

LAW OFFICES
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*Licensed to practice in Maryland and
in the District of Columbia*

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Please complete Parts I through X.

Any areas which are not applicable to your situation, feel free to leave blank.

Date Completed: _____

**Whom may we thank for referring
you to our office?** _____

I. PERSONAL PROFILE

	Spouse/Partner	Spouse/Partner
Full Name		
Home Address		
Occupation/Employer		
Best telephone number to reach you		
Preferred E-mail Address		
Birth Date		
Citizenship		
Previously married? If yes, please provide name and age of former spouse, and date of divorce.		

II. YOUR LIVING CHILDREN

1. Name	
Age and Gender	
Address	
Step-child, adopted or from a prior marriage?	
Special Needs?	
Married?	

2. Name	
Age and Gender	
Address	
Step-child, adopted or from a prior marriage?	
Special Needs?	
Married?	

3. Name	
Age and Gender	
Address	
Step-child, adopted or from a prior marriage?	
Special Needs?	
Married?	

- If you have additional children, please attach a sheet with their information.
- Do you have any children who are deceased? If so, please provide name(s) and date of death.

III. YOUR LIVING GRANDCHILDREN

1. Name	
Age	
Parents' names	
Address	

2. Name	
Age	
Parents' names	
Address	

3. Name	
Age	
Parents' names	
Address	

- If necessary, please attach another sheet with your additional grandchildren's information. If any grandchildren are deceased, please provide date of death.

IV. YOUR FAMILY

Spouse 1/Partner 1	Spouse 2/Partner 2
Parents' Names	Parents' Names
Address	Address

Sibling's Name	Sibling's Name
Address	Address
Sibling's Name	Sibling's Name
Address	Address

- If necessary, please attach an additional sheet with your parents' or siblings' information.

V. OTHER DEPENDENT PERSONS

Names, relationships, degree of dependency and date of birth (e.g., parents, if living)

VI. YOUR FINANCIAL AND/OR TAX ADVISORS (OPTIONAL)

VII. ESTATE INFORMATION

1. Do you have existing estate planning documents (i.e. powers of attorney or advance directives?) If so, where are they located?

VIII. FIDUCIARIES TO BE DESIGNATED

1. Personal Representative (aka Executor) (Required):

You must choose a Personal Representative (otherwise known as an Executor or Executrix) to serve as the person who will oversee the administration of your estate. This person should be:

- *Over 18 years of age
- *Mentally competent
- *Trustworthy and not have been convicted of a serious crime
- *A U.S. Citizen or a Legal Permanent Resident AND a relative

Your Personal Representative (aka "P.R.") may be a resident of another state, but should he or she be called upon to serve, a qualified in-state resident would have to be appointed for service of process. *If you are married, it is customary to choose your spouse;* however, it is prudent to also

name at least one successor personal representatives ("Alternate") in case your P.R. is unable or unwilling to serve.

1st Choice for Personal Representative (you may choose your spouse/partner)

	Spouse 1/Partner	Spouse 2 /Partner
Full Name and Relation to You		
Principal Residence		

2nd Choice for Personal Representative

	Spouse 1/Partner 1	Spouse 2/Partner 2
Full Name and Relation to You		

2. Guardian for your minor children (Required if you have minor children):

If you have minor children **and both parents are deceased**, whom do you wish to appoint as the Guardian to be responsible for raising your children?

1st Choice for Guardian

Full Name and Relation to You	
Address	

2nd Choice for Guardian

Full Name and Relation to You	
Address	

3. Trustees for Non-Tax Savings Testamentary Trust (OPTIONAL) A testamentary trust requires specific language in the Will. A testamentary trust is NOT created until AFTER you die. A Testamentary Trust is recommended when there are minor children, young adults, or persons with special needs who will inherit your estate. You need to designate a Trustee, someone who will oversee the Trust that is created after your death. This individual should be mature, trustworthy and financially secure. (This Trustee may, but need not be, the same individual as a Guardian or Personal Representative). However, as a Trustee, the individual chosen should also have some experience in handling money. A second person is usually named as an alternate in case the first person is unable to serve.

1st Choice for Trustee

	Spouse 1/Partner 1	Spouse 2 /Partner 2
Full Name and Relation to You		

2nd Choice for Trustee

	Spouse 1/Partner 1	Spouse 2/Partner 2
Full Name and Relation to You		

3. Powers of Attorney

Powers of Attorney are documents used to authorize someone to act for you under certain legal conditions. This person is called your “agent” or “attorney-in-fact.” If you become legally incapacitated, having someone appointed to act on your behalf can be useful in making financial and health care decisions for you. We recommend that you appoint someone whom you trust. We also recommend you name a second person (a successor or alternate) in case the first person cannot or is unwilling to fulfill his or her role.

