



ESTATE PLANNING QUESTIONNAIRE

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.

Marc S. Levine, Esquire

Handler & Levine, LLC
Air Rights Center
4550 Montgomery Ave., Suite 601N
Bethesda, Maryland 20814
(301) 961-6464x3313
(301) 469-3325 (fax)
marc@handlerlevine.com

Date Prepared:

I. GENERAL INFORMATION

HUSBAND

WIFE

Name (in full):

Social Security Number:

Home Address:

(send mail Yes/No)

Home Phone:

Employer:

Business Address:

(send mail Yes/No)

Business Phone:

Business E-mail

Date of Birth:

Citizenship:

**Date and Place of
Marriage:**

Prenuptial Agreement:

() Yes () No

If so, please attach.

Any Prior Marriage?

() Yes () No

If so, please complete the following
page.

PRIOR MARRIAGES

HUSBAND

WIFE

Former sp name: _____

**Present address
of former spouse:** _____

Where married: _____

When married: _____

How terminated: _____

When terminated: _____

Where terminated: _____

**Any financial
responsibilities:** _____

Please attach or bring with you to our office a copy of your Divorce Decree and any applicable Property Settlement Agreement or Prenuptial Agreement

II. CHILDREN

Name _____ Birth Date _____
Spouse's Name _____ Number of Children _____
Address _____
City, State, Zip _____

Name _____ Birth Date _____
Spouse's Name _____ Number of Children _____
Address _____
City, State, Zip _____

Name _____ Birth Date _____
Spouse's Name _____ Number of Children _____
Address _____
City, State, Zip _____

Name _____ Birth Date _____
Spouse's Name _____ Number of Children _____
Address _____
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: _____

III. GRANDCHILDREN

Name _____ Birth Date _____
Spouse's Name _____ Number of Children _____
Address _____
City, State, Zip _____

Name _____ Birth Date _____
Spouse's Name _____ Number of Children _____
Address _____
City, State, Zip _____

Name _____ Birth Date _____
Spouse's Name _____ Number of Children _____
Address _____
City, State, Zip _____

Name _____ Birth Date _____
Spouse's Name _____ Number of Children _____
Address _____
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: _____

IV. CURRENT ESTATE PLANNING DOCUMENTS

- Do you or your spouse presently have a will? yes no
- Have you or your spouse created any trusts? yes no
- Are you or your spouse currently the beneficiary of any trust? yes no
- Do you or your spouse presently have a living will or healthcare directive? yes no
- Have you or your spouse executed a property power of attorney? yes no

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 spouse.

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

V. GIFTS

- Have you or your spouse made any gifts over \$11,000? Yes No
 If yes, to whom were the gifts made?

Name	Gift	Date Gift Made	Value

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

VI. PROFESSIONAL ADVISORS

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

A. Accountant

Name: _____

Address: _____

Telephone: _____

B. Financial Planner

Name: _____

Address: _____

Telephone: _____

C. Investment Counselor

Name: _____

Address: _____

Telephone: _____

D. Life Insurance Advisor

Name: _____

Address: _____

Telephone: _____

VII. ASSET INFORMATION

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

	<u>ASSETS</u>		
	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
Personal Property	_____	_____	_____
Cash	_____	_____	_____
Publicly Traded Stocks and Bonds	_____	_____	_____
Closely-Held Stock	_____	_____	_____
Limited Partnership Interests	_____	_____	_____
Other Business Interests	_____	_____	_____
Retirement/Employee Assets	_____	_____	_____
Real Estate	_____	_____	_____
a. Personal Residence	_____	_____	_____
b. Recreational Property	_____	_____	_____
c. Investment Property	_____	_____	_____
Insurance (Face Value of Policies, including Term Insurance*)	_____	_____	_____
Anticipated Inheritance	_____	_____	_____
Other Assets (Please list)	_____	_____	_____
 ASSETS	 =====	 =====	 =====
	<u>LIABILITIES</u>		
Mortgages	_____	_____	_____
Other Liabilities	_____	_____	_____
 TOTAL LIABILITIES	 =====	 =====	 =====
 ASSETS MINUS LIABILITIES	 =====	 =====	 =====

For Federal estate tax purposes, insurance proceeds are includible in a decedent's estate if the decedent owned the policy at the time of his/her death or if the proceeds are payable to his/her estate. Real property owned jointly with someone other than your spouse is includible in a decedent's estate at the total gross value, subject to reduction.

B. Retirement/Employee Assets

Please list all your 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list your spouse'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 spouse'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	_____	_____	_____	_____
Secondary Death Beneficiary	_____	_____	_____	_____

D. Business Interests.

Please list all "Business Interests" in which you spouse 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 by You	_____	_____	_____
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:

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 Executors (responsible for managing your probate estate):

- B. **Trustees.** The identity of initial and successor Trustees (responsible for administering trusts for you, your spouse and your intended beneficiaries):

- 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 (and the death of your spouse, if applicable) - e.g., all to your spouse, then 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):
