



# 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

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8200 Greensboro Dr., Suite 900  
McLean, Virginia 22102

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

Referred By: \_\_\_\_\_

For Drafts - Prefer Email (PDF) or hard copies? (\_\_\_) Email (\_\_\_) Hard Copies

**I. GENERAL and FAMILY INFORMATION**

**SPOUSE/PARTNER**

**SPOUSE/PARTNER**

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Annual Salary: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

Prenuptial Agreement: (\_\_\_) Yes (\_\_\_) No If so, please attach.

Any Prior Marriage? (\_\_\_) Yes (\_\_\_) No If so, please complete the following:

**PRIOR MARRIAGES**

**SPOUSE/PARTNER**

**SPOUSE/PARTNER**

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

\_\_\_\_\_

When married: \_\_\_\_\_

\_\_\_\_\_

How terminated: \_\_\_\_\_

\_\_\_\_\_

When terminated: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Life Insurance Requirements? \_\_\_\_\_

\_\_\_\_\_

**If there are any continuing obligations for support, retirement or otherwise, 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.**

**FOR FEDERAL GOVERNMENT EMPLOYEES**

TSP ACCOUNT#: \_\_\_\_\_

\_\_\_\_\_

CSA Number: \_\_\_\_\_

\_\_\_\_\_

If possible, please access the Employee Benefits Information System (EBIS) and bring your *Personal Statement of Benefits* to the meeting.

**II. CHILDREN:**

**Name** \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

**Name** \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

**Name** \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

**Name** \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

**Name** \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

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

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

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

If any children are from a prior marriage, please list/explain: \_\_\_\_\_

**III. GRANDCHILDREN:**

**Name** \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

**Name** \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

**Name** \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

**Name** \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

**Name** \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

**[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: \_\_\_\_\_  
\_\_\_\_\_

**IV. PARENTS and SIBLINGS**

**PARENTS:**

**SPOUSE/PARTNER (\_\_\_\_\_):**

**FATHER'S** Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Spouse's Name \_\_\_\_\_ Deceased (if applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

**MOTHER'S** Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Spouse's Name \_\_\_\_\_ Deceased (if applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

**SPOUSE/PARTNER (\_\_\_\_\_):**

**FATHER'S** Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Spouse's Name \_\_\_\_\_ Deceased (if applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

**MOTHER'S** Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Spouse's Name \_\_\_\_\_ Deceased (if applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

**Add additional information (need for support, estrangement, etc.) regarding parents or step-parents below, or attach a separate page if necessary:**

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**SIBLINGS – Spouse/Partner ( \_\_\_\_\_ ):**

**SIBLING'S** Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

**SIBLING'S** Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

**SIBLING'S** Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

**SIBLING'S** Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

**SIBLING'S** Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

**SIBLING'S** Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

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

**SIBLINGS – Spouse/Partner ( \_\_\_\_\_ ):**

**SIBLING'S** Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

**SIBLING'S** Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

**SIBLING'S** Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

**SIBLING'S** Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

**SIBLING'S** Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

**SIBLING'S** Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

**[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 (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
Address (street/city/state/zip) \_\_\_\_\_  
Phone Numbers (home/cell) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_



**VI. CURRENT ESTATE PLANNING DOCUMENTS**

Do you/your spouse presently have a will? \_\_\_\_\_ yes \_\_\_\_\_ no

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

Have you/your spouse created any revocable living trusts? \_\_\_\_\_ yes \_\_\_\_\_ no

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

Have you/your spouse created any irrevocable trusts? \_\_\_\_\_ yes \_\_\_\_\_ no

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

Are you/your spouse currently the trustee/beneficiary of any trust? \_\_\_\_\_ yes \_\_\_\_\_ no

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

Do you/your spouse have a living will or healthcare directive? \_\_\_\_\_ yes \_\_\_\_\_ no

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

Have you/your spouse 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 you 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.**

**VII. GIFTS – If you have made any gifts over \$10,000 in a calendar year, please complete this Section.**

Have you or your spouse 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
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Name	Gift	Date Gift Made	Value
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Name	Gift	Date Gift Made	Value
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Name	Gift	Date Gift Made	Value
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Name	Gift	Date Gift Made	Value
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**[Attach a separate page and fill out information for other gifts as required]**

**Have you/your spouse ever filed a gift tax return (Form 709) \_\_\_\_ yes \_\_\_\_ no**

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

Have you or your spouse 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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**VIII. 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: \_\_\_\_\_

Would you like your financial advisor to be provided copies of your estate planning drafts and/or final executed documents? \_\_\_\_\_

\_\_\_\_\_.



