

LAW OFFICE OF JAMES E. MISCAVAGE

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Attorney
James E. Miscavage

WILL PACKAGE QUESTIONNAIRE

Name _____ Name of Spouse _____

Address _____

City _____ County _____ State _____ Zip _____

Phone number _____ Spouse phone number _____

Email address _____ Spouse email _____

Age _____ Age of Spouse _____

Children or heirs (First Name, Middle Initial, Last Name, Age, Address)

1. _____

2. _____

3. _____

4. _____

Do you have any adopted children? Yes ___ No ___

Do you have any heirs with a disability? Yes ___ No ___

Do you have any children who have passed away? Yes ___ No ___

Do you own real estate? Yes _____ No _____ How is the real estate titled?

Address of 1st property _____

Address of 2nd property _____

Choice of Executor _____

Address _____

Phone No. _____

Choice of Contingent Executor _____

Address _____

Phone No. _____

Choice of Guardian of Children _____

Address _____

Phone No. _____ Relationship _____

Choice of Contingent Guardian of minor Children _____

Address _____

Phone No. _____ Relationship _____

Choice of Trustee of minor Children's Assets _____

Address _____

Phone No. _____ Relationship _____

Choice of Contingent Trustee of minor Children's Assets _____

Address _____

Phone No. _____ Relationship _____

What is your total estate including insurance, real estate and all bank, brokerage, 401(k) and IRA accounts valued at:

\$0 - \$500,000 _____

\$500,000 - \$1,000,000 _____

\$1,000,000 - \$5,000,000 _____

\$5,000,000 - \$10,000,000 _____

*Note: Federal Estate Tax Exemption decreases on January 1, 2026 to \$6,000,000 per spouse.

Do you own an I.R.A., 401(k) or other tax deferred retirement plan? Yes _____ No _____

If yes, who are your beneficiaries for each account? _____

Do you have stock certificates not in a brokerage account? Yes ___ No ___

Do you own any property with a divorced spouse? Yes ___ No ___

Do you wish the attorney to hold the original documents in his safe deposit box? The standard policy is to hold the original Will and Power of Attorney until it is needed. Yes ___ No ___

Do you wish to be cremated? Yes ___ No ___

Do you wish to disinherit a child, spouse or relative? Yes _____ No _____

If yes, who and why?

POWER OF ATTORNEY

Who would you want to be your agent on your power of attorney?

Agent _____

Phone No. _____ Relationship _____

Contingent Agent _____

Phone No. _____ Relationship _____

PLEASE NOTE: Some entities, like Vanguard, will not accept any Power of Attorney. You either use their Power of Attorney form or you have no Power of Attorney with Vanguard. You will need to contact your investment entities in which you hold funds to determine if a Pennsylvania Power of Attorney is accepted to make transactions.

HOW DID YOU FIND THE ATTORNEY? _____

DOCUMENTS TO BRING TO YOUR CONSULTATION

Deed(s)

Prior Wills/ Powers of Attorney

Beneficiary designations on annuities/ insurance/ IRA's/ brokerage, stock and bank accounts/

U.S. Savings Bonds/ CD's

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