

Estate Planning Questionnaire

© 2009

Gimmel, Weiman, Ersek, Blomberg & Lewis, P.A.

4 Professional Drive, Suite 145

Gaithersburg, Maryland 20879

(301) 840-8565

Fax (301) 590-9784

gweblaw.com

General Information

Date of Completion _____

Client 1 _____ Other/Former Name _____

Date of Birth _____ Social Security Number - - U.S. Citizen? Yes No

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Cell Phone () -

E-Mail _____

Have you ever executed a will? Yes No If yes, location of present will: _____

Relationship of Client 2 to Client 1 _____ **If Married, date of marriage:** _____

Client 1 _____ Other/Former Name _____

Date of Birth _____ Social Security Number - - U.S. Citizen? Yes No

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Cell Phone () -

E-Mail _____

Have you ever executed a will? Yes No If yes, location of present will: _____

Children of Clients' Current Marriage

Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - 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 () - 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 () - 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 () - Cell Phone () -

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

Children of Client 1's Prior Marriage To

Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - 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 () - 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 () - 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 () - Cell Phone () -

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

Children of Client 2's Prior Marriage To

Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - 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 () - 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 () - 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 () - Cell Phone () -

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

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	For Client 2's Will
1. Client Two	1. Client One
2.	2.
3.	3.

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

Proposed Health Care Agents For Health Care Power of Attorney

In the event you were unable to make medical decisions on your own behalf, please list below the individual(s) you would want to speak to medical providers and make medical decisions for you:

For Client 1	For Client 2
Client Two	Client One

This document reflects your beliefs with regard to medical decisions.	For Client 1	For Client 2
Would you instruct your Agent(s) to seek aggressive treatment to prolong your life?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

How would you alter the following language to more accurately reflect your beliefs?

I value life and its many challenges. I hope to live as long as I can enjoy life. However, if there is no reasonable expectation of my recovery from physical or mental disability due to an injury, disease, or illness, which leaves me in a certified terminal condition or a persistent vegetative state, I request that I be allowed to die naturally and not be kept alive by artificial means or heroic measures. In addition, in that situation, I hereby specifically authorize the withholding or withdrawal of food and hydration if my Agent deems such actions appropriate.

At the time of death, the preference would be	For Client 1	For Client 2
	Buried <input type="checkbox"/> Cremated <input type="checkbox"/>	Buried <input type="checkbox"/> Cremated <input type="checkbox"/>

Other Questions –

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

Is any person (other than minor children) partially or wholly dependent upon Client 1 or Client 2 for support now or possibly in the future?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list:
Do any of your children have special needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:
Do either of you have any especially important or unusual estate planning objectives?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:
Do you have a prenuptial agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide a copy.
Do you have a postnuptial agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide a copy.
Have you ever served in the military?	Client 1 Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list:
	Client 2 Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list:
Do either of you have any special requests regarding your funeral arrangements?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:
Do either of you currently own a cemetery plot?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how is it owned and who has custody of the deed?

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.	

★ 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.	

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.	Ptnr.				
	<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"/>	

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 & 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 etc.)				
Other Assets				
TOTAL ASSETS				

Liabilities continued on following page

LIABILITIES	Client 1 Individually	Client 2 Individually	Jointly Held Between Client 1 & 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

- ✦ 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 () - Cell Phone () -

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

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

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

Important Individuals or Organizations (Continued)

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Cell Phone () -

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Cell Phone () -

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Cell Phone () -

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Cell Phone () -

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Cell Phone () -

Important Individuals or Organizations (Continued)

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Cell Phone () -

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Cell Phone () -

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Cell Phone () -

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Cell Phone () -

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () - Office Phone () - Cell Phone () -