



11350 McCormick Road, Executive Plaza III, Suite 601, Hunt Valley, Maryland 21031  
443-589-5600

Date: \_\_\_\_\_

**CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE**

If you complete this survey, we can do a more complete job of estate planning for you, at a lower cost. We will be relying on the data supplied by you in this survey for our recommendations for your estate planning.

**I. Family Information:**

Client Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Other or Former Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

City/County of Residence: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Prior Marriages:**

To \_\_\_\_\_ How ended: \_\_\_\_\_

<u>CHILDREN*</u>	<u>Birthdate</u>	<u>Marital Status</u>	<u>No. and Ages of Children</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\* Indicate parent if by prior marriage, or if adopted or stepchild.

OTHER DEPENDENTS: Or those for whom you might someday provide funds, such as aging parents.

\_\_\_\_\_  
\_\_\_\_\_

NOTE: Indicate special needs, health problems, etc. of any children or other dependents.

**II. Financial Information:** Fill in the blanks below with the values of the assets listed. If the property is encumbered by a mortgage or lien, note the gross value and then, in parenthesis, the amount of the encumbrance. WARNING: IF DATA SUPPLIED HEREIN IS INACCURATE OR INCOMPLETE, OUR RECOMMENDATIONS BASED ON THE DATA MAY BE INAPPROPRIATE.

**INCOME:**

Salary	\$ _____
Approximate Annual Interest Income	\$ _____
Approximate Annual Dividend Income	\$ _____
Net Real Estate Income	\$ _____
Partnership Income	\$ _____
Social Security Income	\$ _____
Alimony	\$ _____
<b>TOTAL ANNUAL INCOME</b>	<b>\$ _____</b>

**PERSONAL-USE ASSETS:**

Checking Accounts	\$ _____
Savings Accounts	\$ _____
Residence (Fair Market Value)	\$ _____

Address: \_\_\_\_\_  
\_\_\_\_\_

Vacation Property (Fair Market Value)	\$ _____
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Address: \_\_\_\_\_  
\_\_\_\_\_

Household Furnishings	\$ _____
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Valuables (jewelry, gold, collectibles)	\$ _____
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Automobiles, boats, etc.	\$ _____
<b>INVESTMENT ASSETS:</b>	
Certificates of Deposit	\$ _____
U.S. Savings Bonds	\$ _____
Money Markets	\$ _____
Treasury Notes/Bonds	\$ _____
Notes Due to You	\$ _____
Municipal Bonds	\$ _____
Stocks	\$ _____
Corporate Bonds	\$ _____
Mutual Funds	\$ _____
Partnerships	\$ _____
Other Real Estate Investments (ground rents, mortgages)	\$ _____
Traditional Individual Retirement Accounts	\$ _____
Beneficiary: _____	
Roth Individual Retirement Accounts	\$ _____
Beneficiary: _____	
Deferred Compensation Plan (401K, Keogh)	\$ _____
Beneficiary: _____	
Corporate Retirement Plans (vested amount)	\$ _____
Beneficiary: _____	
Annuities	\$ _____
Business Interests	\$ _____
Other (Specify)	\$ _____
<b>TOTAL ASSETS</b>	<b>\$ _____</b>

**LIABILITIES**

Mortgages Outstanding:  
 Residence \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
 Car Loans \$ \_\_\_\_\_  
 Long-Term Liabilities  
 (other than mortgages) \$ \_\_\_\_\_  
**TOTAL LIABILITIES** \$ \_\_\_\_\_  
**TOTAL NET WORTH** \$ \_\_\_\_\_  
 NET INSURANCE PROCEEDS \$ \_\_\_\_\_  
**ESTIMATED GROSS ESTATE** \$ \_\_\_\_\_

**III. Business Interests:**

Name of Business: \_\_\_\_\_  
 Nature of Business: \_\_\_\_\_  
 Operated as: Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_  
 Corporation \_\_\_\_\_ Sub-Chapter S. Corp. \_\_\_\_\_  
 LLC \_\_\_\_\_

What do you want to happen to your interest when you die?  
 Sold \_\_\_\_\_ Liquidated \_\_\_\_\_ Retained \_\_\_\_\_  
 Subject to buy-sell agreement \_\_\_\_\_ (enclose a copy of agreement with questionnaire)

