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# Estate Planning Questionnaire

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For Individuals with Children (no Spouse/Partner)

**Aberdeen Proving Ground Legal Assistance Office**  
(410) 278-1583

Typically, ownership of property DOES NOT automatically pass to the surviving spouse/partner or children at your death. A Last Will and Testament tells a Court who should receive your property after you die. Probate is the process by which a Court transfers legal ownership of your probate property to your beneficiaries. Estate planning documents, such as a Last Will and Testament or Transfer on Death Deed and beneficiary designations can help minimize the need for and expense of probating your estate.

**You MUST fill out this Estate Planning Questionnaire - COMPLETELY.**

**Instructions:** Please fill out this questionnaire. It is important that you answer EVERY question. If a question does not apply to your particular situation, you may leave it blank. If the answer to any question requires more space than has been provided on the form, add the information in the “Additional Information” section and refer to the question number to which your answer applies. Since your answers are being made to an attorney they are confidential and are protected by the attorney-client privilege.

**This Legal Assistance Office reserves the right to limit or deny assistance in the following:**

- (1) Complex estates (complexity is determined by the attorney);
- (2) Estates valued over \$12.9 million (including non-probate assets, such as life insurance);
- (3) Estates in which either spouse owns or has an interest in a business;
- (4) Estates involving special needs planning;
- (5) Estates in which, in the judgment of the attorney detailed to the case, our estate planning services are inappropriate.
- (6) Estates in which the client did not or refuses to cooperate with Legal Assistance Staff, including fully completing this questionnaire.

**Your Personal Information**

Military Status:

- \_\_\_\_\_ Active Duty or Reservist
- \_\_\_\_\_ Retired
- \_\_\_\_\_ Spouse or Dependent of Active Duty
- \_\_\_\_\_ Spouse or Dependent of Retiree
- \_\_\_\_\_ Other (e.g, deploying civilian)

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ DoD ID#: \_\_\_\_\_

Are you a U.S. Citizen?:      Yes                      No

Full Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Residency Information**

In what state do you claim residency? \_\_\_\_\_

Do you pay state income tax? \_\_\_\_\_ For what state? \_\_\_\_\_

**Children**

Please provide the requested information for **every child born or adopted by you, living and deceased** – even if you do not intend for that child to inherit. If there are more children, please list in the “Additional Information” section.

Name	Gender	Age	Bio/adopted/step?	Disability?	Living?

For any child with a disability, will the disability impair the child’s ability to care for themselves? Yes No

Do you wish to treat your stepchildren as your children for inheritance purposes in your will? Yes No

**Do You Want to Disinherit Anyone?**

Name: \_\_\_\_\_ Relationship To You: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship To You: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship To You: \_\_\_\_\_

Do you also want to disinherit their heirs (their children, for example)? Yes No

*Your Burial information*

Do you desire full military honors? Yes            No

Are there any instructions for the distribution of flags to certain individuals? Yes            No

List recipients :

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Disposition of your remains:

Cremation

and scatter at \_\_\_\_\_

and given to \_\_\_\_\_

and given to \_\_\_\_\_ and scattered

Buried

at \_\_\_\_\_

at a location to be determined by my Executor

\_\_\_\_\_ Other (please describe): \_\_\_\_\_

Do you have any additional disposition requests? (for example, preference for a religious service, etc.) \_\_\_\_\_

**Prior Marital Information**

Were you previously married? Yes      No      How did that marriage end?

Do you have any continuing financial obligations to your former spouse or children from a prior relationship? (please describe. For example, child support, spouse support, life insurance requirement.) \_\_\_\_\_

**Prior Estate Planning**

Do you have a Last Will & Testament? Yes      No      If yes, please attach.

Do you have a Trust, Revocable Trust, or Revocable Living Trust? Yes      No

**Property Information**

***Real Property (house and/or land)*** – please attach the legal description of the property. Legal description is found on the Deed. This includes property that you are buying.

