Estate Planning Questionnaire

For Individuals with Spouse/Partner and Children

Fort Meade Legal Assistance Office

(301) 677-9504/9536

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 \$11 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 of Dependent of Retiree
Other (e,g, deploying civilian)
Are you?:
Married
in a registered domestic partnership
Separated from your spouse/partner
Gender:
Your Preferred Pronouns:
(he/him)
(she/her)
(they/their)
Other preference (please state):
Are you a U.S. Citizen?: Yes No
Full Legal Name:
Street Address:
City: 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 tax? Yes No
For what state?

Preferred Pronouns:(he/him)(she/her)(they/their)Other preference (please	state):			
Full Legal Name:				
Is your spouse/partner a U.S. Citize	en?: Yes	No)	
Street Address:				
City:	Stat	te:	Zip Code:_	_
Contact Phone Number:		Ema	iil:	
Military Status: Active Duty Retired Spouse or Dependent of				
Spouse of Dependent of Other (e,g, deploying circle) Children Please provide the requested inform spouse/partner living and decease are more children, please list in the	ivilian) mation for <u>eve</u> ed – even if y	ou do n	ot intend for that	
Other (e,g, deploying ci Children Please provide the requested inform spouse/partner living and decease	ivilian) mation for <u>eve</u> ed – even if y	ou do n Informa	ot intend for that	If there

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 agreement in your current marriage? Yes No If yes, <u>please attach</u> .
Were you previously married? Yes No How did that marriage end?
Was your spouse/partner 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.
Does your spouse/partner have a Last Will & Testament? Yes No If yes, please attach.
Do you or your spouse/partner 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

Do you want	these p	roperties to	o go to your spouse/partner (if, not please describe your desired
disposition?	Yes	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 Owners & Ownership Interd		nip Interest	Valu	e of your interest	
4. Do	you own any stocks,	bonds or mutual fur	ds (including company	stock)? (You d	lo not n	eed to list individu
_	e of Security/Brokerage		he financial institution.) Titled in Whose Name cate if Joint or Beneficiary and			Current Value
5.						
Do you ha	Description/Location	ng, IRAs, 401Ks or p	pension plans? Beneficial	у		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	ciary	
7. Do	es anyone owe you m	oney?				
		Description			A \	pprox. /alue

Description	Approx. Value

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

8.

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 \$11 million dollars, 22 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 **serious** tax consequences and issues for estates over \$1 million 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?		
	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-	monetary items s	uch as furnitu	ıre, collectible	es and personal ef	ffects.
Do you want everything to go to your	spouse/partner fi	rst, then to yo	ur children in	equal shares? Ye	es No
If not, what other disposition would ye	ou like:				
Your state of residence may permit the writing giving certain items to certain Do you want to create a personal prop	people.) For exarterty memorandur	nple, "my poon if permitted	cket watch to by your state	my nephew, John ? Yes No	
Who Do You Want To Receive the Re	emainder Your P	roperty (the '	Residuary Es	<u>state')</u>	
Do you want everything you have to g	go to your spouse	partner first?	Yes No	<u>)</u>	
If your spouse/partner dies first do you	ı want everything	g to go to your	r children equa	ally? Yes No	
If you want your property to go to son want your property to be divided into relationship to you, the percentage of and if so, are they to inherit in the 1 st ,	unequal shares, p	lease state the	e person's nan	ne,	
NOTE: You may have more than one Example: All to my spouse (primary beneficiary). You are NOT REQUIRE	eneficiary) and the	hen to my 4 cl			
Beneficiaries Name	Relationship	Percentage	Alternate Beneficiary (yes / no)	1 st , 2 nd , or 3 rd Alternate	

Beneficiaries Name	Relationship	Percentage	Alternate Beneficiary (yes / no)	1 st , 2 nd , or 3 rd 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 wh	at 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," p	lease expla	in:		
-			eneficiaries? Yes	No
Whom do y beneficiarie		name as Tru	istee (the person respo	onsible to manage the money for and support your
			Name	
	st Choice			
	nd Choice (o			
3	Choice (o	рионат		
	l your spou	ise/partner)?	of the beneficiaries of the Residuary Trust:
	1	Name		Relationship
				_
If Yes, at what	at age do you	want them to	receive the principal bal	ance of the trust from your estate?
18	21	25	Other, please describ	e:
Do you want	a single trust	for all benefi	ciaries? Yes N	Jo

Common Disaster

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 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.

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

Relationship to	Age	Order of	Is the Person	State where
You		Executor	a Convicted	the person
		(1st,2nd,3rd)	Felon?	lives?
	-	1 0	You Executor	You Executor a Convicted

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.

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

Compensation and	<u>l Bond</u>					
Do you want your their services?	personal represe Yes	entative and tru No	istee to	receive reason	able compens	sation for
Do you want to wa and executor, unless	-		or the fa Yes	ithful perform No	ance of duties	as trustee
Guardian The Guardian take pass away. The Guardian take the order you wou or the estate.	uardian can, but	does not have	to be, t	he same persoi	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 wa					dicital consts	(wahaitaa a
Do you want your etc.)? Yes	No	nal Representa	tive to l	have access to	digital assets	(websites, er
<u>No-Contest Provis</u>	<u>sion</u>					
Do you want a pro	vision revoking	the inheritance	e of any	beneficiary		
who contest your v	will? Yes	No				
If Yes, do you war	nt to include con	testing childre	n of any	y 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					
Check here if you want your spouse/partner to be 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		
Who would you like to make medical decision	ons for you if you	are not able to:		
Name:	Name:			
Address:	Address:			
Telephone:	_	e:		
Do you have any specific instructions?				
Special directions regarding who may facilities:				ealth care
Any healthcare services authorized/r	not authorized:			
Any special instructions in case of pregnancy safely")	y; (for example "I wis	sh to be kept alive un	ntil the child car	n be delivered
If you are unconscious, incapacitated and have a termine certainty that you would not recover or revive even if t				degree of medical
You do not wish to prolong life through medi- Staying alive is more important than other con-				
If you are pregnant, should all natural and artificial life safely, even if this may hasten my death?	e-saving measures be Yes	employed and all ef	fort be made to	deliver the child
Will your agent have the power to make decisions about	ut the final dispositio	n of your body?	Yes	No
s the agent authorized to make decisions regarding yo	ur mental health trea	tment?	Yes	No
Upon your death, do you wish to donate your tissue or Upon your death, do you wish to donate your tissue or			Yes Yes	No No
Do you want to restrict donation of any tissue or organ please specify which organs you do not wish to donate		ose, etc.)? If so,	Yes	No
Do you wish to appoint an agent for donation If Yes:	of anatomical gi	fts? Yes	No	
Do you wish your spouse/partner to a If No, please designate another:	ct for you?	Yes No		
-				
Name:Address:				
Telephone:				