state income tax? If yes, which state? (note below) **You: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No**

7. Have you ever lived in a Community Property State (AZ, CA, ID, LA, NV, NM, TX, WA, WI, PR)? **You: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No**

8. Do you have a pre-nuptial or post-nuptial agreement? **You: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No**

9. Do you have a divorce decree affecting your pension or other property rights? **You: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No**

10. Are you a beneficiary of any major trust? **You: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No**

If "yes" to the will/trust, pre/post-nuptial, divorce decree, or trust beneficiary questions above, please bring these documents to your appointment or e-mail them to us.

How many living children do you have?	How many stepchildren?	Number of deceased children

State in which you vote	State that issued your driver's license	State your car is registered

State(s) in which you own real estate

State in which you plan to retire/live permanently

13. CHILDREN (AND THEIR CHILDREN, IF ANY)

Child 1

Name (First, Middle, Last)	Date of Birth	Social Security No.

Spouse's Name (if any)	Home Address (Number, Street, City, State, Zip)

Children of This Child (names and dates of birth)

Child 2

Name (First, Middle, Last)	Date of Birth	Social Security No.

Spouse's Name (if any)	Home Address (Number, Street, City, State, Zip)

Children of This Child (names and dates of birth)

Child 3

Name (First, Middle, Last)	Date of Birth	Social Security No.

Spouse's Name (if any)	Home Address (Number, Street, City, State, Zip)

Children of This Child (names and dates of birth)

Name (First, Middle, Last)	Date of Birth	Social Security No.

14. EXTENDED FAMILY

Please list names and note if deceased.

Your Parents
Your Siblings
Spouse's Parents
Spouse's Siblings

15. ADVISORS

Insurance Agent	Phone
Accountant	**Phone**
Banker	**Phone**
Attorney	**Phone**

16. EXISTING DOCUMENTS

☐ Do you have a Will? ☐ Yes ☐ No Date: _____

☐ Power of Attorney? ☐ Yes ☐ No Date: _____

☐ Living Will? ☐ Yes ☐ No Date: _____

If yes to any of the above, please bring a copy to the first meeting, along with any prior Trust Agreement, Employment Agreement, Property Settlement Agreement, or Business Agreement (partnership, shareholder, buy/sell, deferred compensation, etc.).

17. INCOME INFORMATION (MONTHLY OR ANNUAL)

Salary — Client	Salary — Spouse
Investments — Client	**Investments — Spouse**
Other — Client	**Other — Spouse**

18. GIFTS

☐ Have you made a gift of more than $19,000 (the annual exempted amount, which varies by year) to one person this year? ☐ Yes ☐ No

Date of Gift	Recipient's Name	What Was Given

☐ Was a US Gift Tax Return filed? ☐ Yes ☐ No

Please attach a separate sheet for additional gifts.

19. LIFE INSURANCE

Client — Life Insurance

Do you have life insurance? If so, please list each policy below, including whether it is a group policy through your employer or an individually/privately purchased policy.

☐ Does client have life insurance? ☐ Yes ☐ No

Policy 1

Insurance Company	Owner (Client/Spouse)	Beneficiary

☐ Source: ☐ Through Work (Group) ☐ Private (Individually Purchased)

Face Amount / Death Benefit ($)	Current Cash Value ($)	Outstanding Loans ($)

Policy 2

Insurance Company	Owner (Client/Spouse)	Beneficiary

☐ Source: ☐ Through Work (Group) ☐ Private (Individually Purchased)

Face Amount / Death Benefit ($)	Current Cash Value ($)	Outstanding Loans ($)

Policy 3

Insurance Company	Owner (Client/Spouse)	Beneficiary

☐ Source: ☐ Through Work (Group) ☐ Private (Individually Purchased)

Face Amount / Death Benefit ($)	Current Cash Value ($)	Outstanding Loans ($)

Attach an additional sheet for further policies.