Description and Location	Titled in whose name Indicate if Sole, Joint or Beneficiary and name	Purchase Price	Fair Market Value	Outstanding mortgage

Who do you want these properties to go to: \_\_\_\_\_

**Other Titled Property**

**Do you own any other titled property such as a car, boat, etc.?**

Description And where titled	Titled in whose name Indicate if Joint or Beneficiary and name	Market Value	Less Mortgage	Equity

**Financial Accounts**

Please identify all financial accounts. Examples include checking account, savings account, money market, and education savings accounts.

**1. Do you have any checking accounts?**

Name of Bank	Titled in whose name <u>Indicate if Joint or Beneficiary and name</u>	Approx. Balance

**2. Do you have any interest bearing accounts (savings, money market) and/or CD's?**

Name of Bank	Titled in whose name Indicate if Joint or Beneficiary and name	Approx. Balance

**3. Do you own or have an interest in a family business?**

Name of Business	Owners & Ownership Interest	Value of your interest

**4. Do you own any stocks, bonds or mutual funds (including company stock)? (You do not need to list individual stock holdings held in a brokerage. List only the name of the financial institution.)**

Name of Security/Brokerage	Titled in Whose Name Indicate if Joint or Beneficiary and name	Current Value

**5. Do you have any profit sharing, IRAs, 401Ks or pension plans?**

Description/Location	Beneficiary	Current Value

**6. Do you have any life insurance policies and/or annuities?**

Name of Company	Insured	Policy Owner	1 <sup>st</sup> Beneficiary	2 <sup>nd</sup> Beneficiary	Death Benefit
SGLI					

**7. Does anyone owe you money?**

Description	Approx. Value

8. Do you have any special items of value such as coin collections, antiques, jewelry, etc.?

Description	Approx. Value

**If there is additional property, please list it on a separate sheet of paper.**

Is your COMBINED total estate, including life insurance, financial accounts, real property, motor vehicles, and personal property worth more than \$12.9 million dollars?    Yes    No

*Your total estate includes all assets, financial accounts, stocks, bonds, mutual funds, IRA's, real property, personal property, etc. There can be **serious** tax consequences and issues for estates over the estate tax limit and may need to consult a private attorney, tax attorney, and/or a financial planner in such a circumstance*



**The next section tells us about your goals and any concerns you may have about your estate plan.**

Your Last Will and Testament tells the Court and your Executor who should get your probate property when you die. This is necessary even if you want your property to go your spouse. You can give your property to anyone you choose. You can give your property to a single person – for example – everything to my wife. You can give your property to a group of people – for example – everything to my grandchildren. You can also give your property in percentages – for example – 50% to my niece, 25% to my nephew, and 25% to my neighbor. You can also choose alternates to receive your property in case the primary person(s) you want to inherit pass away before you.

You are not bound by your responses in this section. Your attorney will discuss your choices with you and make changes, if needed.

**What is your primary goal or objective with your Last Will and Testament?**

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**What are your primary concerns with your Last Will and Testament or your estate plan?**

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**Specific Bequests**

You may make separate gifts of cash, specific investments, real estate, or personal property to specific people or charities in your will. These bequests will be distributed first and reduce the amount of property left for your other beneficiaries. Specific bequests (and trusts) are appropriate methods of setting aside money and property for children of prior relationships. If you make no specific bequests, all of your property will pass to your primary beneficiaries listed below in the Residuary Estate. Do you wish to make any specific bequest in your will?

If Yes, please list your specific bequest(s) and who you want to receive it (them):

Name	Relationship	Item or Dollar Amount

**Disposition of Tangible Personal Property**

“Tangible” personal property are non-monetary items such as furniture, collectibles and personal effects.

