



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 organize and memorialize some basic information about you, your family, your assets and your estate planning goals.

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(301) 961-6464
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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:

8200 Greensboro Dr., Suite 900
McLean, Virginia 22102

Date Prepared: _____

Referred By: _____

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

I. GENERAL and FAMILY INFORMATION

SPOUSE/PARTNER

SPOUSE/PARTNER

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: _____

Citizenship: _____

Present Domicile: _____

Date and Place of Marriage: _____

Prenuptial Agreement: (____) Yes (____) No If so, please attach.

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

PRIOR MARRIAGES

SPOUSE/PARTNER

SPOUSE/PARTNER

Former sp name: _____

When married: _____

How terminated: _____

When terminated: _____

Any financial
responsibilities: _____

Life Insurance
Requirements? _____

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.**

FOR FEDERAL GOVERNMENT EMPLOYEES

TSP ACCOUNT#: _____

CSA Number: _____

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

II. CHILDREN:

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) _____

[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, please list/explain: _____

III. GRANDCHILDREN:

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) _____

[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:

SPOUSE/PARTNER (_____):

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/PARTNER (_____):

FATHER'S Name _____ Birth Date ____/____/____
Spouse's Name _____ Deceased (if applicable) ____/____/____
Address (street/city/state/zip) _____
Phone Numbers (home/cell) _____
Email Address(es) _____

MOTHER'S Name _____ Birth Date ____/____/____
Spouse's Name _____ Deceased (if applicable) ____/____/____
Address (street/city/state/zip) _____
Phone Numbers (home/cell) _____
Email Address(es) _____

Add additional information (need for support, estrangement, etc.) regarding parents or step-parents below, or attach a separate page if necessary:

SIBLINGS – Spouse/Partner (_____):

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]

SIBLINGS – Spouse/Partner (_____):

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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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 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) _____
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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. 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, or expect to inherit or be given any role in the management of any foreign assets, or any trust which may be considered an 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

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/beneficiary of any trust? _____ yes _____ no

If yes, please explain: _____

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 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 or your spouse.

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 \$13,000 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 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, minor, value of gift, present value, state law applicable.

VIII. PROFESSIONAL ADVISORS

Please list the names, addresses and telephone numbers of other persons who serve as your advisors.

A. Accountant

Name: _____

Address: _____

Phone #: _____

E-Mail: _____

C. Financial/Investment Advisor

Name: _____

Address: _____

Phone #: _____

E-Mail: _____

B. Financial Planner

Name: _____

Address: _____

Phone #: _____

E-Mail: _____

D. Life Insurance Advisor

Name: _____

Address: _____

Phone #: _____

E-Mail: _____

E. Other Attorney (if any):

Name: _____

Address: _____

Phone #: _____

E-Mail: _____

F. Bank/Trust Officer (if any)

Name: _____

Address: _____

Phone #: _____

E-Mail: _____

Would you like your 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>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.....	_____	_____	_____
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: _____

Do you have any annuities (not including a retirement pension), and if so, please provide information about the company, owner, face and death values, 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: _____

Additional Information re: Property: _____

LIABILITIES

Mortgage (Property #1)	_____	_____	_____
------------------------	-------	-------	-------

Mortgage (Property #2)	_____	_____	_____
------------------------	-------	-------	-------

Mortgage (Property #3)	_____	_____	_____
------------------------	-------	-------	-------

Home Equity/Credit Lines	_____	_____	_____
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Other Liabilities (total)	_____	_____	_____
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TOTAL LIABILITIES	=====	=====	=====
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ASSETS MINUS LIABILITIES	=====	=====	=====
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Further explanation of Liabilities listed above: _____

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:

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

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

D. Insurance

Please list insurance policies on your life and your spouse's life included in the Balance

Sheet above: Policy #1 Policy #2 Policy #3 Policy
#4

Face Amount	_____	_____	_____	_____
Name of Insured	_____	_____	_____	_____
Name of Owner	_____	_____	_____	_____
Insurance Company	_____	_____	_____	_____
Policy Number	_____	_____	_____	_____
Policy Type	_____	_____	_____	_____
Issue Date	_____	_____	_____	_____
Cash Value	_____	_____	_____	_____

Annualized 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.)	_____	_____	_____
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	_____	_____	_____

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

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 (____): Initial Executor (____):

Successor 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 and/or your spouse during your lifetimes:

Initial Trustee(s) (____):

Initial Trustee(s) (____):

Successor Trustee(s) (____):

Successor Trustee(s) (____):

Testamentary Trustees. The identity of initial and successor Trustees responsible for administering trusts for you and/or your spouse **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) (____):

Initial Trustee(s) (____):

Successor 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., all to your spouse, then 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.**” There may be different choices for each of you, or you can divide 100% between both of you:

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

- G. Monetary Bequests. If you have specific individuals that you wish to leave a monetary gift, you can provide us with a list of amounts and intended beneficiaries, and if the list is short you can do so here:

- H. Charitable Bequests or Intentions. Do you currently intend to name a charity or charitable organization as a primary or contingent beneficiary of your estate, and if, what charity, and will it be for any particular purpose?

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 (usually your spouse) and successor Power of Attorney who will be responsible for managing your finances if you cannot:

Initial POA For (): Initial POA For ():

Successor POA For (): Successor POA For ():

- 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 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 have a preference for an immediate power of attorney (effective at signing) or a springing power of attorney (effective only upon your incapacity)?

- D. Other Concerns. There are other issues we will discuss in regard to your power of attorney, but please list any other concerns you may have in this regard here.

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 (usually your spouse) and successor Health Care Agent who will be responsible for making and/or implementing your health care decisions.

Initial Agent For (_____): _____ Initial Agent For (_____): _____

Successor Agent For (_____): _____ Successor Agent For (_____): _____

- B. Issues. Issues to be considered include whether, and in what circumstances, you wish to be kept alive by artificial means, or, if artificial means (such as a respirator) are not necessary, if you wish to be kept alive by being given hydration and nutrition by tube. Other issues to consider include pain medication, resuscitation (in some jurisdictions) and other specific health care issues that might concern you.

- C. Organ Donation. Do you want to be an organ donor, generally, not at all, or limit donation to family only?

- D. Burial Wishes / Cremation Directions. Do you have a preference for burial (___) or cremation (___)?

Do you have any specific instructions or wishes regarding either your burial or the disposition of your ashes?

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

- E. Other Concerns. There are other issues we will discuss in regard to your health care directives, but please list any other concerns you may have in this regard here.

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. Special Instructions:

E. Veterinary Contact Information:

Primary:

Name: _____

Address: _____

Phone #: _____

E-Mail: _____

Secondary:

Name: _____

Address: _____

Phone #: _____

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:

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

Lacey D. Yegen, Esquire
(301) 961-6464x3314
lacey@handlerlevine.com
(301) 961-6464x3316

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

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We also meet with clients in Virginia at:
1750 Tysons Boulevard, Suite 1500
McLean, Virginia 22102 and meetings are
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 such 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)