**IX. ASSET INFORMATION**

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

	<b>ASSETS</b>		
	(_____):	(_____):	<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> .....	_____	_____	_____

Do you have **Long Term Care Insurance** and if so, please provide basic information about the policies: \_\_\_\_\_

Do you have any **annuities** (not including a retirement pension), and if so, please provide information about the company, owner, face and death values, and other pertinent details: \_\_\_\_\_

**Real Estate Listed Above:**

Home Address, and List of Co-Owners: \_\_\_\_\_

Prop2 Address, and List of Co-Owners: \_\_\_\_\_

Prop3 Address, and List of Co-Owners: \_\_\_\_\_

Prop4 Address, and List of Co-Owners: \_\_\_\_\_

Additional Information re: Property: \_\_\_\_\_

**LIABILITIES**

Mortgage (Property #1)	_____	_____	_____
Mortgage (Property #2)	_____	_____	_____
Mortgage (Property #3)	_____	_____	_____
Home Equity/Credit Lines	_____	_____	_____
Other Liabilities (total)	_____	_____	_____

**TOTAL LIABILITIES** \_\_\_\_\_

**ASSETS MINUS LIABILITIES** \_\_\_\_\_

Further explanation of Liabilities listed above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. Claims/Debts & Liabilities:** In connection with the estate planning process it is often necessary to transfer assets between spouses. Doing so however can create certain presumptions if there are existing liquidated or contingent debts, claims or liabilities.

1. Known Claims and Liabilities. Please identify all known claims, debts or liabilities that you, or your estate, may be liable for.

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

2. Liability and Asset Protection Concerns. Please identify any specific liability or asset protection concerns you have, especially as they relate to your profession or properties.

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



C. 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:

<b>SPOUSE/PARTNER ( _____ ):</b>			
Type of Account: (401k, IRA, etc.)	Held With: (e.g. Fidelity, etc.) If not employer)	Value: (Most recent)	Beneficiary: (Primary / Contingent)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<b>SPOUSE/PARTNER ( _____ ):</b>			
Type of Account: (401k, IRA, etc.)	Held With: (e.g. Fidelity, etc.) If not employer)	Value: (Most recent)	Beneficiary: (Primary / Contingent)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. 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	_____	_____	_____	_____
Contingent Death Benef.	_____	_____	_____	_____

E. Business Interests. If you or your spouse have any interest in a closely held business, please complete this section.

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	_____	_____	_____
Names of Other Individuals Who Own a Material Interest in the Entity	_____	_____	_____
and their Ownership Percentages	_____	_____	_____

F. 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:

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

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

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

**X. 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:

Initial Executor (\_\_\_\_\_): Initial Executor (\_\_\_\_\_):

\_\_\_\_\_  
Successor Executor (\_\_\_\_\_): Successor Executor (\_\_\_\_\_):

- B. Trustees.  
**Lifetime Trustees:** The identity of an initial and successor Trustee(s) responsible for administering lifetime (also known as revocable living trusts) trusts for you and/or your spouse during your lifetimes:

Initial Trustee(s) (\_\_\_\_\_): Initial Trustee(s) (\_\_\_\_\_):

\_\_\_\_\_  
Successor Trustee(s) (\_\_\_\_\_): Successor Trustee(s) (\_\_\_\_\_):

**Testamentary Trustees.** The identity of initial and successor Trustees responsible for administering trusts for you and/or your spouse **and** your intended beneficiaries following your deaths. If you have trusts for children, this person, or persons, would be in charge of the money for your children, both during their minority, and for the life of the trust:

Initial Trustee(s) (\_\_\_\_\_): Initial Trustee(s) (\_\_\_\_\_):

\_\_\_\_\_  
Successor Trustee(s) (\_\_\_\_\_): Successor Trustee(s) (\_\_\_\_\_):

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

Initial Guardians:

\_\_\_\_\_  
Successor Guardians:

- 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), literally the “**worst case scenario.**” There may be different choices for each of you, or you can divide 100% between both of you:

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F. Tangible Personal Property Bequests. If you have tangible personal property (car, furniture, jewelry, Hummels, etc.) that you would like to go to a specific person, you may establish a list of items and intended beneficiary. If the list is short you can do so here:

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G. Monetary Bequests. If you have specific individuals that you wish to leave a monetary gift, you can provide us with a list of amounts and intended beneficiaries, and if the list is short you can do so here:

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H. Charitable Bequests or Intentions. Do you currently intend to name a charity or charitable organization as a primary or contingent beneficiary of your estate, and if, what charity, and will it be for any particular purpose?

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**XI. POWER OF ATTORNEY FOR FINANCIAL MATTERS**

In connection with creating a power of attorney for financial matters 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. Power of Attorney. The identity of initial (usually your spouse) and successor Power of Attorney who will be responsible for managing your finances if you cannot:

Initial POA For ( \_\_\_\_\_ ): \_\_\_\_\_ Initial POA For ( \_\_\_\_\_ ): \_\_\_\_\_

Successor POA For ( \_\_\_\_\_ ): \_\_\_\_\_ Successor POA For ( \_\_\_\_\_ ): \_\_\_\_\_

- B. Powers. The powers (generally) that can be given to your attorney in fact are many. Here are some of those that are often used. Please consider whether you would like to add to these or limit them: To deal with real estate; to create, fund, amend or revoke trusts; to deal with brokerage accounts and securities, to operate your business; to do, amend or revoke your estate planning; to make gifts of your assets to your spouse, children, grandchildren, charities or otherwise; to make gifts to himself or herself; to make contracts; to compensate himself or others; to deal with IRS; to deal fully with all retirement accounts; etc.

