



REAL ESTATE TRANSFER 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 the real estate transfer covered. Issues related to your assets, estate and gift taxes, and your estate planning goals are not addressed here.

Handler & Levine, LLC
4520 East West Highway
Suite 700
Bethesda, Maryland 20814
(301) 961-6464
www.handlerlevine.com

We also meet with clients in Virginia at the following locations:

Alexandria:

1800 Diagonal Road, Suite 600
Alexandria, Virginia 22314

Tysons Corner:

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

HUSBAND

WIFE

Full Name: _____

Preferred Name to Use: _____

Home Address: _____

Home Phone: _____

Mobile Phone: _____

Business Phone: _____

Home E-Mail: _____

Business E-mail _____

Employer: _____

Present occupation: _____

Business Address: _____

Date of Birth: _____

Social Security Number: _____

Citizenship: _____

Present Domicile: _____

II. ISSUES RELATED TO PROPERTY TRANSFER

Please list the address of the real estate being transferred:

Please list the name of the person(s) or entity transferring the property (in the case of property being transferred into a revocable trust, you (and your spouse) are typically the person(s) making the transfer:

Please list the name of the person(s) or entity receiving the property (in the case of property being transferred into a revocable trust, the revocable trust, or revocable trusts, are typically the entities receiving the real estate. Please include the FULL name of the trusts, as well as the dates executed and all current trustees:

If a revocable or other trust is the grantor or grantee of the real estate, please attach full copies of the trust, as well as any statutory certificate of trust.

If the transfer is being made pursuant to a Power of Attorney, please attach and copy of the Power of Attorney, and be advised that the original Power of Attorney will be necessary to file the deed.

For each property to be transferred, please provide an estimate of the value and outstanding mortgage. More specific information regarding the mortgage may be required.

III. PROFESSIONAL ADVISORS

Please list the names, addresses and telephone numbers of other persons who serve as your advisors, **and** who we may need to contact regarding this transaction.

A. Accountant

Name: _____

Address: _____

Phone #: _____

E-Mail: _____

C. Financial/Investment Advisor

Name: _____

Address: _____

Phone #: _____

E-Mail: _____

B. Financial Planner

Name: _____

Address: _____

Phone #: _____

E-Mail: _____

D. Life Insurance Advisor

Name: _____

Address: _____

Phone #: _____

E-Mail: _____

E. Other Attorney (if any):

Name: _____

Address: _____

Phone #: _____

E-Mail: _____

F. Bank/Trust Officer (if any)

Name: _____

Address: _____

Phone #: _____

E-Mail: _____

