



# ESTATE PLANNING QUESTIONNAIRE

Filled out for:

----- and -----

(fill in your names here)

This document is not intended to be comprehensive or to replace a consultation with an attorney, but only to help you organize and memorialize some basic information about you, your family, your assets and your estate planning goals.

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Alexandria, Virginia 22314

***Tysons Corner:***

8200 Greensboro Dr., Suite 900  
McLean, Virginia 22102

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

**I. GENERAL and FAMILY INFORMATION**

**PARTNER #1**

**PARTNER #2**

Full Name: \_\_\_\_\_

Preferred Name to Use: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(send mail Yes/ No) \_\_\_\_\_

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

Home E-Mail: \_\_\_\_\_

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

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

Business E-mail \_\_\_\_\_

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

Present occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(send mail Yes/ No) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Present Domicile: \_\_\_\_\_

Date and Place of Marriage: \_\_\_\_\_

Date and Place of Civil Union: \_\_\_\_\_

Domestic Partnership Ag: \_\_\_\_\_ ( ) Yes \_\_\_\_\_ ( ) No

If so, please attach.

Any Prior Marriage, Union or Registered Domestic Partnership? ( ) Yes ( ) No  
If so, please complete the following:

**PRIOR ENTANGLEMENTS**

**PARTNER #1**

**PARTNER #2**

Former sp name: \_\_\_\_\_

\_\_\_\_\_

Present address  
of former spouse: \_\_\_\_\_

\_\_\_\_\_

When/Where married: \_\_\_\_\_

\_\_\_\_\_

When/Where terminated: \_\_\_\_\_

\_\_\_\_\_

Any financial  
responsibilities: \_\_\_\_\_

\_\_\_\_\_

Any life insurance  
for former spouse or children: \_\_\_\_\_

\_\_\_\_\_

Former partner name: \_\_\_\_\_

\_\_\_\_\_

When/Where terminated: \_\_\_\_\_

\_\_\_\_\_

Any financial  
responsibilities: \_\_\_\_\_

\_\_\_\_\_

**Please attach or bring with you to our office a copy of your Divorce Decree and any of the following:**

\_\_\_\_\_ **Property Settlement Agreement**

\_\_\_\_\_ **Prenuptial Agreement.**

**II. CHILDREN**

**Name** \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address/Phone Numbers \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**Name** \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address/Phone Numbers \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**Name** \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address/Phone Numbers \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**Name** \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address/Phone Numbers \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**[Attach a separate page and fill out information for other children as required]**

Are any children or grandchildren adopted, separated, divorced, physically or mentally handicapped, or in need of special care or services? ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_

Are any children from a prior marriage? If so, please explain: \_\_\_\_\_

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**III. GRANDCHILDREN**

**Name** \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address/Phone Numbers \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**Name** \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address/Phone Numbers \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**Name** \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address/Phone Numbers \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**Name** \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address/Phone Numbers \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**[Attach a separate page for other grandchildren as required]**

Are any grandchildren adopted, separated, divorced, physically or mentally handicapped,  
or in need of special care or services? ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_

**II. PARENTS and SIBLINGS**

**FATHER'S** Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Spouse's Name \_\_\_\_\_ Deceased (if applicable) \_\_/\_\_\_/\_\_\_  
Address/Phone Numbers \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**MOTHER'S** Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Spouse's Name \_\_\_\_\_ Deceased (if applicable) \_\_/\_\_\_/\_\_\_  
Address/Phone Numbers \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**FATHER'S** Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Spouse's Name \_\_\_\_\_ Deceased (if applicable) \_\_/\_\_\_/\_\_\_  
Address/Phone Numbers \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**MOTHER'S** Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Spouse's Name \_\_\_\_\_ Deceased (if applicable) \_\_/\_\_\_/\_\_\_  
Address/Phone Numbers \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**SIBLING'S** Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address/Phone Numbers \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**SIBLING'S** Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address/Phone Numbers \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**SIBLING'S** Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address/Phone Numbers \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**SIBLING'S** Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address/Phone Numbers \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**SIBLING'S** Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address/Phone Numbers \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**SIBLING'S** Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address/Phone Numbers \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**[Attach a separate page and fill out information for other siblings as required]**