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

- C. Immediate or Springing. Do you have a preference for an immediate power of attorney (effective at signing) or a springing power of attorney (effective only upon your incapacity)?

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

- D. Other Concerns. There are other issues we will discuss in regard to your power of attorney, but please list any other concerns you may have in this regard here.

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

**XII. HEALTH CARE ADVANCE DIRECTIVE**

In connection with creating an advance directive for your health care, 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. Health Care Agent. The identity of initial (usually your spouse) and successor Health Care Agent who will be responsible for making and/or implementing your health care decisions.

Initial Agent For ( \_\_\_\_\_ ): \_\_\_\_\_ Initial Agent For ( \_\_\_\_\_ ): \_\_\_\_\_

Successor Agent For ( \_\_\_\_\_ ): \_\_\_\_\_ Successor Agent For ( \_\_\_\_\_ ): \_\_\_\_\_

- B. Issues. Issues to be considered include whether, and in what circumstances, you wish to be kept alive by artificial means, or, if artificial means (such as a respirator) are not necessary, if you wish to be kept alive by being given hydration and nutrition by tube. Other issues to consider include pain medication, resuscitation (in some jurisdictions) and other specific health care issues that might concern you.

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

- C. Organ Donation. Do you want to be an organ donor, generally, not at all, or limit donation to family only?

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

- D. Burial Wishes / Cremation Directions. Do you have a preference for burial (\_\_\_) or cremation (\_\_\_)?

Do you have any specific instructions or wishes regarding either your burial or the disposition of your ashes?

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

Do you have any prepaid or preplanned funeral arrangements? If so, provide any pertinent details here:

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

- E. Other Concerns. There are other issues we will discuss in regard to your health care directives, but please list any other concerns you may have in this regard here.

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

**XIII. PET AND ANIMAL CARE PROFILES (IF NECESSARY)**

If you have pets or animals who require, or for whom you desire, specific care be taken, please fill out the following *Animal Care Profile*. This profile is for information only, and will usually not be reflected in your estate planning documents unless you elect to create a Pet Trust:

A. Name, Age and Description of the Pet(s):

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

B. Food and Grooming Instructions:

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

C. Current Medical Conditions and Medications:

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

D. Special Instructions:

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

E. Veterinary Contact Information:

Primary:	Secondary:
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone #: _____	Phone #: _____
E-Mail: _____	E-Mail: _____

**Have you considered creating a pet trust to provide for your pet's needs in care of your disability or death?**

**IXV. ADDITIONAL INFORMATION**

If additional information is required for the planning of your estate, list such information below:

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**Tysons Corner:**  
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McLean, Virginia 22102



## **Representation Disclosures**

This Representation Disclosure is intended to answer some questions you may have regarding the scope of our representation of you, and the cost for the services we have agreed on.

I know your privacy is important. I understand you trust me to protect the confidentiality and security of that information. The information I collect from you will be used only to provide the legal services you request. All of your information is held in strict confidence and is not released to anyone, except as agreed to by you, or as required under any applicable law. I am bound by professional standards of confidentiality that are more stringent than any required by law.

My representation of both of you together is desirable to develop a coordinated plan. However, representing both of you in the privileged attorney-client relationship is not without its possible, even if remote, disadvantages. Having separate lawyers would ensure that each of you has your own advocate providing independent advice. You would also be assured that all communications to your separate lawyers would remain privileged and confidential, even from each other.

As a couple in a committed relationship you have a special and unique connection and generally share mutual goals and aspirations. Future circumstances could arise, however, in which your separate financial or legal interests might diverge. Depending on such future circumstances, it is possible that my joint representation of both of you together could require me to withdraw and recommend that you consult different lawyers in the future. This is in accordance with my professional ethics. I do not presently foresee such a situation, but it remains a possibility.

In a joint representation I cannot serve as an advocate for one of you against the other. I cannot negotiate on behalf of one with the other. Instead, I will assist both of you in jointly developing a coordinated, overall estate plan that is beneficial and acceptable to both of you. In order to develop such a plan it is necessary that each of you be completely candid in advising me of all relevant information that may affect your estate plan. As a consequence of my advising both of you jointly, any information I receive from either of you that may affect the other will not be confidential between the two of you. I am required to disclose this information to the other. In all other respects our communications are privileged and confidential.

By signing this letter, each of you confirms that you have requested and consented to me jointly representing both of you in connection with the preparation of your wills and your general estate plan. Each of you agree that communications and information I receive from either of you that is relevant to your wills and general estate plan will not be kept confidential from the other. You also understand that if a conflict of interest arises between the two of you I will be ethically obligated to withdraw from representing either of you. At that time I will encourage both of you to retain independent counsel.

ACCEPTED AND AGREED:

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
**(Print Name)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
**(Print Name)**