

J LAW OFFICE OF JILL A. SNYDER, LLC

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Estate Planning Questionnaire

I. Personal and Family Data

A. NAMES

Full Name:

(Husband) _____ (Wife) _____

Date of Birth:

(Husband) _____ (Wife) _____

Social Security Number:

(Husband) _____ (Wife) _____

U.S. Citizen:

(Husband) _____ (Wife) _____

B. CONTACT INFORMATION

Residence Address: _____

Residence Phone Number: _____

County of Residence: _____

Business Addresses:

(Husband) _____ (Wife) _____

Business Phone Numbers:

(Husband) _____ (Wife) _____

Cell Phone Numbers:

(Husband) _____ (Wife) _____

E-mail Addresses:

(Husband) _____ (Wife) _____

C. MARITAL STATUS

Are you currently single, married, separated, divorced, or widowed?

If you are married, provide date and location (City or County and State) of marriage:

Prior marriages (indicate to whom and when):

(Husband)_____ (Wife)_____

D. CHILDREN

| Name | Date of Birth | Indicate if Adopted or Not Children of Both Husband and Wife |
|-------|---------------|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Do you have a child with special needs? If yes, please explain. _____

Do you have a child that is deceased? If yes, please provide the name(s). _____

Did your deceased child leave any children? If yes, please provide the name(s) and date(s) of birth. _____

E. GRANDCHILDREN

| Name | Date of Birth | Parents |
|-------|---------------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

F. PARENTS: (please indicate whether deceased)

(Husband) _____ (Wife) _____

G. SIBLINGS: (please indicate whether deceased)

(Husband) _____ (Wife) _____

II. Professionals

A. ACCOUNTANT:

Name Address Phone Number

B. ATTORNEY:

Name Address Phone Number

C. INVESTMENT ADVISOR OR FINANCIAL PLANNER:

Name Address Phone Number

D. LIFE INSURANCE AGENT:

Name Address Phone Number

E. PRIMARY CARE PHYSICIAN:

Name Address Phone Number

III. Specific Will Provisions

A. DO YOU HAVE AN EXISTING WILL? (please provide a copy)_____

B. FINAL ARRANGEMENTS

Do you wish to be buried or cremated?

(Husband)_____ (Wife)_____

Where do you wish to be buried? Please indicate if you already own cemetery plots.

Do you have any specific requests regarding your funeral arrangements or period of mourning?_____

Do you wish to donate your organs for transplantation or scientific purposes?

(Husband)_____ (Wife)_____

If yes, have you signed an organ donor card or indicated on your driver's license that you intend to be an organ donor? (Husband)_____ (Wife)_____

Do you wish to specify anything else?_____

C. GENERAL DISPOSITION INTENTIONS: (If you are making bequests to multiple beneficiaries, please indicate whether you wish for your property to be distributed in equal shares and what to do if one of the beneficiaries predeceases you.)

D. SPECIFIC BEQUESTS: (to individuals or charitable organizations)

E. DESIGNATION OF A PERSONAL REPRESENTATIVE: (This position lasts approximately nine months, and the personal representative is entitled to earn a commission on your probate estate. Spouses typically serve for each other, but be sure to name an alternate.)

(H - primary)_____ (W - primary)_____
(H - alternate)_____ (W - alternate)_____

F. APPOINTMENT OF GUARDIAN FOR MINOR CHILDREN: (Generally, the surviving parent, even if (s)he is not currently the custodial parent, will be the guardian unless (s)he is proven to be unfit or has abandoned the child. Both spouses should name the same person to become the guardian in the event of simultaneous death. It is preferable to name only one individual, rather than a couple, to serve as guardian.)
(Guardian)_____ (Alternate)_____

G. APPOINTMENT OF GUARDIAN OF PROPERTY FOR MINOR CHILDREN: (This is usually the same as the guardian, but can be someone else if you are concerned about the guardian's ability to manage your children's assets. The property guardian will be either a trustee or custodian, depending on your preferences.)
(Guardian)_____ (Alternate)_____

H. APPOINTMENT OF TRUSTEE: (If there are tax planning or other reasons to place assets in a trust, you will need a trustee or trustees who will have discretion to make decisions regarding distributions of such assets. Generally it is preferable if the beneficiaries are not also trustees.)
(Trustee)_____ (Alternate)_____

I. ALTERNATE BENEFICIARIES: (Provide a contingency if your beneficiaries are not living at the time of death or die simultaneously with you.)

IV. Other Documents

A. POWER OF ATTORNEY FOR HEALTH CARE: (Name a person who will act as your agent if you are unable to make decisions regarding your health care.)
(H - primary)_____ (W - primary)_____
(H - alternate)_____ (W - alternate)_____