**Other persons who are, or who may become, wholly or partially dependent upon one of you for support, including step-children, nieces, nephews, other relations, friends, etc.**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_

Address/Phone Numbers \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_

Address/Phone Numbers \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_

Address/Phone Numbers \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_

Address/Phone Numbers \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**IV. CURRENT ESTATE PLANNING DOCUMENTS**

Do you or your partner presently have a will?

If yes, where is the original located: \_\_\_\_\_  
\_\_\_\_\_

Have you or your partner created any revocable living trusts?                    yes            no

If yes, where is the original located: \_\_\_\_\_  
\_\_\_\_\_

Have you or your partner created any irrevocable trusts?                    yes            no

If yes, where is the original located: \_\_\_\_\_  
\_\_\_\_\_

Are you or your partner currently the trustee/beneficiary of any trust?    yes            no

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you or your partner presently have a living will or healthcare directive?    yes            no

If yes, where is the original located: \_\_\_\_\_  
\_\_\_\_\_

Have you or your partner executed a financial power of attorney?            yes            no

If yes, where is the original located: \_\_\_\_\_  
\_\_\_\_\_

**Please attach or bring with you a copy of any will, trust agreement, living will, advance healthcare directive or power of attorney that has been executed by your or your partner.**

**Please attach or bring with you a copy of any trust under which you or your partner is a beneficiary or hold any power of appointment.**

**V. GIFTS**

Have you or your partner made any gifts over \$10,000?      Yes                      No  
 (Please note that the gift exclusion has risen over the years to \$13,000 currently)  
 If yes, to whom were the gifts made?

Name	Gift	Date Gift Made	Value

**[Attach a separate page and fill out information for other gifts as required]**

**Have you or your partner ever filed a gift tax return (Form 709)**      Yes                      No

**Please attach or bring with you copies of any gift tax returns (Form 709) filed.**

Have you or your partner ever created an irrevocable trust? If so, please provide us with a copy of the Trust Agreement and list the beneficiaries, any powers and rights retained by you, value of gift, trustees, term, any reversion, and present value.

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Have you ever created a custodial account, or has anyone else ever created a custodial account, for the benefit of any of your children? If so, please list the donor, date, custodian, minor, value of gift, present value, state law applicable.

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VI. PROFESSIONAL ADVISORS

Please list the names, addresses and telephone numbers of other persons who serve as your advisors.

A. Accountant

Name: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

B. Financial Planner

Name: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

E. Other Attorney (if any):

Name: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

C. Financial/Investment Advisor

Name: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

D. Life Insurance Advisor

Name: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

F. Bank/Trust Officer (if any)

Name: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

**VII. ASSET INFORMATION**

A. Balance Sheet for Estate Tax Purposes (Please list current Fair Market Values Only)

	<b><u>ASSETS</u></b>		
	<u>Partner #1</u>	<u>Partner #2</u>	<u>Joint</u>
Real Estate .....	_____	_____	_____
a. Personal Residence .....	_____	_____	_____
b. Recreational Property .....	_____	_____	_____
c. Investment Property .....	_____	_____	_____
Life Insurance (Face Value of Policies, including Term Insurance*) .....	_____	_____	_____
Retirement Assets .....	_____	_____	_____
a. Employer Plans (TSP, 401k, etc) ...	_____	_____	_____
b. IRAs .....	_____	_____	_____
c. Roth IRAs .....	_____	_____	_____
Publicly Traded Stocks and Bonds...	_____	_____	_____
a. Investments .....	_____	_____	_____
b. Savings Bonds .....	_____	_____	_____
Cash (CDs, savings, checking, etc.) .....	_____	_____	_____
Business Ownership Interests .....	_____	_____	_____
Limited Partnership Interests .....	_____	_____	_____
Personal Property .....	_____	_____	_____
Anticipated Inheritance .....	_____	_____	_____
Other Assets (Please list) .....	_____	_____	_____
<b>ASSETS</b> .....	=====	=====	=====
	<b><u>LIABILITIES</u></b>		
Mortgages	_____	_____	_____
Other Liabilities	_____	_____	_____
<b>TOTAL LIABILITIES</b>	=====	=====	=====
<b>ASSETS MINUS LIABILITIES</b>	=====	=====	=====