Spouse — Life Insurance

Do you have life insurance? If so, please list each policy below, including whether it is a group policy through your employer or an individually/privately purchased policy.

☐ Does spouse have life insurance? ☐ Yes ☐ No

Policy 1

Insurance Company	Owner (Client/Spouse)	Beneficiary

☐ Source: ☐ Through Work (Group) ☐ Private (Individually Purchased)

Face Amount / Death Benefit ($)	Current Cash Value ($)	Outstanding Loans ($)

Policy 2

Insurance Company	Owner (Client/Spouse)	Beneficiary

☐ Source: ☐ Through Work (Group) ☐ Private (Individually Purchased)

Face Amount / Death Benefit ($)	Current Cash Value ($)	Outstanding Loans ($)

Policy 3

Insurance Company	Owner (Client/Spouse)	Beneficiary

☐ Source: ☐ Through Work (Group) ☐ Private (Individually Purchased)

Face Amount / Death Benefit ($)	Current Cash Value ($)	Outstanding Loans ($)

Attach an additional sheet for further policies.

20. RETIREMENT ACCOUNTS

List each IRA, pension plan, 401(k), and 403(b) account.

Account 1

Account Type	Account Owner
Company/Broker Managing Account	**Individual Name**
Address	**Phone Number**
Account Number	

Account 2

Account Type	Account Owner
Company/Broker Managing Account	**Individual Name**
Address	**Phone Number**
Account Number	

Account 3

Account Type	Account Owner
Company/Broker Managing Account	**Individual Name**
Address	**Phone Number**
Account Number	

Attach an additional sheet for further retirement accounts.

21. NET WORTH SUMMARY — LIST OF ASSETS AND LIABILITIES

The following pages are a fillable version of the firm's List of Assets and Liabilities / Net Worth Financial Statement, one for the Client and one for the Spouse. Completing it gives us a starting point to administer your estate in the future and lets us advise you on whether tax planning is needed now. Please complete as much as you can and attach additional sheets or account statements where helpful.

☐ Is your net worth, combined with your spouse's (if any), greater than $13,990,000 in 2025? (This federal estate tax exemption varies from year to year due to legislative inflation adjustments.) Include all life insurance, pensions, and annuities as assets, then subtract liabilities to calculate your net worth. ☐ Yes ☐ No

If "Yes," we recommend a tax-planned estate plan, which costs more than a simple estate plan.

Client — Real Estate

List the addresses, title holders, and how title is held for real estate you own. Please e-mail us a copy of your deed for each property.

Address	Title Holder(s)	How Title Is Held

Client — Assets

The firm's Net Worth Financial Statement, recreated here for you to fill in directly. For each asset, enter the dollar value and mark whether it is held individually or jointly (and with whom, if joint).

Category	Individual ($)	Joint ($)	If Joint, With Whom
Cash on hand and in banks	$	$	$
U.S. Government securities	$	$	$
Listed securities	$	$	$
Unlisted securities	$	$	$
Mortgages owned	$	$	$
Accounts/notes receivable — relatives and friends (good)	$	$	$
Accounts/notes receivable — relatives and friends (doubtful)	$	$	$
Accounts/notes receivable — others	$	$	$
Real estate owned	$	$	$
Cash value life insurance	$	$	$
Automobiles	$	$	$
Personal property	$	$	$

Category	Individual ($)	Joint ($)	If Joint, With Whom
Other assets — itemize	$	$	$
TOTAL ASSETS ($)	**$**		

Client — Liabilities

For each liability, enter the dollar amount owed and mark whether it is held individually or jointly (and with whom, if joint).

