



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

Alexandria:

1800 Diagonal Road, Suite 600
Alexandria, Virginia 22314

Tysons Corner:

1750 Tysons Boulevard, Suite 1500
McLean, Virginia 22102

Date Prepared: _____

Referred By: _____
Seminar Attended: _____

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: _____

Business Phone: _____

Home E-Mail: _____

Business E-mail _____

Employer: _____

Present occupation: _____

Annual Salary: _____

Business Address: _____

Date of Birth: _____

Social Security Number: _____
(Can be provided later)

Citizenship: _____

Present Domicile: _____

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

PRIOR MARRIAGES

Former sp name: _____

When married: _____

How terminated: _____

When terminated: _____

Any financial responsibilities: _____

Life Insurance Requirements? _____

Deceased? (DOD): _____

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**

_____ **Custody Settlement Agreement**

_____ **Postnuptial Agreement**

Please provide any additional details regarding your former spouse(s) that you believe would be helpful to us in creating your estate plan, including their involvement, or lack of involvement, in the lives of your common children, and the likelihood that their involvement in your children's lives will need to be planned for or around.

II. CHILDREN:

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

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

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

Name/Gender _____ 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 or relationship, please list/explain: _____

Adult Children: If your children are adults (18 and older), do they have their own wills, powers of attorney and health care directives? _____.

Are you named as an agent or executor? _____.

Are you interested in discussing preparing basic estate planning documents for your adult children? _____.

III. GRANDCHILDREN:

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

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

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

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

Name/Gender _____ 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:

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 (including, for example, if there is a divorce, the need to support a parent now or in the future, estrangement from a parent, remarriages, etc.) regarding parents or step-parents here, or attach a separate page if necessary:

Dependent Parents: If your parents are dependent, or are likely to be, do they have their own wills, powers of attorney and health care directives? _____
Are you named as an agent or executor? _____
Do your parents have Long Term Care Insurance: _____
If they have LTC coverage, are you familiar with the terms of the policy: _____
Are you interested in discussing preparing basic estate planning documents for your parents? _____

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) _____
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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, not noted above, who may be involved in your estate planning, such as guardians or trustees, , or 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) _____

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Spouse's Name _____ Number of Children _____
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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 presently have a will? _____ yes _____ no
 yes no

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 have a "power of appointment" under that trust? _____ yes _____ no

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 a copy of any will, trust agreement, living will, advance healthcare directive or power of attorney that has been executed by you, if you think it has relevance to your current estate planning.

Please attach or bring with you a copy of any trust under which you are 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 made any gifts over \$10,000? ___ yes ___ no
 (Please note that the gift exclusion has risen over the years to \$15,000 currently)
 If yes, to whom were the gifts made?

Name	Gift	Date Gift Made	Value
------	------	----------------	-------

Name	Gift	Date Gift Made	Value
------	------	----------------	-------

Name	Gift	Date Gift Made	Value
------	------	----------------	-------

Name	Gift	Date Gift Made	Value
------	------	----------------	-------

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 or 529 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, name of minor, type of account (529, UTMA, etc.), value of gift, present value, state law applicable

VIII. PROFESSIONAL ADVISORS

Please list information regarding the other people who serve as your advisors.

A. Financial Advisor

Name: _____

Company: _____

Phone #: _____

E-Mail: _____

B. Accountant

Name: _____

Company: _____

Phone #: _____

E-Mail: _____

C. Mortgage Advisor

Name: _____

Company: _____

Phone #: _____

E-Mail: _____

D. Life Insurance Advisor

Name: _____

Company: _____

Phone #: _____

E-Mail: _____

E. Other Attorney (if any):

Name: _____

Company: _____

Phone #: _____

E-Mail: _____

F. Additional Financial Advisor (if any)

Name: _____

Company: _____

Phone #: _____

E-Mail: _____

Other financial institutions used (such as Vanguard, Fidelity, Morgan Stanley, Edward Jones, Charles Schwab, etc.): _____

How often do you speak with your financial advisor regarding your financial plan?

Would you like your existing 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)

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..... _____
Annuities/Deferred Comp _____
Cash (CDs, savings, checking, etc.) _____
Business Ownership Interests _____
Limited Partnership Interests _____
Personal Property _____
Anticipated Inheritance _____
Other Assets (Please list) _____
ASSETS _____

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

Please provide information on any **annuities** you have (not including retirement pensions), including information about the company, owner, face/death values, whether they are qualified funds, 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: _____

LIABILITIES

Mortgage (Property #1) _____

Mortgage (Property #2) _____

Mortgage (Property #3) _____

Home Equity/Credit Lines _____

Other Liabilities (total) _____

TOTAL LIABILITIES _____

ASSETS MINUS LIABILITIES _____

Details on mortgages: Is this mortgage fixed or an ARM: _____ Interest Rate: _____

Is this mortgage for () 5 () 7 () 10 () 15 () 20 () 30 years How many years left: _____

