



# ESTATE PLANNING QUESTIONNAIRE

Filled out for:

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

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

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

**I. GENERAL and FAMILY INFORMATION**

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

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

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

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

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

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

School E-mail: \_\_\_\_\_

School: \_\_\_\_\_

Address at School: \_\_\_\_\_

Student ID # (if known) \_\_\_\_\_

Employer (if any): \_\_\_\_\_

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

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

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

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

Current School: \_\_\_\_\_

**II. PARENTS and SIBLINGS**

**PARENTS:**

**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 (including all "half" or "step" siblings):**

**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 (including additional siblings) who are important in your life at home or at school who may act as agents or receive any benefit from you.**

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) \_\_\_\_\_

**III. CURRENT ESTATE PLANNING DOCUMENTS**

Do you presently have a will?  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 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 to your appointment, a copy of any will, trust agreement, living will, advance healthcare directive or power of attorney that has been executed by you.**

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

**IV. ASSET INFORMATION**

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

**ASSETS**

Real Estate ..... \_\_\_\_\_

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.) ..... \_\_\_\_\_

Personal Property ..... \_\_\_\_\_

Other Assets (Please list) ..... \_\_\_\_\_

**ASSETS** ..... \_\_\_\_\_

**LIABILITIES**

Mortgage (Property #1) ..... \_\_\_\_\_

Other Liabilities (total) ..... \_\_\_\_\_

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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:

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

**C. Insurance**

Please list insurance policies on your life, with as much detail as possible:

	<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	_____	_____	_____	_____
Primary Death Beneficiary	_____	_____	_____	_____
Contingent Death Benef.	_____	_____	_____	_____

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

V. 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 (usually your parents) and successor Personal Representatives (also known as Executors) who will be responsible for managing your probate estate:

Initial Executor:

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Successor Executor:

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- B. Disposition of Property. In general terms, how you wish your property to be distributed after your death - e.g., equally to parents, siblings, children, specific bequests, etc.:

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- C. 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**”:

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- D. 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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- E. 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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- F. 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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**VI. 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 and successor Power of Attorney who will be responsible for managing your finances if you cannot:

Initial POA: \_\_\_\_\_  
\_\_\_\_\_

Successor POA: \_\_\_\_\_  
\_\_\_\_\_

- 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 a 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 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.

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**VII. 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 and successor Health Care Agent who will be responsible for making and/or implementing your health care decisions.

Initial Agent: \_\_\_\_\_

\_\_\_\_\_

Successor Agent: \_\_\_\_\_

\_\_\_\_\_

- 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. Funeral & 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.

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**VIII. 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):

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B. Food and Grooming Instructions:

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C. Current Medical Conditions and Medications:

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D. Special Instructions:

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E. Veterinary Contact Information:

Primary:

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

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

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

Secondary:

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

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

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

**IX. ADDITIONAL INFORMATION**

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

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