Category	Individual ($)	Joint ($)	If Joint, With Whom
Notes payable to banks — secured	$	$	$
Notes payable to banks — unsecured	$	$	$
Notes payable to relatives	$	$	$
Notes payable to others	$	$	$
Accounts and bills due	$	$	$
Accrued interest, etc.	$	$	$
Taxes unpaid or accrued	$	$	$
Mortgages payable on real estate	$	$	$
Chattel mortgages and other liens payable	$	$	$
Other debts — itemize	$	$	$
TOTAL LIABILITIES ($)	**$**		

NET WORTH ($) (Total Assets minus Total Liabilities): $

Client — General Information

☐ Are any assets pledged? ☐ Yes ☐ No — If yes, explain: _____

☐ Are you a defendant in any suit or legal action? ☐ Yes ☐ No — If yes, explain: _____

☐ Have you ever taken bankruptcy? ☐ Yes ☐ No — If yes, explain: _____

Personal Bank Accounts — Individual, Held At	Personal Bank Accounts — Joint, Held At (With Whom)

Client — Stocks, Bonds & Marketable Securities

Include U.S. government securities, listed and unlisted stocks and bonds, certificates of deposit, money funds, and savings accounts.

Held in Name(s) Of	Description (incl. maturities, if any)	Cost ($) / Market Value ($)

Held in Name(s) Of	Description (incl. maturities, if any)	Cost ($) / Market Value ($)

Client — Accounts & Notes Receivable

Owner(s)	Debtor and Address	Present Balance Due ($)

Client — Personal Property & Vehicles

Description and Location	Owner(s)	Cost ($) / Market Value ($)

Client — Contingent Liabilities

As Endorser or Co-maker — Amount ($)	On Leases or Contracts — Amount ($)

Legal Claims — Amount ($)	Income Taxes Not Shown Above — Amount ($)

Delinquent or Contested Taxes — Amount ($) / Explanation	Other Special Debts

Client — Banks and Finance Companies Where Credit Has Been Obtained

Name(s) in Which Obtained	Name of Bank or Company	High Credit / Present Balance / Type of Loan

Spouse — Real Estate

List the addresses, title holders, and how title is held for real estate you own. Please e-mail us a copy of your deed for each property.

Address	Title Holder(s)	How Title Is Held

Spouse — Assets

The firm's Net Worth Financial Statement, recreated here for you to fill in directly. For each asset, enter the dollar value and mark whether it is held individually or jointly (and with whom, if joint).

Category	Individual ($)	Joint ($)	If Joint, With Whom
Cash on hand and in banks	$	$	$
U.S. Government securities	$	$	$
Listed securities	$	$	$
Unlisted securities	$	$	$
Mortgages owned	$	$	$
Accounts/notes receivable — relatives and friends (good)	$	$	$
Accounts/notes receivable — relatives and friends (doubtful)	$	$	$
Accounts/notes receivable — others	$	$	$
Real estate owned	$	$	$
Cash value life insurance	$	$	$
Automobiles	$	$	$
Personal property	$	$	$
Other assets — itemize	$	$	$
TOTAL ASSETS ($)	**$**		

Spouse — Liabilities

For each liability, enter the dollar amount owed and mark whether it is held individually or jointly (and with whom, if joint).

Category	Individual ($)	Joint ($)	If Joint, With Whom
Notes payable to banks — secured	$	$	$
Notes payable to banks — unsecured	$	$	$

Category	Individual ($)	Joint ($)	If Joint, With Whom
Notes payable to relatives	$	$	$
Notes payable to others	$	$	$
Accounts and bills due	$	$	$
Accrued interest, etc.	$	$	$
Taxes unpaid or accrued	$	$	$
Mortgages payable on real estate	$	$	$
Chattel mortgages and other liens payable	$	$	$
Other debts — itemize	$	$	$
TOTAL LIABILITIES ($)	**$**		

NET WORTH ($) (Total Assets minus Total Liabilities): $

Spouse — General Information

☐ Are any assets pledged? ☐ Yes ☐ No — If yes, explain: _____

☐ Are you a defendant in any suit or legal action? ☐ Yes ☐ No — If yes, explain: _____

☐ Have you ever taken bankruptcy? ☐ Yes ☐ No — If yes, explain: _____

Personal Bank Accounts — Individual, Held At	Personal Bank Accounts — Joint, Held At (With Whom)

Spouse — Stocks, Bonds & Marketable Securities

Include U.S. government securities, listed and unlisted stocks and bonds, certificates of deposit, money funds, and savings accounts.