There are two types of such power — a “Durable General Power of Attorney” and a “Durable Health Care Power of Attorney.” In Maryland, we use the Maryland Statutory Form Personal Financial Power of Attorney to grant authority to your agent to make **financial decisions** for you. You will need to decide whether to make those “powers” effective immediately or upon incapacity.

The Durable Health Care Power of Attorney appoints an agent to make **health care** decisions for you in the event you become incapacitated. It also includes so-called “Living Will” provisions which are also known as Advance Directives.

1st Choice for Financial Agent (aka Attorney-in-fact) You may choose your spouse or partner

	Spouse 1/Partner 1	Spouse 2/Partner 2
Full Name and Relation to You		

ADDRESS		
Phone Number		

2nd Choice for Financial Agent (aka Attorney-in-fact)

	Spouse 1/Partner 1	Spouse 2/Partner 2
Full Name and Relation to You		
Address		
PHONE NUMBER		

1st Choice for Health Care Agent (you may choose your spouse)

	Spouse 1/Partner 1	Spouse 2/Partner 2
Full Name and Relation to You		
Address		

2nd Choice for Health Care Agent

	Spouse 1/Partner 1	Spouse 2/Partner 2
Full Name and Relation to You		
Principal Residence		

IX. DISTRIBUTION OBJECTIVES

1. Do you have any special wishes regarding your funeral or burial (e.g., cremation)?

2. **Specific Bequests -- OPTIONAL.** Do you have specific items (jewelry, money, family business, real estate, etc.) that you wish to go to specific individuals? If so, what and to whom? (You may make special bequests such as, "I give my antique jewelry to my niece, Jane Smith." However, it is important to fully identify the property bequeathed. Use full legal names, including any middle names, as they appear on the named individual's birth certificate.)

Specific Gift or \$ Amount	Legatee	Relation

4. **Residuary Estate – REQUIRED.** How do you wish the remainder of your estate (after specific bequests, if any) to be distributed? You may leave everything to your spouse, or you may divide your property into shares such as, "sixty percent to my wife, Mary Jane, and twenty percent to each of my two children, Misty Jane and Robert Jane."

Amount or Percentage	Legatee	Relation

4. If you and your spouse or partner both die prematurely, should your children receive property at age of majority (18 years) or should it be held until they reach a more mature age via a testamentary trust? For large amounts, we generally recommend one-third distribution at ages 25, 30, and 35, but this is entirely discretionary with you. Please state your preference:

5. If property is to be held in trust for your children, which do you prefer: (1) all children share the property in a single trust or (2) each child should have a separate trust?

6. Do any of your children have special educational, medical or financial needs? (If so, please explain on a separate sheet of paper how you would like to provide for these needs.)

7. Do you wish to make bequests to a religious or other charitable organization? Please furnish details, including full name, address and any specific purpose for which the funds are to be applied:

8. ***“Ultimate Tragedy” Distribution. To whom would you leave your property if you and your entire family-i.e., all your descendants-were lost in a common disaster? Although this situation is highly unlikely, it is still worth considering. Some examples might include: charity/church/ministry; extended family (siblings, nieces, nephews); other specified individuals, or among a group of people (such as “divide equally among the children of my friend John Smith.”***

Percentage/\$ Amount	Legatee	Address	Relation

9. Do you have more than \$50,000 in assets in any non-U.S. banks or financial institutions?

X. SUMMARY OF INCOME AND ASSETS

Please complete the following information so that we may discuss how your assets are titled, whether they already have beneficiary designations, and whether your estate(s) would be subject to a state and/or federal estate tax upon death.

INCOME:

	Spouse 1/Partner 1	Spouse 2/Partner 2
Annual Income (salary or business income)		
Other income (specify)		
Total		

ASSETS:

	Jointly Owned	Spouse 1/Partner 1	Spouse 2/Partner 2
1. Real Estate: -Please note how titled-			
Personal Residence			
Investment Property			
2. Stocks			
3. Bonds			
4. Cash (Average Balance)			
5. Mortgages and Notes (payable to you)			
6. Life Insurance (specify face amount, owner, beneficiary, whether term, whole life, or universal)			
7. Personal Property (e.g., jewelry, furnishings, collectibles, art)			
8. Automobile			
9. Retirement Accounts (IRA, 401(k); pension)			
10. Book Value of Business Assets			
11. Annuities			

12. Miscellaneous			
TOTAL ASSETS			

XII. SUMMARY OF LIABILITIES

	Joint	Spouse 1/Partner 1	Spouse 2 /Partner 2
1. Accounts Payable (Average)			
2. Notes Payable			
3. Mortgages Payable			
TOTAL LIABILITIES			
NET WORTH (ASSETS MINUS LIABILITIES:			