Who do you want your personal property to go to?:

Your state of residence may permit the use of a separate “personal property memorandum” (a separate writing giving certain items to certain people.) For example, “my pocket watch to my nephew, John Smith.” Do you want to create a personal property memorandum if permitted by your state? Yes No

**Who Do You Want To Receive the Remainder Your Property (the “Residuary Estate”)**

Do you want everything else to go to?

Beneficiaries Name	Relationship	Percentage	Alternate Beneficiary (yes / no)	1 <sup>st</sup> , 2 <sup>nd</sup> , or 3 <sup>rd</sup> Alternate

***“Per Stirpes” vs. “Per Capita”***

In case any of the beneficiaries listed above dies before you and leaves children, you must decide if you want the share of the deceased beneficiary to go to their children, or to pass only to your beneficiaries that survive (live longer than) you. This is best illustrated by an example: Assume you leave your estate to your three children in equal shares, but one of your children dies before you. You must decide if you want the share of your deceased child to pass to your grandchildren (the deceased child’s children), which is called “per stirpes” (per stirpes is Latin for “by the roots”), or to be divided equally between your surviving children, which is called “per capita” (per capita is Latin for “by the head”). If any of your beneficiaries dies before you and leaves children, do you want the share to pass to those children per stirpes or per capita?

Do you want your property to go to your surviving children and then to grandchildren IF you have no surviving children? (Per capita)    Yes        No

Do you want your property to go to your surviving children and then the grandchildren of any child that dies before you (this is the most common selection)? (Per stirpes)    Yes        No

**Trusts for Children and Others**

If any of your beneficiaries are minors, or incapable of managing money you may want to create a Testamentary Trust to hold money on that person’s behalf until they reach the age you select.

**“Pre-Residuary” Trust:**

**Do you have a child(ren) (e.g. a child from a prior relationship) whom you would like to receive assets in trust upon your death ?**

Yes        No

If yes, please provide the names of the beneficiary(ies) of the Pre-Residuary Trust:


If yes, at what age do you want them to receive the principal balance of the trust funds from your estate?

18      21      25      other

If "other," please explain:

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Do you want a single trust for all beneficiaries? Yes      No

Whom do you wish to name as Trustee (the person responsible to manage the money for and support your beneficiaries)?:

	Name
1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice (optional)	
3 <sup>rd</sup> Choice (optional)	

**Residuary Testamentary Trust:**

**Do you have a child(ren) who you would like to receive assets in trust upon your death?**

Yes      No      If Yes, please provide the names of the beneficiaries of the Residuary Trust:

Name	Relationship

If Yes, at what age do you want them to receive the principal balance of the trust from your estate?

18      21      25      Other, please describe:

Do you want a single trust for all beneficiaries? Yes      No

Whom do you wish to name as Trustee (the person responsible to manage the money for and support your beneficiaries)?:

	Name
1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice (optional)	
3 <sup>rd</sup> Choice (optional)	

**Supplemental Benefits Trust**

Do you want the trustee of your children’s trust, if any, to be able to direct a disabled beneficiary’s inheritance to a supplemental benefits trust? Yes      No

**Appointment of Fiduciaries**

You need to choose people to serve as the executor of each will, and the trustee/custodian of any property that will to a minor child, and/or the guardian of your minor children (if any). These positions require a significant amount of trust, therefore you should not choose someone if you do not believe they will honor your wishes or may mismanage your property. The appointments can be the same or different people. We STRONGLY encourage you to discuss the appointment with the person you are selecting BEFORE doing your Last Will & Testament and confirm that the person is willing and able to serve in the selected role.

**Executor/ Personal Representative**

The Executor/Personal Representative is the person you choose to manage the probate of your estate.

List the Executors **in the order** that you would like them to serve.

Executor’s Name	Relationship to You	Age	Order of Executor (1st,2nd,3rd)	Is the Person a Convicted Felon?	State where the person lives?

