



ESTATE PLANNING QUESTIONNAIRE

Filled out for:

(fill in your name 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:

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Tysons Corner:

8200 Greensboro Dr., Suite 900
McLean, Virginia 22102

Date Prepared: _____

I. GENERAL and FAMILY INFORMATION

YOU

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: _____

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: _____

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 _____

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 _____

IV. CURRENT ESTATE PLANNING DOCUMENTS

Do you presently have a will?

If yes, where is the original located: _____

Have you created any revocable living trusts? yes no

If yes, where is the original located: _____

Have you created any irrevocable trusts? yes no

If yes, where is the original located: _____

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

If yes, please explain: _____

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

If yes, where is the original located: _____

Have you 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 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 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 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.

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.

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)

ASSETS

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)	_____
ASSETS	=====

LIABILITIES

Mortgages	_____
Other Liabilities	_____
TOTAL LIABILITIES	=====
ASSETS MINUS LIABILITIES	=====

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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Insurance

Please list insurance policies on your life included in the Balance Sheet above:

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 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 death:

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:

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

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

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

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

- 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):