Held in Name(s) Of	Description (incl. maturities, if any)	Cost ($) / Market Value ($)

Spouse — Accounts & Notes Receivable

Owner(s)	Debtor and Address	Present Balance Due ($)

Spouse — Personal Property & Vehicles

Description and Location	Owner(s)	Cost ($) / Market Value ($)

Spouse — Contingent Liabilities

As Endorser or Co-maker — Amount ($)	On Leases or Contracts — Amount ($)

Legal Claims — Amount ($)	Income Taxes Not Shown Above — Amount ($)

Delinquent or Contested Taxes — Amount ($) / Explanation	Other Special Debts

Spouse — Banks and Finance Companies Where Credit Has Been Obtained

Name(s) in Which Obtained	Name of Bank or Company	High Credit / Present Balance / Type of Loan

21. SIGNATURES

Client Signature	Date

Print Name

Spouse Signature	Date

Print Name

Please return this completed questionnaire to Langsam Stevens Silver & Hollaender LLP by mail, fax, or e-mail: HLANGSAM@LSSH-LAW.COM · (215) 732-3255

APPENDIX A — YOUR ESTATE PLANNING CONFERENCE PREPARATION MEMORANDUM

This memorandum explains the estate planning process and why thorough preparation for your conference matters.

Estate planning is more than simply making a will to direct the distribution of your property when you die. A thorough plan should:

- Make sure your estate is sufficient to let your family live as comfortably as it did while you were living. This requires identifying your income-producing assets, calculating the income they might produce, and determining whether there is any income deficiency. The amount needed changes as your circumstances change — for example, young children require more than grown or no children.
- Protect you if you become disabled. This means determining whether there will be adequate income for you and your family, including whether there is enough income to pay for nursing-facility care while still maintaining your family. If you were incapable of handling your affairs, who would speak for you, sign documents, and pay bills? Disability insurance, long-term-care insurance, or a durable power of attorney can help fill any gap.
- State your wishes about life-support equipment, nutrition and hydration, and organ transplants through a Living Will, so your medical care can be directed even if you cannot direct it yourself.
- Consider the need for a durable power of attorney for both financial affairs and healthcare in case you become incapacitated.

Completing this questionnaire thoroughly matters for three reasons: (1) complete information lets us plan your estate properly; (2) your desired plan may require changing how assets are titled or changing beneficiary designations on life insurance and retirement plans; and (3) because fees are generally based on the time needed to develop your plan, the more complete your answers are, the less time — and expense — is needed to gather this information.

When completing the real estate section, list the street address of each property and check your deed for the correct titled owner(s). For stocks, bonds, and marketable securities, note what you own, how it is owned (individually or jointly), its approximate value, and where the account is held — the same applies to certificates of deposit, money funds, and savings accounts. For retirement benefits and insurance, please review your actual beneficiary designation forms on file with your employer or insurance company.

If You Do Not Make Your Own Will (Pennsylvania Intestacy)

If you do not make your own will, state law effectively makes one for you. In Pennsylvania, property you own jointly with your spouse passes automatically to your spouse as sole surviving owner and does not go through your estate. Property you own solely in your own name is divided based on whether you have children:

- If you have one surviving child, your spouse generally receives roughly one-half of your separate estate, with the balance to your child.
- If you have more than one child, your spouse generally receives roughly one-third of your separate estate, with the balance divided among your children.
- If no children survive you, your remaining estate (or your entire estate if you are unmarried) passes to your children, then to your parents if no children survive, then to your siblings (and the children of any deceased sibling) if no parents survive.
- If none of the above survive you, your estate passes to surviving grandparents under rules that balance treatment between your maternal and paternal sides, then to aunts, uncles, and their children.

- If no relative in this scheme survives you, your property passes to the Commonwealth of Pennsylvania.