Do you pay extra to principal each month: _____ If HELOC, when does draw period expire: _____

Further explanation of mortgages above: _____

Frequent Flyer / Loyalty Card Information: _____

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

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

B. **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:

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 included in the Balance Sheet above:

	<u>Policy #1</u>	<u>Policy #2</u>	<u>Policy #3</u>	<u>Policy #4</u>
Death Benefit	_____	_____	_____	_____
Name of Insured	_____	_____	_____	_____
Name of Owner	_____	_____	_____	_____
Insurance Company	_____	_____	_____	_____
Employer Issued?	_____	_____	_____	_____
Policy Number	_____	_____	_____	_____
Policy Type (term, whole, etc.)	_____	_____	_____	_____
Issue Date	_____	_____	_____	_____
Cash Value (approximate)	_____	_____	_____	_____
Annual Premium	_____	_____	_____	_____
Primary Death Beneficiary	_____	_____	_____	_____
Contingent Death Benef.	_____	_____	_____	_____

E. Business Interests. If you have any interest in a closely held business, please complete this section. 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.)	_____	_____	_____
Primary State Registration	_____	_____	_____
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	_____	_____	_____
Is there a Buy-Sell or Other Agrmnt?	_____	_____	_____

F. 529 Savings or Prepaid Tuition Plans: Have you created any 529 plans for your children or anyone else, and if so, who are the primary and contingent custodians, who are the beneficiaries, and what is the approximate current value. _____

G. 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:

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

I. Storage Units: Do you have any storage units containing your tangible personal property? If so, please give basic details: _____

FOR FEDERAL GOVERNMENT EMPLOYEES

- Civil Service Retirement System
- Federal Employee Retirement System
- Off-Set (CSRS/FERS)
- Federal Employee Retirement System - Special
- Foreign Service Retirement System
- Federal Reserve System Bank Retirement Plan
- Federal Reserve System Board Retirement Plan

TSP Account#: _____

FRS-TSP Account#: _____

If retired please provide:
CSA Number _____

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

Are you scheduled for a PCS in the near future, and if so, when: _____

FOR MILITARY EMPLOYEES AND RETIREES

Are you eligible for Military Retirement Benefits and/or a Military Survivor Benefit . If so, please provide the following for our information:

Military Branch of Service: _____

SVS# _____ Grade or Rank: _____

Dates of Service From: _____ / _____ / _____ To: _____ / _____ / _____

Dates of Service From: _____ / _____ / _____ To: _____ / _____ / _____

Are you eligible for any Veteran Benefits? Yes No

Please provide copies of any Separation or Military Discharge Form (DD214/ DD215).

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:

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 during your lifetime:
Initial Trustee(s):

Successor Trustee(s):

- Testamentary Trustees.** The identity of initial and successor Trustees responsible for administering trusts for you 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):

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., 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.**”

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

- G. Tangible Personal Property Bequests - Firearms. If you have firearms or accessories, including, but not limited to, those requiring registration under the National Firearms Act, that would not pass to your surviving spouse and adult children, you must establish a list of these items and intended beneficiary. If the list is short you can do so here:

- H. Monetary Bequests. If you have specific individuals, other than your general beneficiaries, 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:

- I. Support for Other Family Members. Do you currently provide support to other family members, and/or would it be necessary, at your death, to make provisions to care for a parent, sibling, friend, or someone other than your child(ren)?

- J. Charitable Bequests or Intentions. Do you currently make significant gifts to any charity, and do you intend to name a charity or charitable organization as a primary or contingent beneficiary of your estate, and if so, what charity, and is it for any particular purpose?

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 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. Support for Other Family Members. Do you currently provide support to other family members, and/or would it be necessary, in the event of your incapacity, to make provisions to care for a parent, sibling, friend, or someone other than your child(ren)?

- E. 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 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, do 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, such as your children, only?

- D. Long Term Care Insurance. Do you have long term care insurance? If so, please provide basic information about the policy, including if both spouses have policies:

- E. Capacity (If Applicable). Do you have concerns about your own capacity, now or in the near future? Do you feel like other family members have concerns about your capacity, or your spouse's capacity?

- F. 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/cremains?

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

- G. 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. Agent to Care for Your Pets. If you become incapacitated, or die, who do you envision being the immediate and long-term person(s) to care for your pets:

E. Special Instructions:

F. 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?

XIV. ADDITIONAL INFORMATION

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

Norman B. Handler, Esquire
norman@handlerlevine.com
(301) 961-6464x3302

Marc S. Levine, Esquire
marc@handlerlevine.com
(301) 961-6464x3313

Anne H. Sullivan, Esquire
anne@handlerlevine.com
(301) 961-6464x3316

Lindsey B. Sarowitz, Esquire
lindsey@handlerlevine.com
(301) 961-6464x3315

Lacey D. Yegen, Esquire
lacey@handlerlevine.com
(301) 961-6464x3314

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