

Estate Planning Questionnaire

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General Information

Date of Completion _____

Client 1		Other/Former Name	
Date of Birth	Social Security Number - -	U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Street Address			
City	State	Zip	
Home Phone () -	Office Phone () -	Ext	Cell Phone () -
Employer	E-Mail		
Occupation	Salary		
Have you ever executed a will? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, location of present will:			

Relationship of Client 2 to Client 1

If Married, Date of Marriage

Client 2		Other/Former Name	
Date of Birth	Social Security Number - -	U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Street Address			
City	State	Zip	
Home Phone () -	Office Phone () -	Ext	Cell Phone () -
Employer	E-Mail		
Occupation	Salary		
Have you ever executed a will? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, location of present will:			

Children of Clients

Name	Date of Birth			
Street Address				
City	State	Zip		
Home Phone () -	Office Phone () -	Ext	Cell Phone () -	
Married? Yes <input type="checkbox"/> No <input type="checkbox"/>	Separated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Divorced? Yes <input type="checkbox"/> No <input type="checkbox"/>	Widowed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Children? Yes <input type="checkbox"/> No <input type="checkbox"/>

Name	Date of Birth			
Street Address				
City	State	Zip		
Home Phone () -	Office Phone () -	Ext	Cell Phone () -	
Married? Yes <input type="checkbox"/> No <input type="checkbox"/>	Separated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Divorced? Yes <input type="checkbox"/> No <input type="checkbox"/>	Widowed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Children? Yes <input type="checkbox"/> No <input type="checkbox"/>

Name	Date of Birth			
Street Address				
City	State	Zip		
Home Phone () -	Office Phone () -	Ext	Cell Phone () -	
Married? Yes <input type="checkbox"/> No <input type="checkbox"/>	Separated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Divorced? Yes <input type="checkbox"/> No <input type="checkbox"/>	Widowed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Children? Yes <input type="checkbox"/> No <input type="checkbox"/>

Children of Client 1's Prior Marriage/Relationship To

Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Ext _____ Cell Phone () -

Married? Yes No Separated? Yes No Divorced? Yes No Widowed? Yes No Children? Yes No

Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Ext _____ Cell Phone () -

Married? Yes No Separated? Yes No Divorced? Yes No Widowed? Yes No Children? Yes No

Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Ext _____ Cell Phone () -

Married? Yes No Separated? Yes No Divorced? Yes No Widowed? Yes No Children? Yes No

Children of Client 2's Prior Marriage/Relationship To

Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Ext _____ Cell Phone () -

Married? Yes No Separated? Yes No Divorced? Yes No Widowed? Yes No Children? Yes No

Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Ext _____ Cell Phone () -

Married? Yes No Separated? Yes No Divorced? Yes No Widowed? Yes No Children? Yes No

Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Ext _____ Cell Phone () -

Married? Yes No Separated? Yes No Divorced? Yes No Widowed? Yes No Children? Yes No

Proposed Guardian for Minor Children

® Please list in order of preference the proposed guardian for minor children to be named in the Will. Please provide addresses and phone numbers for each individual on the pages at the end of the Questionnaire

Guardian for Children of Clients – After Client 2	Client 1’s Children from a Prior Marriage	Client 2’s Children from a Prior Marriage

Proposed Personal Representative (Executor)

® Please list in order of preference the proposed Personal Representative to be named in the Will. Please provide addresses and phone numbers for each individual on the pages at the end of the Questionnaire

For Client 1’s Will – After Client 2	For Client 2’s Will – After Client 1

Proposed Trustee or Trustees

® Please list in order of preference the proposed Trustee or Trustees (manager of funds for children, etc.)

For Client 1	For Client 2

Financial Advisors

Accountant

Office Phone () - Ext

Street Address

City

State

Zip

Broker

Office Phone () - Ext

Street Address

City

State

Zip

Insurance Representative

Office Phone () - Ext

Street Address

City

State

Zip

Specific Asset Information

® Please list **Real Estate** information for Client 1 or Client 2 and provide a copy of each deed and each Time Share.

Owners Listed on Deed of Real Estate	Street Address (Please include City and State)	Date Purchased	Present Market Value

® Please list **Life Insurance** information for Client 1 or Client 2

Policy Owner	Insured Person	Insurance Company	Whole	Term	Beneficiary	Pay-Out Amount
			<input type="checkbox"/>	<input type="checkbox"/>	1. 2.	
			<input type="checkbox"/>	<input type="checkbox"/>	1. 2.	
			<input type="checkbox"/>	<input type="checkbox"/>	1. 2.	
			<input type="checkbox"/>	<input type="checkbox"/>	1. 2.	
			<input type="checkbox"/>	<input type="checkbox"/>	1. 2.	
			<input type="checkbox"/>	<input type="checkbox"/>	1. 2.	