B. Retirement/Employee Assets

Please list all your retirement/employee assets (401k, 403b, 457, TSP, SEP, Simple IRA, IRA, Roth IRA, VIP, etc.) included in the Balance Sheet above:

<u>Asset</u>	<u>Current Amount Vested</u>	<u>Primary Death Beneficiary</u>	<u>Secondary Death Beneficiary</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list your partner's retirement/employee assets included in the Balance Sheet above:

<u>Asset</u>	<u>Current Amount Vested</u>	<u>Primary Death Beneficiary</u>	<u>Secondary Death Beneficiary</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Insurance

Please list insurance policies on your life and your partner's life included in the Balance Sheet above:

	<u>Policy #1</u>	<u>Policy #2</u>	<u>Policy #3</u>	<u>Policy #4</u>
Face Amount	_____	_____	_____	_____
Name of Insured	_____	_____	_____	_____
Name of Owner	_____	_____	_____	_____
Insurance Company	_____	_____	_____	_____
Policy Number	_____	_____	_____	_____
Policy Type	_____	_____	_____	_____
Issue Date	_____	_____	_____	_____
Cash Value	_____	_____	_____	_____
Annualized Premium	_____	_____	_____	_____
Primary Death Beneficiary	_____	_____	_____	_____
Contingent Death Benef.	_____	_____	_____	_____

D. Business Interests.

Please list all "Business Interests" in which you partner have a material interest which is included in the Balance Sheet above:

	<u>Entity #1</u>	<u>Entity #2</u>	<u>Entity #3</u>
Name of Entity	_____	_____	_____
Type of Entity (i.e., C-Corp, S-Corp, Partnership, LLC, etc.)	_____	_____	_____
Total Value of Entity	_____	_____	_____
Percentage Amount of Entity Owned	_____	_____	_____
Names of Other Individuals Who Own a Material Interest in the Entity	_____	_____	_____
and their Ownership Percentages	_____	_____	_____

E. Anticipated Inheritances

Do you anticipate receiving an inheritance which should be considered in your estate planning?

( ) Yes ( ) No

If yes, describe nature, source and amount, briefly:

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

F. Personal Property: Describe the nature of any specific personal property that would require valuation or other special treatment upon your deaths:

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

**VIII. ESTATE PLANNING OBJECTIVES**

In connection with the estate planning process, you will need to make decisions on a number of issues. Please begin to consider the issues listed below and if you have formed an initial opinion, please indicate where provided:

- A. Executors. The identity of initial and successor Personal Representatives (also known as Executors) who will be responsible for managing your probate estate:

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- B. Trustees.  
Lifetime Trustees: The identity of initial and successor Trustees responsible for administering trusts for you or your partner during your lifetimes:

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Testamentary Trustees. The identity of initial and successor Trustees responsible for administering trusts for you or your partner and your intended beneficiaries following your deaths:

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- C. Guardians. The identity of initial and successor Guardians of your minor children (if appropriate):

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- D. Disposition of Property. In general terms, how you wish your property to be distributed after your death (and the death of your partner, if applicable) - e.g., all to your partner, then equally to all children or more to one child than another, specific bequests, etc.:

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- E. Contingent Beneficiaries. The identity of “contingent beneficiaries” — those who would receive your assets in the event of a family catastrophe (e.g., if all of your descendants were deceased):

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