Estate Planning Questionnaire

For Individuals with Spouse/Partner and Children

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 D	Duty
Spouse or Dependent of Retiree	
Other (e,g, deploying civilian)	
Are you?:	
Married	
in a registered domestic partnersh	nip
Separated from your spouse/partr	ner
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?
In what state does your spouse/partner claim	residency?
Does your spouse/partner pay state income to	ax? <u>Yes</u> No
For what state?	

Gender:					
Date of Birth:		DoD) ID#:		
Full Legal Name:					
Is your spouse/partner a U.S.	Citizen?: Yes	No			
Street Address:					
City:	Stat	e:	Zip Code:_		
Contact Phone Number:		Email	l:		
Spouse or Depende Other (e,g, deployi					
Children Please provide the requested is spouse/partner living and deare more children, please list is	nformation for <u>eve</u> eceased – even if y	ou do no	t intend for that		
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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	r children, for example)? Yes	No
Your Burial information		
Do you desire full military honors? Yes	No	
Are there any instructions for the distribution of	of flags to certain individuals? Yes	No
List recipients:		
Name:		
Name:		
Name:		
Disposition of your remains:		
Cremation		
and scatter at		
and given to	<u> </u>	-
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 request etc.)		ous service

Current and Prior Marital	Information				
Is there a prenuptial agreem	ent in your curre	nt marriage? Yes	No If yes,	please attach.	
Were you previously marrie	d? Yes No	How did that ma	rriage end?		
Was your spouse/partner pre	eviously married	? Yes No Ho	ow did that marri	age end?	
Do you have any continuing relationship? (please describe requirement.)	e. For example,		e support, life inst		
Prior Estate Planning					
Do you have a Last Will &	Testament? Yes	No	If yes, p	lease attach.	
Does your spouse/partner ha	ave a Last Will &	Testament? Yes	_No If y	ves, please attach.	
Do you or your spouse/partner have a Trust, Revocable Trust, or Revocable Living Trust? Yes No				No	
Property Information					
Real Property (house and/o	or land) – please	attach the legal descr	ription of the prop	perty., if	
avaialble. Legal description	is found on the I	Deed. This includes p	property that you	are buying.	
Description and Location	Titled in whose name Indicate if Sole,	Purchase Price	Fair Market Value	Outstanding mortgage	
	Joint or Beneficiary and name				

Do you want these properties to go to your spouse/partner (if, not please describe your desired disposition? Yes No Other disposition:		
disposition: 1 es 100 Other disposition.		-
	disposition: 1 es No Other disposition.	

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 Indicate if Joint or Beneficiary and name	Approx. Balance

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

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

	Name of Business	ness Owners & Ownership Interest		nip Interest	Value of your interest	
4. Do holdings h	you own any stocks, eld in a brokerage. L	bonds or mutual fur ist only the name of t	nds (including company he financial institution.)	stock)? (You d	lo not n	eed to list individu
Name	e of Security/Brokerage	Indi	Titled in Whose Name cate if Joint or Beneficiary and			Current Value
5. Do you ha	ave any profit shari	ng, IRAs, 401Ks or p	pension plans?			
	Description/Location		Beneficia	'n		Current Value
6. Do	you have any life ins	urance policies and/o	r annuities?			Death Benefit
ne of npany .I	Insured	Policy Owner	1 st Beneficiary	2 nd Benefi	iciary	
7. Do	es anyone owe you m	oney?				
		Description			A \	pprox. /alue

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, 25.8 million for couples? Yes No

Your total estate includes all assets, financial accounts, stocks, bonds, mutual funds, IRA's, real property, personal property, etc. There can be <u>serious</u> tax consequences and issues for estates over the estate tax limit and you 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.

hat is your primary goal or	objective with your Last Will and Testament?
	erns with your Last Will and Testament or your estate