Dying without a will also creates administrative expenses that a will could avoid, and a customized estate plan can often produce meaningful tax savings compared with the plan the state has made for you by default.

APPENDIX B — NOTICE REGARDING CONFLICTS OF INTEREST & CONFIDENTIALITY

PLEASE READ CAREFULLY.

If we are doing estate planning for both you and your spouse, each of you is our client. Representing each of you could create a conflict of interest for our firm because your interests may differ. It is important that you and your spouse acknowledge and accept this conflict while directing us to continue representing both of you, and that you understand the arrangements available and how each affects confidentiality of the information you provide. There are three possible arrangements:

1. Represent Each of You — NO Confidentiality

In a joint meeting, we will explain each of your rights in the other's estate and how decisions affect your plan. There is no confidentiality of information between you, even if one of you shares information when the other is not present. If you later disagree about the plan and either of you asks for a change affecting the other's plan, we must withdraw from representing both of you.

2. Represent Each of You — TOTAL Confidentiality

We can represent each of you separately and confidentially, but only if we meet with each of you individually. We will not discuss with either of you what the other said, and we will not use information from one of you in preparing the other's plan, even if the two plans are not compatible.

3. Separate Representation

If you and your spouse do not want to plan jointly, we can represent one of you while the other retains separate counsel. If confidentiality from one another is important to you, we strongly recommend this option.

If we are to represent both of you, please indicate your choice below by initialing next to the selection and signing where indicated. Please bring this form to your initial conference so we can make it part of your file.

Selection	Husband/Client Initials	Wife/Spouse Initials
☐ Represent Both of You — NO Confidentiality		
☐ Represent Both of You — TOTAL Confidentiality		

Conflict Acknowledged and Accepted

Husband/Client Signature	Date
Wife/Spouse Signature	**Date**

APPENDIX C — HOW TO CREATE A PERSONAL FINANCIAL INVENTORY

Although ongoing debates about tax law create uncertainty for estate planning, there are steps everyone can take to reduce uncertainty for their heirs. This section helps you assemble a personal financial inventory that will be essential to those who follow you, and includes guidance for family members facing a loss.

Organize Your Important Papers

If your spouse, executor, or adult child suddenly had to take charge of your affairs, would they be able to find your will, life insurance policy, powers of attorney, living will, and investment accounts? Complete the list below so your survivors know where to look, then share it with your attorney, executor, and spouse or another trusted family member. Keep the completed list itself in a secure, accessible place.

For each item, note its location (e.g., safe deposit box, filing cabinet, computer file name).

Banking

Bank records (savings and checking accounts)	Location
Bills to be paid	**Location**
Credit card statements	**Location**
Safe deposit box and key	**Location**

Financial Statements

IRAs	Location
401(k)s and 403(b)s	**Location**
529 plans (college savings)	**Location**
Annuities	**Location**
Nonretirement investment accounts	**Location**
Other holdings	**Location**
Tax returns	**Location**

Personal Papers

Birth certificates (yours, spouse's, children's)	Location
Marriage certificate, prenuptial agreement	**Location**
Divorce decree	**Location**
Military discharge papers	**Location**
Passport, naturalization papers	**Location**
Safe and combination	**Location**
Car and other vehicle titles	**Location**

Home

Keys (residence, second home)	Location
Mortgage and other loan documents	**Location**
Property appraisals	**Location**
Real estate titles and deeds	**Location**
Title insurance documents	**Location**

Insurance and Other Benefits

Social Security records	Location
Employee benefit information (pension, health insurance)	**Location**
Life insurance documents	**Location**

Estate Planning

Living will (advance directive for health care)	Location
Power of attorney for health care	**Location**
Power of attorney for property	**Location**
Revocable trusts	**Location**
Will and trust agreements	**Location**
Uniform organ donor cards	**Location**
Funeral and cemetery deed instructions	**Location**
Contact list and asset valuation information	**Location**

Other

Other important documents	Location

If you have a trusted family member or friend helping with your finances, consider naming them an authorized agent on your accounts (with full or limited access) until your executor takes over at your death. You may also want a list of your online passwords kept in a secure place.

