

THE ESTATE PLANNING & ELDER LAW FIRM, P.C.

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**CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE**

(Please write "N/A" when not applicable)

Full Name (1) \_\_\_\_\_ U.S. Citizen? Yes \_\_\_ No \_\_\_

(2) \_\_\_\_\_ U.S. Citizen? Yes \_\_\_ No \_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Telephone \_\_\_\_\_

Work Telephone (1) \_\_\_\_\_ (2) \_\_\_\_\_

E-Mail (1) \_\_\_\_\_ (2) \_\_\_\_\_

Date of Birth (1) \_\_\_\_\_ (2) \_\_\_\_\_

Social Security No. (1) \_\_\_\_\_ (2) \_\_\_\_\_

Occupation (1) \_\_\_\_\_ Annual Income \_\_\_\_\_

(2) \_\_\_\_\_ Annual Income \_\_\_\_\_

Marital Status: \_\_\_\_\_

**Children:** Please indicate name and date of birth of your children.

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

**Who should receive your estate upon your death?** Please include their full names and relationship if any.

| Name of Beneficiary | Relationship (if any) | Amount/Percentage |
|---------------------|-----------------------|-------------------|
| 1. _____            |                       |                   |
| 2. _____            |                       |                   |
| 3. _____            |                       |                   |
| 4. _____            |                       |                   |
| 5. _____            |                       |                   |
| 6. _____            |                       |                   |

- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

(For additional space please use the back of this sheet)

If you have **MINOR CHILDREN**:

a. Whom do you wish to nominate as the **GUARDIAN(S)** and **SUCCESSOR GUARDIAN(S)** for your minor children? Please include full names and relationship if any.

**GUARDIAN:** \_\_\_\_\_

**SUCCESSOR GUARDIAN:** \_\_\_\_\_

b. Do you want a trust created at the death of both parents to hold funds for the benefit of your children until they reach a mature age? \_\_\_\_ Yes \_\_\_\_ No

c. At what ages do you wish the trust assets to be distributed to the children outright.

\_\_\_\_\_ (1/4) one-quarter at 25, (1/4) one-quarter at 30 and balance at 35.

\_\_\_\_\_ Other \_\_\_\_\_

**Who shall serve as Trustee for the Children's Trust?** \_\_\_\_\_

**LAST WILL & TESTAMENT:** Whom do you wish to serve as the **EXECUTOR/PERSONAL REPRESENTATIVE** and **SUCCESSOR EXECUTOR(S)**? Please include their full names and relationship if any, and please indicate whether they shall act successively or as Co-Executors.

**EXECUTOR:** \_\_\_\_\_

**SUCCESSOR EXECUTOR(S):** \_\_\_\_\_

**REVOCABLE LIVING TRUST:** Other than yourself, whom do you wish to serve as **TRUSTEE** and **SUCCESSOR TRUSTEE(S)** of the Trust? Please include their full names and relationship if any, and please indicate whether they shall act successively or as Co-Trustees.

**TRUSTEE:** \_\_\_\_\_

\_\_\_\_\_  
**SUCCESSOR TRUSTEE(S):** \_\_\_\_\_

**DURABLE GENERAL FINANCIAL POWER OF ATTORNEY:** If you become unable to manage your **FINANCIAL** matters, whom do you wish to appoint as your **AGENT** and **SUCCESSOR AGENT(S)**? Please include their full names and relationship if any, and please indicate whether they shall act successively or as Co-Agents.

**AGENT:** \_\_\_\_\_

\_\_\_\_\_  
**SUCCESSOR AGENT(S):** \_\_\_\_\_

**HEALTH CARE POWER OF ATTORNEY AND ADVANCE MEDICAL DIRECTIVE.** In the event that you are unable to make **MEDICAL** decisions for yourself, whom do you wish to appoint as your **AGENT** and **SUCCESSOR AGENT(S)**? Please include their full names and relationship if any, and please indicate whether they shall act successively or as Co-Agents.

**AGENT:** \_\_\_\_\_

\_\_\_\_\_  
**SUCCESSOR AGENT(S):** \_\_\_\_\_

**NAME/SOURCE OF REFERRAL:** \_\_\_\_\_

**NAME OF ACCOUNTANT/CPA:** \_\_\_\_\_

**NAME OF FINANCIAL PLANNER:** \_\_\_\_\_

**DO YOU HAVE LONG TERM CARE INSURANCE?** \_\_\_\_\_ YES \_\_\_\_\_ NO

**This information is true and accurate to be best of my knowledge and belief.**

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE INDICATE APPROXIMATE VALUE OF EACH ITEM**

|  | <b>JOINT TITLE</b> | <b>INDIVIDUAL TITLE (1)</b> | <b>INDIVIDUAL TITLE (2)</b> |
|--|--------------------|-----------------------------|-----------------------------|
| Home Residence   |                    |                             |                             |
| Other Real Estate  |                    |                             |                             |
| Other Real Estate  |                    |                             |                             |
| Savings Account  |                    |                             |                             |
| Checking Account   |                    |                             |                             |
| Money Market Funds   |                    |                             |                             |
| Cert. of Deposit   |                    |                             |                             |
| Stock  |                    |                             |                             |
| Mutual Funds   |                    |                             |                             |
| Bonds  |                    |                             |                             |
| Bond Funds   |                    |                             |                             |
| Other Marketable Securities  |                    |                             |                             |
| Business Assets  |                    |                             |                             |
| Sub S-Corps.   |                    |                             |                             |
| Closely Held Business  |                    |                             |                             |
| Partnership Interests  |                    |                             |                             |
| Notes Receivable   |                    |                             |                             |
| Annuities  |                    |                             |                             |
| Life insurance – Death Benefits<br>(indicate whether term or whole life) |                    |                             |                             |
| IRA's  |                    |                             |                             |
| Pension Plans  |                    |                             |                             |
| Interests in Trusts  |                    |                             |                             |
| Anticipated Gifts/Inheritances   |                    |                             |                             |
| Vehicles   |                    |                             |                             |
| Other Assets   |                    |                             |                             |
| <b>Total Assets</b>  |                    |                             |                             |
|  |                    |                             |                             |
| Home Mortgage  |                    |                             |                             |
| Other Mortgage   |                    |                             |                             |
| Personal Debt  |                    |                             |                             |
| Auto Loans   |                    |                             |                             |
| Other Debt   |                    |                             |                             |
| <b>Total Liabilities</b>   |                    |                             |                             |
|  |                    |                             |                             |
| <b>Net Worth</b>   |                    |                             |                             |

**Please check the appropriate statement:**

- a.  To the best of our knowledge, **our total assets, including life insurance, do not presently exceed \$5,000,000** nor are our total assets likely to exceed \$5,000,000 in the near future.
- b.  As of the date above **our total assets exceed \$5,000,000.**

**ALL INFORMATION SUPPLIED IN THIS QUESTIONNAIRE  
SHALL BE TREATED AS STRICTLY CONFIDENTIAL**