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-m	nonetary items su	ach as furnitu	re, collectible	s and personal ef	ffects.
Do you want everything to go to your s	pouse/partner fir	st, then to yo	ur children in	equal shares? Ye	es No
If not, what other disposition would you	ı like:				
Your state of residence may permit the writing giving certain items to certain p Do you want to create a personal proper. Who Do You Want To Receive the Ren	eople.) For exam rty memorandum	nple, "my poon if permitted	eket watch to by your state	my nephew, Johr ? Yes No	
Do you want everything elseyou have to				No	
If your spouse/partner dies first do you	want everything	to go to your	r children equa	ally? Yes No	
If you want your property to go to some want your property to be divided into us relationship to you, the percentage of the and if so, are they to inherit in the 1st, 2st	nequal shares, plue estate they sho	ease state the	e person's nam	ne,	
NOTE: You may have more than one p Example: All to my spouse (primary be beneficiary). You are NOT REQUIRED	neficiary) and th	en to my 4 cl	•	-	
Beneficiaries Name	Relationship	Percentage	Alternate Beneficiary (yes / no)	1 st , 2 nd , or 3 rd Alternate	

Beneficiaries Name	Relationship	Percentage	Beneficiary (yes / no)	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 your surviving children and 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 (i.e. as opposed to receiving assets after the death of both you and your spouse)?

Yes No

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

If yes, at wha	it age do y	ou want the	em to receive the princ	ipal balance of the trust funds from your estate?
18	21	25	other	
If "other," plo	ease expla	in:		
•			peneficiaries? Yes	No nsible to manage the money for and support your
beneficiaries)		name as 110	astee (the person respo	issure to manage the money for and support your
			Name	
	Choice			
	Choice (c			
3	Choice (c	ptionar)		
Yes No		_	ase provide the names	of the beneficiaries of the Residuary Trust:
Г]	Name		Relationship
_				
				<u> </u>
L				
If Yes, at what	age do you	want them to	o receive the principal bala	ance of the trust from your estate?
18	21	25	Other, please describe	e:
	-	-	,1	
Do you want a	single trust	for all benefi	iciaries? Yes N	io

Trustee / Custodian

The Trustee is the person you choose to manage your child's trust fund. This person will have a fiduciary responsibility to your child. List the Trustee in the order that you would like them to serve.

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

<u>Common Disaster</u>: In the event that you and your/spouse/partner die in a common disaster (at the same time), do you want to be presumed to have survived? Yes No

Supplemental Benefits Trust

Do you want the trustee of your children's trust 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 go 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 signing 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.

Is your spouse/partner is the first Executor? Yes No

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

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

Com	pensation	and Bond

Do you want your personal representation of their services? Yes	entative and tru No	ustee to	receive reason	able compen	sation for
Do you want to waive the requirer trustee and executor, unless requir Guardian The Guardian takes care of your of	ed by the cour	t?	Yes N	No	
The Guardian takes care of your c pass away. The Guardian can, but the order you would like them to s or the estate.	does not have	to be, th	ne same persor	n. List the Gu	ardians in
Guardian 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 requirer	nent of bond fo	or guard	ian?		
Digital Assets					
Do you want your Executor/Persectc.)? Yes No	onal Represent	tative to	have access to	o digital asset	s (websites, email
No-Contest Provision					
Do you want a provision revoking	g the inheritance	ce of any	y beneficiary		
who contest your will? Yes	No				
If Yes, do you want to include co	ntesting childr	en of an	y beneficiaries	s? 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	
Check here if you want your spouse/partner to b	e the 1st Agent	on the Power of	Attorney
Who would you like to make financial decisions	s for you if you	r spouse/partner	is not able to:
First Choice:	Second Ch	oice:	
Name:	Name: _		
Address:	Address:		
Telephone:	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			
Check here if you would like your s Medical Power of Attorney.	pouse/partner to b	oe the 1 st A	Agent on th	e	
Who would you like to make medical decisions	s for you if your sp	pouse/par	tner is not	able to:	
Name:	Name:				-
Address:	Address:				
Telephone:	Telephone:				
Do you have any specific instructions? Special directions regarding who may/n facilities: Any healthcare services authorized/not and services.	authorized:				
Any special instructions in case of pregrebe delivered safely")					
Do you wish to appoint an agent for dona If Yes:	ation of anatomica	al gifts?	Yes	No	
Do you wish your spouse/partner If No, please designate another:	to act for you?	Yes	No		
Name:					
Address:					
Telephone:					