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ESTATE PLANNING FACT SUMMARY

For

	New Client	Spouse/Partner
Full Legal Name		
Address (include County)		
Date of Birth		
Social Security Number		
Primary Phone		
Secondary Phone		
Email Address		
Occupation		
Employer		
Citizenship		
Annual Income		
Marital Status		

If you have a pre or postnuptial agreement, please attach a copy

If you have a former spouse, please let us know.

Family Information

First Generation of Relatives (Children, Siblings, Etc.)

Name, Relation & Address	Date of Birth	Disability (Y or N)	Marital Status

Please specify if any child is from a former relationship

If you answered Yes to a disability, please explain

Second Generation
(Grandchildren, Nieces/Nephews, Etc.)

Name, Relation & Address	Parent	Date of Birth	Disability (Y or N)

If you answered Yes to a disability, please explain

Real Estate

Owned By (Client, Spouse, Joint)	Description & Location	Current Fair Market Value	Acquisition Cost & Improvements	Mortgage	How Titled

Cash Accounts

Checking, Savings, Certificate of Deposit, Savings Bonds, Money Market

Owned By (Client, Spouse, Joint)	Description (Bank & Last Four Digits of Account Number)	Account Balance	Transfer on Death Or Payable on Death

Securities Accounts

Stocks, Bonds, Mutual Funds, Etc.

Owned By (Client, Spouse, Joint)	Description Name of Custodian & Last Four Digits of Account	Current Value of Account	Estimated Basis	Transfer On Death Designation

Retirement Accounts

IRAs, 401(k)s, Pensions, Defined Benefit Plans

Owned By (Client, Spouse, Joint)	Description Name of Custodian & Last Four Digits of Account	Current Value of Account	Estimated Basis	Beneficiary Designation

Closely Held Business Interests

Description	Owned By (Client, Spouse, Joint)	Estimated Value

Please attach copies of the most recent two tax returns for the business, a copy of the governing document (Shareholder’s Agreement, Operating Agreement, Partnership Agreement, etc.), and a copy of any Buy-Sell Agreement

Life Insurance

Insured	Owner	Insurance Company	Type of Policy	Value	Beneficiary Designation

If the owner and the insured are not the same, please indicate who is paying the premiums on the policy

Tangible Personal Property

(Vehicles, Boats, Jewelry, Antiques, Family Heirlooms, Etc.)

Description	Value

Significant Liabilities

Description	Value