Key Contacts

Knowing whom to call can relieve a major source of stress for family members. Please complete the contact information below.

Estate Planning

Lawyer (estate) — Name	Contact Info (phone/e-mail/address)
Executor for estate — Name	**Contact Info (phone/e-mail/address)**
Trustee(s) — Name	**Contact Info (phone/e-mail/address)**

Investments and Finances

Banker — Name	Contact Info (phone/e-mail/address)
Broker — Name	**Contact Info (phone/e-mail/address)**
Financial advisor — Name	**Contact Info (phone/e-mail/address)**
Mutual fund company — IRAs — Name	**Contact Info (phone/e-mail/address)**
Mutual fund company — 401(k)s — Name	**Contact Info (phone/e-mail/address)**
Mutual fund company — 529 plans — Name	**Contact Info (phone/e-mail/address)**
Real estate agent — Name	**Contact Info (phone/e-mail/address)**
Tax preparer — Name	**Contact Info (phone/e-mail/address)**

Family and Friends

Children — Name	Contact Info (phone/e-mail/address)
Guardian for children — Name	**Contact Info (phone/e-mail/address)**
Clergy — Name	**Contact Info (phone/e-mail/address)**
Neighbors — Name	**Contact Info (phone/e-mail/address)**
Siblings — Name	**Contact Info (phone/e-mail/address)**

Insurance / Benefits

Insurance agent — Automobile — Name	Contact Info (phone/e-mail/address)
Insurance agent — Home — Name	**Contact Info (phone/e-mail/address)**
Insurance agent — Health — Name	**Contact Info (phone/e-mail/address)**

Insurance agent — Automobile — Name	Contact Info (phone/e-mail/address)
Insurance agent — Life — Name	**Contact Info (phone/e-mail/address)**
Employer benefits representative — Name	**Contact Info (phone/e-mail/address)**

For the Family: What to Do After a Death

This checklist separates what needs to be done right away from what can wait.

Initial Steps

- Contact family and friends (a close relative can help make calls).
- Locate copies of estate planning documents — will, trust documents, beneficiary designations, etc.
- Locate and review insurance policies; contact each insurer about claiming benefits.
- Contact a funeral director for arrangements, copies of the death certificate, the obituary, and to notify Social Security.
- If the deceased was a veteran, call the local Veterans Administration office about funeral, burial, or flag benefits.
- Contact Langsam Stevens Silver & Hollaender LLP at (215) 732-3255.

Within the First Three Months

- Meet with Langsam Stevens Silver & Hollaender LLP promptly to begin administering the estate; ask who should attend and what to bring.
- Contact Social Security about benefits for a surviving spouse and minor children.
- Review the deceased's employer benefits, including pension payouts, retiree benefits, or life insurance.
- Cancel services no longer needed (cell-phone plans, health-club memberships, subscriptions).
- Cancel credit cards held solely in the deceased's name.
- Secure the house and cars, and confirm insurance is maintained.

In the Following Months

- Change title to assets (real estate, vehicles, investment accounts, jointly held property, certain insurance) with guidance from the estate attorney.
- Transfer retirement accounts to beneficiaries carefully, given possible tax and wealth implications.
- Consult the attorney about distributions to beneficiaries from insurance policies and retirement accounts.
- Settle the estate: the executor files the Will, gathers assets, notifies beneficiaries, advertises the estate, prepares and files the Inventory and Inheritance Tax Return, retains an accountant, and distributes the estate.

After the Estate Is Settled

- Update your own estate plan.
- Review beneficiary designations for your retirement accounts and life insurance policies.
- Review your own financial situation, including short- and long-term cash needs.
- Review your life, medical, and other insurance coverage.

- Reassess your investment portfolio for additional assets or other changes.