



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:**

Spouse #1's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Cell #: \_\_\_\_\_ Citizenship: \_\_\_\_\_

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

Spouse #2's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Cell #: \_\_\_\_\_ Citizenship: \_\_\_\_\_

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

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

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

Spouse #1's Employer: \_\_\_\_\_

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

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

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

Spouse #2's Employer: \_\_\_\_\_

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

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

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

**Prior Marriages:**

Spouse #1: \_\_\_\_\_ to: \_\_\_\_\_ How ended: \_\_\_\_\_

Spouse #2: \_\_\_\_\_ to: \_\_\_\_\_ How ended: \_\_\_\_\_

CHILDREN*	Birthdate	Marital Status	No. and Ages of Children

\* 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.

NAME	Birthdate	Marital Status	Relationship to you

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.**

	Spouse #1	Spouse #2	Joint
Salary	\$ _____	\$ _____	\$ _____
Approximate Annual Interest Income	\$ _____	\$ _____	\$ _____
Approximate Annual Dividend Income	\$ _____	\$ _____	\$ _____
Net Real Estate Income	\$ _____	\$ _____	\$ _____
Partnership Income	\$ _____	\$ _____	\$ _____
Social Security Income	\$ _____	\$ _____	\$ _____
<b>TOTAL ANNUAL INCOME</b>	\$ _____	\$ _____	\$ _____

	Spouse #1	Spouse #2	Joint
<u>PERSONAL-USE ASSETS:</u>			
Checking Accounts	\$ _____	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____	\$ _____
Residence (Fair Market Value)	\$ _____	\$ _____	\$ _____
Address: _____			
Vacation Property (Fair Market Value)	\$ _____	\$ _____	\$ _____
Address: _____			
Household Furnishings	\$ _____	\$ _____	\$ _____
Valuables (jewelry, gold, collectibles)	\$ _____	\$ _____	\$ _____
Automobiles, boats, etc.	\$ _____	\$ _____	\$ _____
<u>INVESTMENT ASSETS:</u>			
Certificates of Deposit	\$ _____	\$ _____	\$ _____
U.S. Savings Bonds	\$ _____	\$ _____	\$ _____
Money Markets	\$ _____	\$ _____	\$ _____
Notes Due to You	\$ _____	\$ _____	\$ _____
Bonds (specify type)	\$ _____	\$ _____	\$ _____
Stocks	\$ _____	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____	\$ _____
Other Real Estate Investments (ground rents, mortgages)	\$ _____	\$ _____	\$ _____
Traditional Individual Retirement Accounts	\$ _____	\$ _____	\$ _____
Spouse #1's Beneficiary: _____			
Spouse #2's Beneficiary: _____			
Roth Individual Retirement Accounts	\$ _____	\$ _____	\$ _____
Spouse #1's Beneficiary: _____			
Spouse #2's Beneficiary: _____			
Deferred Compensation Plans (401K, Keogh)	\$ _____	\$ _____	\$ _____

	Spouse #1	Spouse #2	Joint
Spouse #1's Beneficiary: _____			
Spouse #2's Beneficiary: _____			
Corporate Retirement Plans (vested amount)	\$ _____	\$ _____	\$ _____
Spouse #1's Beneficiary: _____			
Spouse #2's Beneficiary: _____			
Annuities	\$ _____	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____	\$ _____
Other (Specify):	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
<b>TOTAL ASSETS</b>	\$ _____	\$ _____	\$ _____
<b>LIABILITIES</b>			
Mortgages Outstanding	\$ _____	\$ _____	\$ _____
Car Loans	\$ _____	\$ _____	\$ _____
Long-Term Liabilities (other than mortgages, e.g., Note Payable)	\$ _____	\$ _____	\$ _____
<b>TOTAL LIABILITIES</b>	\$ _____	\$ _____	\$ _____
<b>TOTAL NET WORTH</b>	\$ _____	\$ _____	\$ _____
<b>NET LIFE INSURANCE PROCEEDS</b>	\$ _____	\$ _____	\$ _____
<b>ESTIMATED GROSS ESTATE</b>	\$ _____	\$ _____	\$ _____

