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Client Estate Planning Questionnaire

Personal and Family Data

Personal Information

Name

Address

Home Phone Cell Phone

Email Address Date of Birth

Citizenship (if not US)

Prior Marriages

(if applicable, please indicate names of prior spouses and children of prior marriages. Do they include any support or settlement obligations?)

Living Children and Their Issue: If applicable

(First name, middle initial, and last name)

<u>Name</u>	<u>DOB</u>	<u>Address and Phone</u>	<u>Children (if any)</u>
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Deceased Children (if any and his/her children)

[Redacted]

Living Parents

Name

Address

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Living Siblings

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Are there any persons not named above to whom you would like to make distributions under your estate planning documents? (such as nieces or nephews, friends, charities)

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>DOB</u> (if minor)
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[Redacted]

Do you have long term care insurance?

[Redacted]

Do you have disability insurance?

[Redacted]

If so, what is the value (i.e. 60% or 80% of salary):

[Redacted]

Do you:

Yes No

Expect to receive gifts or inheritance from others?

Approximate value:

[Redacted]

Expect to receive benefits from a retirement plan?

Have powers of appointment?

Have beneficial interests in trusts?

Have an interest in a Buy-Sell Agreement?

Asset Information

Annual Income:

Asset Holdings: (Indicate values or estimates)

Retirement

Plan Assets:

Accounts:

Checking
Accounts:

Savings &
Investments:

Real
Estate:

Business
Entities:

Personal
Property:
(boats,
cars, etc)

Debts:

Life Insurance:

Company:	Death Benefit:	Cash Value:	Person Insured:	Owner:	Beneficiary:
<input type="text"/>					
<input type="text"/>					

Will Provisions Desired By Client

Disposition of Assets:

Please indicate the person(s) to whom your assets are to be distributed and any specific desires pertaining to the manner of distribution (i.e. assets to be held in trust or distributed outright to the beneficiaries):

Specific Bequests: Indicate specific items to go to specific people upon your death: (You may provide a detailed list at a later time.)

Personal Representative/Executor:

This is the person who will carry out your wishes under your last will and testament and administer your estate. It is typically an adult child, sibling or trusted friend and should be a person who you trust, has sound judgment and is capable of handling at least basic financial matters.

(Indicate Name, Address, and Relation)

Initial Personal Representative:

1st Substitute:

2nd Substitute:

Trustee for Will or Revocable Trust

This is the person who will have the ongoing responsibility of administering any trusts established under your last will and testament or revocable trust such as the trusts for children or parents. This is typically an adult child, sibling or trusted friend and should be a person who you trust, has sound judgment and is capable of handling at least basic financial matters.

Note: You are typically the initial trustee of your own revocable trust.

(Indicate Name, Address, and Relation)

1st Substitute:

2nd Substitute:

3rd Substitute:

Power of Attorney

The attorney-in-fact named under your power of attorney will be given the right to access and use your assets that are not in your revocable trust in your best interest in the event you are incapacitated. Again, this is typically an adult child, sibling or trusted friend and should be a person who you trust, has sound judgment and is capable of handling at least basic financial matters.

(Indicate Name, Address, and Relation)

Initial:

1st Substitute:

2nd Substitute:

Power of Attorney

Your named healthcare agent under your advanced healthcare directive will be given the right to make decisions for you with respect to your health care in the event you are incapacitated. Typically it is a spouse then an adult child or trusted friend who loves and cares for you.

(Indicate Name, Address, and Relation)

Initial Agent:

1st Substitute:

2nd Substitute:

Disposition of Remains

Please specify desires relating to burial or cremation, location of remains, type of memorial service or the like:

Personal Advisors

	Name	Address	Phone Number
Accountant:	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Financial Advisor:	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Life Insurance Agent:	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Personal Attorney:	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>