

LAW OFFICES
ALISHA L. JACOBSEN

I am working remotely and can
consult with clients virtually

WWW.JACOBSENATTORNEY.COM
ALISHA@JACOBSENATTORNEY.COM

PHONE 301-424-0677
FAX 301-340-6947

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

This form is designed to be filled out in Word -- or, if you prefer, you may print the form and complete by hand.

- Please complete Parts I through IX. (Part X is necessary if your assets exceed 5M in Maryland or 5.6M in D.C., or if you are considering creating a trust)
- 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 an LPR 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		

Trustees for Tax Savings “Bypass” Trust (OPTIONAL)

If your total family assets exceed five million dollars, which includes jointly owned property, life insurance, and retirement plan assets, please complete this section. We will discuss whether you might want estate tax savings trusts at our meeting. In the event we include tax savings trusts, the surviving spouse/partner may be a co-trustee, but another person (such as a family member) must also be appointed as trustee in order to make discretionary decisions regarding distributions without incurring adverse tax consequences.

1st Choice for Co-Trustee of Bypass Trust

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

2nd Choice for Co-Trustee of Bypass Trust

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

4. Powers of Attorney

Powers of Attorney are documents used to authorize someone to act for you under certain legal

conditions. For example, 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 to be your agent, also known as your “Attorney-in-Fact.” 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.” The Durable General Power of Attorney appoints someone to be your agent to act for you in connection with financial matters. 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. At our meeting, we will discuss with you whether you wish these Powers to be effective immediately or “spring” into being upon your disability. Who shall make financial and health care decisions for you if you are incapacitated?

1st Choice for Financial 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		

2nd Choice for Financial Attorney-in-fact

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

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	Beneficiary	Relation

3. **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	Beneficiary	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	Beneficiary	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

Generally, this part should be completed by clients who desire an evaluation of federal and state estate and capital gains tax liabilities. Please complete also if your total assets, **including jointly owned property, life insurance, and retirement plan assets**, exceed \$3 million.

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:			