® Please list **Pension, IRAs and Work Connected Benefits** for Client 1 or Client 2

Client 1	Client 2	IRA	401(k)	TSP	Pension	Other	Company	Beneficiary	Current Value
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1. 2.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1. 2.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1. 2.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1. 2.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1. 2.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1. 2.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1. 2.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1. 2.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1. 2.	

Specific Asset Information

® Please list Interests in Partnerships or other Businesses for Client 1 or Client 2

Name of Business	Type of Entity			Percent of Interest	Value of Interest	Is your business interest subject to a buy-sell agreement?	If yes, how is the buy-out funded?
	Inc.	L.L.C.	Ptrn.				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	

® Please list Trusts Created for Your Benefit By Others

Created by	Name of Trust	Date of Trust	Value of Interest	Benefit of
				Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>
				Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>
				Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>
				Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/>

® Please list Expected Inheritances and/or Gifts for Client 1 or Client 2

Source	Receiving Date	Estimated Amount	Relationship

® Please estimate value of Personal Property and attach a list of any Personal Property that has significant value or which will be mentioned in the Will.

Estimated Value of:			
Furniture	Antiques	Jewelry	Other Personal Property

Make of Automobile	Value	Titled
		Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>
		Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>
		Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>
		Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/>

Gifts and Other Transfers

Have gift tax returns ever been filed? Yes No If yes, please attach copies of the returns.

® Please list previous Gifts made (exceeding \$10,000 per year, per recipient)

Type	Date	Value	Recipient

® Please list Trusts created by Client 1 or Client 2

Type	Date	Value	Trustee	Beneficiary

Summary of Assets and Liabilities

® Please answer the following questions in as much detail as possible. Attach additional paper if necessary.

ASSETS	Client 1 Individually	Client 2 Individually	Jointly Held Between Client 1 and Client 2	TOTAL
Cash (Checking/Savings/CDs)				
Personal Residence				
Other Real Estate				
Life Insurance (Payout Amount)				
Pension, 401(k), IRA, TSP				
Stocks and Bonds				
Business Interests				
Personal Property (Furniture/Automobiles)				
Other Assets				
TOTAL ASSETS				
LIABILITIES	Client 1 Individually	Client 2 Individually	Jointly Held Between Client 1 and Client 2	TOTAL
Mortgage on Residence				
Mortgage on Other Real Estate				
Other Loans and Notes				
Charge Accounts				
Taxes Due				
Loans on Insurance Policies				
Other Liabilities				
TOTAL LIABILITIES				
NET WORTH	Client 1 Individually	Client 2 Individually	Jointly Held	TOTAL
(Assets Less Liabilities)				

Important Individuals or Organizations

Parents of Client 1

Name			Age
Street Address			Health
City	State	Zip	
Home Phone () -	Office Phone () -	Ext	Cell Phone () -

Name			Age
Street Address			Health
City	State	Zip	
Home Phone () -	Office Phone () -	Ext	Cell Phone () -

Parents of Client 2

Name			Age
Street Address			Health
City	State	Zip	
Home Phone () -	Office Phone () -	Ext	Cell Phone () -

Name			Age
Street Address			Health
City	State	Zip	
Home Phone () -	Office Phone () -	Ext	Cell Phone () -

- ® Please provide information for relatives, individuals or charities that will receive an inheritance or would be listed in your documents for Client 1 and/or Client 2, including, but not limited to: Siblings, Grandchildren, Friends.
- ® List all brothers and sisters of Client 1 and Client 2, even if they will not be included in your documents.

Name		Relationship
Street Address		
City	State	Zip
Home Phone () -	Office Phone () -	Ext Cell Phone () -

Name		Relationship
Street Address		
City	State	Zip
Home Phone () -	Office Phone () -	Ext Cell Phone () -

Name		Relationship
Street Address		
City	State	Zip
Home Phone () -	Office Phone () -	Ext Cell Phone () -

Important Individuals or Organizations (Continued)

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Ext _____ Cell Phone () -

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Ext _____ Cell Phone () -

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Ext _____ Cell Phone () -

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Ext _____ Cell Phone () -

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Ext _____ Cell Phone () -

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Ext _____ Cell Phone () -

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Ext _____ Cell Phone () -

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Ext _____ Cell Phone () -

Important Individuals or Organizations (Continued)

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Ext _____ Cell Phone () -

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Ext _____ Cell Phone () -

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Ext _____ Cell Phone () -

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Ext _____ Cell Phone () -

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Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Ext _____ Cell Phone () -

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Ext _____ Cell Phone () -

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Ext _____ Cell Phone () -