**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 business interest when you die?

Sold to party other than that business \_\_\_\_\_

Liquidated by that business \_\_\_\_\_

Retained \_\_\_\_\_

Subject to buy-sell agreement \_\_\_\_\_

(enclose a copy of agreement with questionnaire)

**IV. Life Insurance:**

Policies owned by Spouse #1 on Spouse #1's life

Company	Policy No.	Face Amount Cash Surr. Val.	Loan	Beneficiary	Type (Whole Life, Term, etc.)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Policies on life of another owned by Spouse #1

Company	Policy No.	Face Amount Cash Surr. Val.	Loan	Insured	Beneficiary	Whole Life or Term, etc.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Policies on Spouse #1's life owned by others (including insurance trusts)

Company	Policy No.	Face Amount Cash Surr. Val.	Loan	Owner	Beneficiary	Whole Life or Term, etc.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Policies owned by Spouse #2 on Spouse #2's life

Company	Policy No.	Face Amount Cash Surr. Val.	Loan	Beneficiary	Whole Life or Term, etc.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Policies on life of another owned by Spouse #2

Company	Policy No.	Face Amount Cash Surr. Val.	Loan	Insured	Beneficiary	Whole Life or Term, etc.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Policies on Spouse #2's life owned by others (including insurance trusts)

Company	Policy No.	Face Amount Cash Surr. Val.	Loan	Owner	Beneficiary	Whole Life or Term, etc.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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

Trusts created by others for either client's benefit:

Created by	Year Created	Trustee	Your Interest	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Trusts created by either client:

Year Created	Trustee	Beneficiary	Value
_____	_____	_____	_____
_____	_____	_____	_____

Prior gifts of more than the annual exclusion amount per recipient per calendar year by either client:

Year Given	By Whom/To Whom	Amount
_____	_____	_____
_____	_____	_____

Have gift tax returns ever been filed? \_\_\_\_\_

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

- Current Will and Codicil: Spouse #1\* \_\_\_\_\_  
Spouse #2\* \_\_\_\_\_
- Revocable Living Trust: Spouse #1\* \_\_\_\_\_  
Spouse #2\* \_\_\_\_\_
- Antenuptial or post-nuptial agreement\* \_\_\_\_\_
- Divorce decree or separation agreement\* \_\_\_\_\_
- General, Limited, Financial Power of Attorney \_\_\_\_\_
- Advance Directive, Living Will, Health Care Power of Attorney \_\_\_\_\_
- 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 (most recent Form 1040).

## **VII. Pre-conference Questionnaire:**

- A. Please review your existing Will/Revocable Living Trust and note which provisions may still apply and which should be changed.
- B. Please bring to the conference a copy of any trust documents in which you are involved either as creator, beneficiary or trustee.
- 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. 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.
- D. Please note whether you wish to make any bequests of specific property to anyone in your Will or Revocable Living Trust.
- E. Please note whether you wish to make any bequests to charities in your Will or Revocable Living Trust.
- 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(s) to be used at your death.
- H. 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)?

### **SPOUSE #1**

- I. Who would you choose to probate your Will or administer your Revocable Living Trust, collect and administer your assets and distribute your estate to your beneficiaries (i.e., your executor/personal representative)?
- J. Who would you choose to manage your assets, make investment decisions and determine how distributions from any trust which your Will or Revocable Living trust may create are to be made to the beneficiaries (i.e., your trustee)?
- 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 Power of Attorney, who do you want to name as your agent and successor agent? Please supply address and phone numbers (home, work, and cell), and email address for the named individuals.

- L. In addition to the 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? Please supply address and phone numbers (home, work, and cell), and email address for the named individuals.

SPOUSE #2

- M. 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)?
- N. Who would you choose to manage your assets, make investment decisions and determine how distributions of any trust which your Will may create are to be made to the beneficiaries (i.e., your trustee)?
- O. 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)?
- P. 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 Power of Attorney, who do you want to name as your agent and successor agent? Please supply address and phone numbers (home, work, and cell), and email address for the named individuals.
- Q. In addition to the 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? Please supply address and phone numbers (home, work, and cell), and email address for the named individuals.