**IV. Life Insurance:**

Policies owned by you on your life

Company	Policy No.	Face Amount	Loan	Beneficiary	Whole Life or Term
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Policies on life of another owned by you

Company	Policy No.	Face Amount	Loan	Beneficiary	Whole Life or Term
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Policies on your life owned by others

Company	Policy No.	Face Amount	Loan	Beneficiary	Whole Life or Term
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

V. **Trusts and Gifts:** Please enclose a copy of trust instrument with this questionnaire.

**Trusts created by others for your benefit:**

Created by	Year Created	Trustee	Your interest	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Trusts created by you:**

Created by	Year Created	Trustee	Your interest	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Prior gifts of more than \$14,000.00 by you:**

Year Given	To Whom	Amount
_____	_____	_____
_____	_____	_____

Have gift tax returns ever been filed?

**VI. Location of Documents and Other Information:**

- Current Will and Codicil: \_\_\_\_\_
- Antenuptial or post-nuptial agreement\* \_\_\_\_\_
- Divorce decree or separation agreement\* \_\_\_\_\_
- General Power of Attorney \_\_\_\_\_
- Living Will \_\_\_\_\_
- Health Care Power of Attorney \_\_\_\_\_
- Advance Directive \_\_\_\_\_
- Estate inventory \_\_\_\_\_
- Gift tax returns\* \_\_\_\_\_
- Income tax returns \_\_\_\_\_
- Life Insurance policies\* \_\_\_\_\_
- Stocks \_\_\_\_\_

Bonds \_\_\_\_\_  
Notes or Mortgages receivable \_\_\_\_\_  
Bank books \_\_\_\_\_  
Trust instruments\* \_\_\_\_\_  
Deeds \_\_\_\_\_  
Cemetery Deeds \_\_\_\_\_  
Directions regarding burial\* \_\_\_\_\_  
Business Records \_\_\_\_\_  
Partnership/Shareholder agreement\* \_\_\_\_\_

\* Please enclose a copy with this questionnaire.

**VII. Pre-conference Considerations:**

- A. Please review your existing Will and note which provisions may still apply and which should be changed.
  
- B. Please bring a copy of any trust documents in which you are involved either as creator, beneficiary or trustee to the conference. If you are named as a Trustee under someone else's will or trust and have the right to designate your successor, please note the name and address of the individual you want to name as your successor.
  
- C. If you hold a power of appointment from a will or trust, or you have released any power of appointment, please bring copies of the documents to the conference.
  
- D. Please note whether you wish to make any bequests of specific property to anyone in your Will.
  
- E. Please note whether you wish to make any bequests to charities in your Will.
  
- F. Please indicate if you will be receiving an inheritance in the future from a family member or other source.
  
- G. Please provide any specific burial/cremation instructions, including the location of any cemetery lot to be used at your death.
  
- H. Who would you choose to probate your Will, collect and administer your assets and distribute your estate to your beneficiaries (i.e., your executor/personal representative)?

- I. Who would you choose to manage your assets, make investment decisions and determine how distributions from any trust which your Will may create are to be made to the beneficiaries (i.e., your trustee)?
  
- J. If you have minor children, who should be given the responsibility of raising them if both parents should die before the children reach age 18 (i.e., their guardians)?
  
- K. Under Maryland law, a person may appoint an agent to act during his or her lifetime regardless of mental condition to handle his or her financial matters. As a result, the appointment of an agent prior to a disability can avoid the costly procedure of establishing a guardianship, as well as permit the agent to act for the person in his or her absence. If you wish to execute a General Power of Attorney, who do you want to name as your agent and successor agent?
  
- L. In addition to the General Power of Attorney, an agent may be appointed by you to make medical decisions for you if you are incapacitated. These decisions include the consent or withdrawal of medical procedures, life support systems and medicine. This document can also specify your intent regarding life-sustaining procedures if you are terminally ill, in a persistent vegetative state or suffer from severe and permanent deterioration in your quality of life. If you wish to execute an Advance Directive Appointing Health Care Agent and Providing Health Care Instructions, who do you want to name as your agent and successor agent?