

ESTATE PLANNING QUESTIONNAIRE
PERSONAL AND CONFIDENTIAL – ATTORNEY WORK PRODUCT

Section 1: Client’s Information

<u>Name(s)</u>	<u>Date of Birth</u>	<u>Place of Birth</u>
Client 1: _____	_____	_____
Client 2: _____	_____	_____

Social Security Number(s)

Client 1: _____

Client 2: _____

Residence – Domicile

Home Address: _____ Phone: _____

_____ Cell: _____

E-mail: _____

Length of residence in present state: _____

If less than 10 years, list prior residences: _____

If you maintain any other residence elsewhere, including summer house, give location: _____

Business Address

Client 1: _____ Phone: _____

Client 2: _____ Phone: _____

Correspondence Sent: ___ Home ___ Office

If presently not married, indicate whether:

_____ Never married

_____ Previously married

If married previously, indicate whether:

_____ Prior marriage ended in divorce

_____ Prior marriage ended with death of spouse

If spouse was previously married, indicate whether that marriage ended by:

___ Death ___ Divorce

Section 2: Children's Information

<u>Name and Address</u>	<u>Date of Birth</u>	<u>Occupation</u>	<u>Single (S) Married (M)</u>	<u>Number of Children</u>	<u>Special Needs</u>
_____	_____	_____	_____	_____	_____

Are more children anticipated in the future? Yes No

Are you, your spouse, or any of your children adopted? Yes No

Are you, your spouse, and children U.S. citizens? Yes No

Do you or your spouse have any children by a previous marriage (or any illegitimate children)?
 Yes No

Does your spouse or child have any physical, mental, or emotional disability?
 Yes No

Section 3: Assets

Estimate the value of each of the following items of property. If any item is located in a jurisdiction other than Maryland, indicate where such item is located and if necessary, give details as to such assets on a separate sheet. Indicate how much of each asset held in joint ownership was contributed by husband (H) and how much by wife (W).

A. Bank Accounts	Husband	Wife	Joint	Beneficiary
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____

B. Notes, Accounts Receivables	Husband	Wife	Joint	Beneficiary
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____

C. Stocks and Bonds	Husband	Wife	Joint	Beneficiary
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____

D. Real Estate (include address and character, i.e., vacation, rental)

	Husband	Wife	Joint	Beneficiary
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____

E. Stock Options

	Husband	Wife	Joint	Beneficiary
Number of shares	\$ _____	\$ _____	\$ _____	_____
Option price	\$ _____	\$ _____	\$ _____	_____
Current value	\$ _____	\$ _____	\$ _____	_____

F. Life Insurance (Bring policies.) Provide details on Attachment A.

	Husband	Wife	Joint	Beneficiary
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____

G. Business Interests (Please provide last balance sheet and profit-and-loss statement, tax returns, buy-sell agreements, etc.) Please complete Attachment B.

	Husband	Wife	Joint	Beneficiary
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____

H. Retirement Arrangements (IRA, Roth IRA, 401(k), SEP)

	Husband	Wife	Joint	Beneficiary
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____

I. Miscellaneous Property (patents, trademarks, copyrights, royalties, etc.)

	Husband	Wife	Joint	Beneficiary
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____

J. Personal Effects

	Husband	Wife	Joint	Beneficiary
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____

Section 4: Liabilities

A. Mortgages on Real Estate

Owed To	Husband	Wife	Joint
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

B. Notes to Banks and Others

Owed To	Husband	Wife	Joint
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

C. Unfulfilled Pledges to Charities

Owed To	Husband	Wife	Joint
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

D. Other Debts

Owed To	Husband	Wife	Joint
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Section 5: Plan of Distribution

Specific Bequests: Disposition of automobile(s), jewelry, furniture and household furnishings, other items. Note if particular item is to go to person, or if replacement item will suffice. (Ex., Your present vehicle or the vehicle you have as of date of your death.) Also note whether beneficiary must survive to take. If conditioned on survivorship, designate a contingent taker if applicable.

General Bequests: Cash bequests to relatives, friends, and charities: (Indicate whether bequest is conditioned on survival; should estate exceed certain amounts before funding general bequests?)

Devise of real estate:

- _____ Outright to widow or adult children.
- _____ If in trust, beneficiary to occupy rent free.
- _____ Whether mortgage is to be paid off (exoneration).

Continuation of client's business:

- _____ Authorize executor to operate it.
- _____ Give personal representative power to incorporate it and to sell.

Provisions for children, adopted or after-born children, other relatives, or dependents:

Residue of estate:

_____ Given to one or more persons.

_____ Residuary Trust for benefit of one or more persons.

Section 6: Special Provisions

Burial Instructions:

_____ Statement regarding funeral arrangements:

_____ Cremation.

_____ Medical or scientific purposes.

_____ Other.

Personal Representative(s) and Alternate(s):

_____ Request the Personal Representative to waive his commission.

_____ Require a bond.

Trustee(s) and Alternate(s):

Guardian(s) for Children and Alternate(s):

Miscellaneous:

- (a) Veteran’s Service No. _____
- (b) If you have been married before, please provide copy of divorce decree and settlement papers.
- (c) If you have a power of appointment exercisable during life or by Will, please furnish copy of the document creating the power.
- (d) Please furnish copy of your latest federal income-tax return and gift-tax returns, if any.

(e) If you have prospective inheritances, please furnish brief details.

(f) Do you have a Will? ____ If so, please furnish copy.

(g) Location of safe deposit box:

How is it titled? _____

Contents: _____

(h) Keeping of Original Will:

____ On file at Register of Wills Office – \$5.00 fee.

____ Client's safe deposit box.

____ Other: _____

Section 7: Ancillary Documents

Powers of Attorney: (designates an agent to act on your behalf for financial decisions)

Name(s) and Address(es) of the Agent(s) to be appointed: _____

___ Durable – expressly to survive incompetence.

___ Gift-giving power.

___ Revocable trust.

Advance Medical Directive: (designates an agent to make health-care decisions and outlines your wishes about life-sustaining treatment)

Name(s) and Address(es) of the Agent(s) to be appointed: _____

___ Withhold artificial feeding.

___ Permit pain medication.

**Attachment A
Life Insurance**

	Policy 1	Policy 2	Policy 3
Insured	_____	_____	_____
Company	_____	_____	_____
Policy #	_____	_____	_____
Whole life, Term	_____	_____	_____
Owner	_____	_____	_____
Beneficiary	_____	_____	_____
Cash Value	_____	_____	_____
Face Amount	_____	_____	_____
Outstanding Loans	_____	_____	_____

ATTACHMENT B
Data Relating to Closely Held Business Interests
Nature and Value of Closely Held Business Interests

For each such interest, complete:

Type of Interest:

_____ Sole Owner _____ Partnership _____ Corporation

Percentage of Ownership: _____

Fair Market Value: _____

Description of Product or Service: _____

Is there a buy-sell agreement? _____ Yes _____ No

If yes, is it funded? _____ Yes _____ No