

11350 McCormick Road, Executive Plaza III, Suite 601, Hunt Valley, Maryland 21031 443-589-5600

Date:

CONFIDENTIAL ESTATE PLANNING ORGANIZER

If you complete this survey, we can do a more complete job of estate planning for you, at a lower cost. We will be relying on the data supplied by you in this survey for our recommendations for your estate planning.

I. Family Information:			
Client Full Name:		Birthdate:	
Other or Former Name:		Soc. Sec. #	:
		Citizenship):
Home Address:		Phone:	
			:
City/County of Desidences			
City/County of Residence:			
Employer:			
Occupation:			
Business address:			
Phone:		E-mail:	
Prior Marriages:			
То	How ended:		
CHILDREN*	Birthdate	Marital Status	No. and Ages of Children

* Indicate parent if by prior marriage, or if adopted or stepchild.

OTHER DEPENDENTS: Or those for whom you might someday provide funds, such as aging parents.

NOTE: Indicate special needs, health problems, etc. of any children or other dependents.

II. Financial Information: Fill in the blanks below with the values of the assets listed. If the property is encumbered by a mortgage or lien, note the gross value and then, in parenthesis, the amount of the encumbrance. WARNING: IF DATA SUPPLIED HEREIN IS INACCURATE OR INCOMPLETE, OUR RECOMMENDATIONS BASED ON THE DATA MAY BE INAPPROPRIATE.

INCOME:

Salary	\$
Approximate Annual Interest Income	\$
Approximate Annual Dividend Income	\$
Net Real Estate Income	\$
Partnership Income	\$
Social Security Income	\$
Alimony	\$
TOTAL ANNUAL INCOME PERSONAL-USE ASSETS:	\$
Checking Accounts	\$
Savings Accounts	\$
Residence (Fair Market Value)	<u>\$</u>
Address:	
Vacation Property (Fair Market Value)	\$
Address:	
Household Furnishings	\$
Valuables (jewelry, gold, collectibles)	\$

Automobiles, boats, etc. \$ **INVESTMENT ASSETS:** \$ Certificates of Deposit U.S. Savings Bonds \$_____ \$_____ Money Markets Treasury Notes/Bonds \$ \$ Notes Due to You Municipal Bonds \$ \$ Stocks \$ **Corporate Bonds** Mutual Funds \$_____ \$_____ Partnerships Other Real Estate Investments \$ (ground rents, mortgages) \$ Traditional Individual Retirement Accounts Beneficiary:_____ \$_____ **Roth Individual Retirement Accounts** Beneficiary:_____ Deferred Compensation Plan (401K, Keogh) \$ Beneficiary:_____ **Corporate Retirement Plans** (vested amount) \$_____ Beneficiary:_____ \$_____ Annuities \$ **Business Interests** \$ Other (Specify) TOTAL ASSETS \$_____

LIABILITIES

Mortg	ages Outs Residen			\$			
	Other			\$			
Car Lo	oans			\$			
	Term Liat r than mo			\$			
	TOTAL	LIABILITI	ES	\$			
	TOTAL	NET WORT	ГН	\$			
NET I	NSURAN	ICE PROCEI	EDS	\$			
	ESTIM	ATED GROS	SS ESTATE	\$			
III.	Busines	s Interests:					
-	do you wa Sold	Corporation_ LLC ant to happen to buy-sell ag	torship to your interest v Liquidated greement	Sub vhen you die?	Chapter S. Con Chapter S. Con Retained Close a copy of		onnaire)
		by you on yo	ur life				
Compa			Policy No.	Face Amount	Loan	Beneficiary	Whole Life or Term
							· · · · · · · · · · · · · · · · · · ·
Policie	es on life o	of another ow	med by you				
Compa			Policy No.	Face Amount	Loan	Beneficiary	Whole Life or Term
							·

Policies on your life owned by others

Company	Policy No.	Face Amount	Loan	Beneficiary	Whole Life or Term

V. <u>Trusts and Gifts</u>: Please enclose a copy of trust instrument with this questionnaire. Trusts created by others for your benefit:

Created by	Year Created	Trustee	Your interest	Value
Trusts created by you: Created by	Year Created	Trustee	Your interest	Value
Prior gifts of more than the	annual exclusion amou	unt per calendar year:		
Year Given	To Whom		Amount	
Have gift tax returns ever b	een filed? nents and Other Info	rmation:		
Current Will and Codicil:				
Antenuptial or post-nuptia	al agreement*			
Divorce decree or separat				
General Power of Attorne Living Will	•			
Health Care Power of Atte				
Advance Directive				

Bonds
Notes or Mortgages receivable
Bank books
Trust instruments*
Deeds
Cemetery Deeds
Directions regarding burial*
Business Records
Partnership/Shareholder agreement*

* Please enclose a copy with this questionnaire.

VII. <u>Pre-conference Considerations</u>:

- A. Please review your existing Will and note which provisions may still apply and which should be changed.
- B. Please bring a copy of any trust documents in which you are involved either as creator, beneficiary or trustee to the conference. If you are named as a Trustee under someone else's will or trust and have the right to designate your successor, please note the name and address of the individual you want to name as your successor.
- C. If you hold a power of appointment from a will or trust, or you have released any power of appointment, please bring copies of the documents to the conference.
- D. Please note whether you wish to make any bequests of specific property to anyone in your Will.
- E. Please note whether you wish to make any bequests to charities in your Will.
- F. Please indicate if you will be receiving an inheritance in the future from a family member or other source.
- G. Please provide any specific burial/cremation instructions, including the location of any cemetery lot to be used at your death.
- H. Who would you choose to probate your Will, collect and administer your assets and distribute your estate to your beneficiaries (i.e., your executor/personal representative)?

- I. Who would you choose to manage your assets, make investment decisions and determine how distributions from any trust which your Will may create are to be made to the beneficiaries (i.e., your trustee)?
- J. If you have minor children, who should be given the responsibility of raising them if both parents should die before the children reach age 18 (i.e., their guardians)?
- K. Under Maryland law, a person may appoint an agent to act during his or her lifetime regardless of mental condition to handle his or her financial matters. As a result, the appointment of an agent prior to a disability can avoid the costly procedure of establishing a guardianship, as well as permit the agent to act for the person in his or her absence. If you wish to execute a General Power of Attorney, who do you want to name as your agent and successor agent?
- L. In addition to the General Power of Attorney, an agent may be appointed by you to make medical decisions for you if you are incapacitated. These decisions include the consent or withdrawal of medical procedures, life support systems and medicine. This document can also specify your intent regarding life-sustaining procedures if you are terminally ill, in a persistent vegetative state or suffer from severe and permanent deterioration in your quality of life. If you wish to execute an Advance Directive Appointing Health Care Agent and Providing Health Care Instructions, who do you want to name as your agent and successor agent?