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.

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: **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.

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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. <u>GRANDCHILDREN:</u>

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:

____

<u>Dependent Parents</u>: 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 the 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) ______________________________________
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, 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)____

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)____

V. <u>ISSUES RELATED TO NON U.S. CITIZENS, RESIDENTS, ASSETS, ETC.</u>

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:

____

____

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If you **<u>own</u>** 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:

____

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If you spouse **<u>expect to inherit</u>** 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:

____

____

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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 <u>irrevocable</u> 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 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

____

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____

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	______________________
Crypto Assets	______________________
Other Assets (Please list)	______________________
ASSETS	______________________

Please provide information on any **annuities** you have (not including pensions), including information about the company, owner, values, qualified/non-qualified, and other 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 ____________________________________

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:

	Policy #1	Policy #2	Policy #3	Policy #4
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:

	Entity #1	Entity #2	Entity #3
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. 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, such as crypto currency:

____

____

____

____

____

____

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.

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.

____

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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 **<u>Employee Benefits Information System</u>** (**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. <u>Contingent Beneficiaries</u>. 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. <u>Tangible Personal Property Bequests - General</u>. 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. <u>Tangible Personal Property Bequests - **Firearms**</u>. 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. <u>Monetary Bequests</u>. 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. <u>Support for Other Family Members</u>. 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. <u>Charitable Bequests or Intentions</u>. 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 if 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. <u>PET AND ANIMAL CARE PROFILES (IF NECESSARY)</u>

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. <u>Name, Age and Description of the Pet(s):</u>

____

____

B. <u>Food and Grooming Instructions:</u>

____

____

C. <u>Current Medical Conditions and Medications</u>:

____

____

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

____

____

E. <u>Special Instructions</u>:

____

____

F. <u>Veterinary Contact Information</u>:

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:

____

____

____

____

____

____

____

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.

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

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

Danielle M. Fuhrman, Esquire
danielle@handlerlevine.com
(301) 961-6464x3332

HANDLER & LEVINE, LLC
4520 East West Highway
Suite 700
Bethesda, MD 20814

www.handlerlevine.com

Meetings are also available through Zoom