



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 collect, organize, and memorialize some basic information about you, your family, your assets and your estate planning goals. While completing this questionnaire is not a prerequisite to an estate planning consultation, we strongly urge you to complete as much of it as you can and return it to us prior to your meeting.

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

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

SPOUSE 1

SPOUSE 2

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)

(Can be provided later)

(Can be provided later)

Citizenship: _____

Present Domicile: _____

Date and Place of Marriage: _____

Pre or Post Nuptial Agreement: (____) Yes (____) No If so, please attach.

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

PRIOR MARRIAGES

SPOUSE 1

SPOUSE 2

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 (Full Legal Names Please):

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

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

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

Name/Gender _____ Birth Date _____
Their 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: _____

Do any grandchildren have special needs? _____

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 (Full Legal Names Please):

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 (Full Legal Names Please):

PARENTS:

SPOUSE 1:

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 2:

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 – SPOUSE 1:

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) _____
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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 2:

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 may be involved in your estate planning, 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. If you plan on naming non-family as an executor, power of attorney or health care agent, please list their information as well.

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

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

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

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

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

V. ISSUES RELATED TO NON U.S. CITIZENS, RESIDENTS, ASSETS, ETC.

If any of your immediate relations (parents, siblings, children, grandchildren), or any individuals who will play a role in your estate plan (trustees, successor trustees, executors, Agents under power of attorneys, etc.) are not United States citizens, or are permanently residing in a foreign country, please list their names, their citizenship, their current residency, and any additional details that might be pertinent:

If you or your spouse **own** any foreign assets, including any foreign accounts, or any trust which may be considered a foreign trust, please describe those assets or the trusts. Note that a foreign trust can include a US trust that is created by, administered by, or for the benefit of, a non U.S. citizen or resident:

If you or your spouse **expect to inherit** or be given any role in the management of any foreign assets, or any trust which may be considered a foreign trust, please describe those assets or the trusts. Note that a foreign trust can include a US trust that is created by, administered by, or for the benefit of, a non U.S. citizen or resident:

VI. CURRENT ESTATE PLANNING DOCUMENTS

Do you/your spouse presently have a will? ____ yes ____ no
☐ 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 of any trust? ____ yes ____ no

If yes, please explain: _____

Are you/your spouse currently the beneficiary of any trust? ____ yes ____ no

If yes, please explain: _____

Do you have a "power of appointment" under that trust? ____ yes ____ no

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/legal 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 previously executed by you or your spouse, 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 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 \$16,000 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/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.

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)

	<u>ASSETS</u>		
	<u>SPOUSE 1</u>	<u>SPOUSE 2</u>	<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.....	_____	_____	_____
Annuities/Deferred Comp	_____	_____	_____
Health Savings Accounts (HSAs)	_____	_____	_____
Cash (CDs, savings, checking, etc.) ..	_____	_____	_____
Business Ownership Interests	_____	_____	_____
Limited Partnership Interests	_____	_____	_____
Personal Property	_____	_____	_____
Anticipated Inheritance	_____	_____	_____
Other Assets (Please list)	_____	_____	_____
ASSETS	=====	=====	=====

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

Details regarding your assets can be provided on the following pages.

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 _____

Charitable Pledges _____

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: ____

Frequent Flyer / Loyalty Card Information: _____

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:

<u>SPOUSE 1</u>			
Type of Account: (401k, IRA, Roth IRA, TSP, Inh. IRA)	Held With: (e.g. Fidelity, etc. If not employer)	Value: (Most recent)	Beneficiary: (Primary / Contingent)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>SPOUSE 2</u>			
Type of Account: (401k, IRA, Roth IRA, TSP, Inh. IRA)	Held With: (e.g. Fidelity, etc. If not employer)	Value: (Most recent)	Beneficiary: (Primary / Contingent)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. Insurance

List insurance policies on your life/your spouse's life included in the Balance Sheet above:

Amount of Death Benefit	_____	_____	_____	_____
Name of Insured	_____	_____	_____	_____
Name of Owner	_____	_____	_____	_____
Insurance Company	_____	_____	_____	_____
Employer Issued?	_____	_____	_____	_____
Policy Number	_____	_____	_____	_____
Policy Type (term, whole, etc.)	_____	_____	_____	_____
Issue Date	_____	_____	_____	_____
Term (10, 20 30 years?)	_____	_____	_____	_____
Cash Value (approximate)	_____	_____	_____	_____
Annual 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.)	_____	_____	_____
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. 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-General: Describe the nature of any specific tangible personal property that would require valuation or other special treatment upon your deaths:

H. Tangible Personal Property-Collectibles: Describe the nature of any collection of tangible property – jewelry, art, trains, clothing, toys, comic books, coins, etc., that may require valuation and 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: _____

J. Safe Deposit Boxes: Do you have a safe deposit box (Yes or No): _____. If so, where (which bank) is it located: _____. How is it owned (joint/solo/with children) _____ and what is the box number: _____.

