



ESTATE PLANNING QUESTIONNAIRE

Filled out for:

(fill in your name here)

This document is not intended to be comprehensive or to replace a consultation with an attorney, but only to help you organize and memorialize some basic information about you, your family, your assets and your estate planning goals.

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Date Prepared: _____

Referred By: _____

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

I. GENERAL and FAMILY INFORMATION

Full Name: _____

Preferred Name to Use: _____

Home Address: _____

Home Phone: _____

Mobile Phone: _____

Main E-Mail: _____

School E-mail: _____

School: _____

Address at School: _____

Student ID # (if known) _____

Employer (if any): _____

Date of Birth: _____

Social Security Number: _____

Citizenship: _____

Present Domicile: _____

Current School: _____

II. PARENTS and SIBLINGS

PARENTS:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

III. CURRENT ESTATE PLANNING DOCUMENTS

Do you presently have a will? _____ yes _____ no

If yes, where is the original located: _____

Are you currently the trustee/beneficiary of any trust? _____ yes _____ no

If yes, please explain: _____

Do you have a living will or healthcare directive? _____ yes _____ no

If yes, where is the original located: _____

Have you executed a financial power of attorney? _____ yes _____ no

If yes, where is the original located: _____

Please attach, or bring with you to your appointment, a copy of any will, trust agreement, living will, advance healthcare directive or power of attorney that has been executed by you.

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

IV. **ASSET INFORMATION (Can Be Left Blank if Not Applicable)**

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

ASSETS

Real Estate _____
Life Insurance (Face Value of Policies,
including Term Insurance*)..... _____
Retirement Assets _____
 a. Employer Plans (TSP, 401k, etc) .. _____
 b. IRAs _____
 c. Roth IRAs..... _____
Publicly Traded Stocks and Bonds _____
 a. Investments _____
 b. Savings Bonds..... _____
Cash (CDs, savings, checking, etc.) _____
Personal Property _____
Other Assets (Please list) _____

ASSETS _____

LIABILITIES

Mortgage (Property #1) _____
Other Liabilities (total) _____

TOTAL LIABILITIES _____
ASSETS MINUS LIABILITIES _____

Further explanation of liabilities listed above: _____

V. ESTATE PLANNING OBJECTIVES (We Will Only Do a Will if Requested – otherwise this section is not applicable and can be ignored)

In connection with the estate planning process, you will need to make decisions on a number of issues. Please begin to consider the issues listed below and if you have formed an initial opinion, please indicate where provided:

- A. Executors. The identity of initial (usually your parents) and successor Personal Representatives (also known as Executors) who will be responsible for managing your probate estate:

Initial Executor:

Successor Executor:

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

- C. Contingent Beneficiaries. The identity of “contingent beneficiaries” – those who would receive your assets in the event of a family catastrophe (e.g., if all of your descendants were deceased), literally the “**worst case scenario**”:

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

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

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

VI. POWER OF ATTORNEY FOR FINANCIAL MATTERS

In connection with creating a power of attorney for financial matters you will need to make decisions on a number of issues. Please begin to consider the issues listed below and if you have formed an initial opinion, please indicate where provided:

- A. Power of Attorney. The identity of initial (usually your parents) and successor (can be another relative for example) 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. The Power of Attorney will be immediate (effective at signing) unless you request a springing (effective upon your incapacity) version.

- 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.

VII. HEALTH CARE ADVANCE DIRECTIVE

In connection with creating an advance directive for your health care, you will need to make decisions on a number of issues. Please begin to consider the issues listed below and if you have formed an initial opinion, please indicate where provided:

- A. Health Care Agent. The identity of initial (usually your parents) and successor (can be another relative for example) Health Care Agent who will be responsible for making and/or implementing your health care decisions.

Initial Agent:

Successor Agent:

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

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

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

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

- 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.

VIII. PET AND ANIMAL CARE PROFILES (IF NECESSARY)

If you have pets or animals who require, or for whom you desire, specific care be taken, please fill out the following *Animal Care Profile*. This profile is for information only, and will usually not be reflected in your estate planning documents unless you elect to create a Pet Trust:

A. Name, Age and Description of the Pet(s):

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: _____

IX. ADDITIONAL INFORMATION

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

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