**Compensation and Bond**

Do you want your personal representative and trustee to receive reasonable compensation for their services?      Yes                  No

Do you want to waive the requirement of bond for the faithful performance of duties as trustee and executor, unless required by the court?      Yes                  No

**Guardian:**

The Guardian takes care of your child and their property if both you and your spouse/partner pass away. The Guardian can, but does not have to be, the same person. List the Guardians in the order you would like them to serve. Guardians can be limited to caring for either the child or the estate.

Guardian's Name	Relationship to You	Age	Order in which to serve (1st,2nd,3rd)	Is the Person a Convicted Felon?	State where the person lives?

Do you want to waive the requirement for a bond for the guardian?      Yes                  No

Do you want your Executor/Personal Representative to have access to digital assets (websites, email etc.)?      Yes                  No

**No-Contest Provision**

Do you want a provision revoking the inheritance of any beneficiary who contests your will?      Yes                  No

**Digital Assets:**

If Yes, do you want to include contesting children of any beneficiaries?      Yes                  No

**Powers of Attorney**

We recommend that, in addition to wills, clients execute statutory durable powers of attorney (for property and health care), and directives to physicians (about the use of life support).

A **durable power of attorney** grants an agent broad powers to act and make decisions on your personal and financial matters. In executing a statutory durable power of attorney you select the powers and authorities that you want to give to your agent. A **medical power of attorney** grants an agent the ability to make medical decisions for you. This power can be effective either immediately or when a doctor determines you are unable or incompetent to make medical decisions. With both types of powers of attorney the agent is not allowed to act against your wishes or override your decisions. A **directive to physicians and surrogates, often called a living will**, states your wishes regarding life-sustaining procedures if you have a terminal condition or irreversible condition (as determined by your doctor). This document is very important because it take the burden and distress of this decision from your family.

Do you want a Durable Power of Attorney?            Yes            No

Who would you like to make financial decisions for you if you are not able to:

\_\_\_\_\_

**First Choice:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Second Choice:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

If you are on active duty or deploying, do you want this Power of Attorney to become effective if you are declared "missing", "missing in action" or "prisoner of war"?      Yes      No

Do you want your agent(s) to receive reasonable compensation for their services?      Yes      No

Do you want your agent(s) to be able to make gifts?      Yes      No

If Yes, do you want (select any that apply):

Gifts to specific individuals of any of the property

    Name(s):

    Outright gifts for estate planning purposes to organizations or individuals.

    Make gifts, grants, or transfers to persons or organizations as the Agent may select and to make payments for education and medical care for the spouse/partner, children, or descendants.

    If Yes, education and medical for (select one):

        children

        descendants

Do you want your agent(s) to be able to (select all that apply):

    request, receive, and review any information regarding physical or mental health, including but not limited to, medical and hospital records, and to consent to the disclosure of the information.

    act as the principal's personal representative to obtain access to the principal's health care information and communicate with the principal's health care providers

    None.

Do you want your agent(s) to have access to digital assets (websites, email etc.)?      Yes      No

If for any reason, a court needed to appoint a guardian to handle your financial affairs, who would you like that person to be?

\_\_\_\_\_ Same as agent #1 above

\_\_\_\_\_ Same as agent #2 above

\_\_\_\_\_ Other:

    Name: \_\_\_\_\_

    Address: \_\_\_\_\_

    City/State/Zip: \_\_\_\_\_

    Telephone: \_\_\_\_\_



**MEDICAL POWER OF ATTORNEY**

Do you want a Medical Power of Attorney?            Yes            No

Who would you like to make medical decisions for you if you are not able to:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Do you have any specific instructions?

Special directions regarding who may/may not visit you during your admission to health care facilities: \_\_\_\_\_

Any healthcare services authorized/not authorized: \_\_\_\_\_

\_\_\_\_\_

Any special instructions in case of pregnancy; (for example "I wish to be kept alive until the child can be delivered safely...")

Do you wish to appoint an agent for donation of anatomical gifts?      Yes      No

If yes, please designate who you would like to act for you:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_