J. Digitally Owned Conventional Assets: Please provide detail regarding any online cash or payment app accounts, such as Paypal/Venmo/Cash App, etc.

K. Other Digitally Owned Assets: Please provide detail regarding any other digitally based assets, including fungible (such as crypto currency including any wallets in use) and non-fungible (such as NFTs):

Is there a plan in place for access upon your death or incapacity: (___) Yes (___) No.
If yes, we can discuss that plan when we talk. If not, we may or may not be able to help you with planning for these assets.

Do you have a Password Manager? If so, this will be discussed in a meeting.

At your death, what digital property would you want your family and/or friends not to have, if any. Do you want your estate planning documents to expressly state the scope of access?

Do you want to preserve digital assets following your death or disability?

For your information – you have to assume that your named Agent or Personal Representative/Executor will be the only person who can access this information. Is there someone you want to name as your *Special Digital Assets Fiduciary* to work with your traditional fiduciary? They can be designed to work together, but this is more complicated.

FOR FEDERAL GOVERNMENT EMPLOYEES

	Spouse #1	Spouse #2
Civil Service Retirement System	<input type="checkbox"/>	<input type="checkbox"/>
Federal Employee Retirement System	<input type="checkbox"/>	<input type="checkbox"/>
Off-Set (CSRS/FERS)	<input type="checkbox"/>	<input type="checkbox"/>
FERS – Special	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Service Retirement System	<input type="checkbox"/>	<input type="checkbox"/>
Federal Reserve System Bank Retirement Plan	<input type="checkbox"/>	<input type="checkbox"/>
Federal Reserve System Board Retirement Plan	<input type="checkbox"/>	<input type="checkbox"/>

TSP Account#: _____
(Can be provided later)

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.** Who do you want to serve as the initial and successor Personal Representatives (also known as Executors)? This is the person who will be responsible for managing your affairs upon your deaths and dealing with your probate estate:

Initial Executor (Spouse 1):

Initial Executor (Spouse 2):

Successor Executor (Spouse 1):

Successor Executor (Spouse 2):

- 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 – and to wind up affairs after you deaths - often the same as the power of attorney:

Initial Trustee(s) (Spouse 1):

Initial Trustee(s) (Spouse 2):

Successor Trustee(s) (Spouse 1):

Successor Trustee(s) (Spouse 2):

Testamentary Trustees. Who would be the Trustees responsible for administering trusts for you and/or your spouse following your deaths (if necessary).

Initial Trustee(s) (Spouse 1):

Initial Trustee(s) (Spouse 2):

Successor Trustee(s) (Spouse 1):

Successor Trustee(s) (Spouse 2):

Trustees for Children. The identity of initial and successor Trustees responsible for administering trusts for your minor or adult children after your death:

Initial Trustee(s) (Spouse 1):

Initial Trustee(s) (Spouse 2):

Successor Trustee(s) (Spouse 1):

Successor Trustee(s) (Spouse 2):

- 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, in trust for children or others, 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 children, issue and 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:

- 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 beneficiary. If the list is short you can do so here:

- G. Tangible Personal Property Bequests - Firearms. If you have firearms or accessories, whether are required to be registered or not, that would not pass to your surviving spouse and adult children, please list 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 LEGAL AND FINANCIAL MATTERS

In connection with creating a power of attorney for legal and financial matters (not health care) you 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, indicate where provided:

- A. Power of Attorney. The identity of initial (usually your spouse) and successor Power of Attorney (Agent) who will be responsible for managing your finances, tax and legal matters if you cannot:

Initial POA (Spouse 1): _____ Initial POA (Spouse 2): _____

Successor POA (Spouse 1): _____ Successor POA (Spouse 2): _____

- B. Powers. The powers that can be given to your agent are many. Below 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 prefer an immediate power of attorney (effective immediately at signing) or a springing power of attorney (effective only upon your incapacity, as determined after examination and certification by two doctors)?

- D. Support for Other Family Members. Do you provide support to family members now, and/or would it be necessary, if you are incapacitated, 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 regard to things that have to be taken care of while you are alive.

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 initial (usually your spouse) and successor Health Care Agent who are responsible for making and implementing health care decisions – This person becomes your Health Care Advocate, as well as your Agent.

Initial Agent (Spouse 1): _____ Initial Agent (Spouse 2): _____

Successor Agent (Spouse 1): _____ Successor Agent (Spouse 2): _____

- 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, or your spouse's 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 prefer 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?

IXV. ADDITIONAL INFORMATION

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

As noted above, while completing this questionnaire is not a prerequisite to an estate planning consultation, we **strongly** urge you to complete as much of it as you can, and return it to us **prior** to your consultation.

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Meetings are also available through Zoom

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 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)