

**Christine W. Hubbard**  
Attorney at Law

1069 Double Gate Road  
Davidsonville, Maryland 21035  
Phone: (410) 798-4533  
Facsimile: (410) 798-7734

170 Jennifer Road, Suite 325  
Annapolis, Maryland 21401  
(443) 994-9864  
dcgehubbard@aol.com  
MEETING LOCATION

**CLIENT ESTATE PLANNING QUESTIONNAIRE**

**A. PERSONAL AND FAMILY DATA**

**1. Personal Information:**

Name (Husband): \_\_\_\_\_  
Name (Wife): \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Cell Phone: husband: \_\_\_\_\_ wife: \_\_\_\_\_  
E-mail address: husband: \_\_\_\_\_ wife: \_\_\_\_\_  
Date of Birth: Husband: \_\_\_\_\_ social security no. \_\_\_\_\_  
Wife: \_\_\_\_\_ social security no. \_\_\_\_\_  
Citizenship if not US: Husband: \_\_\_\_\_  
Wife: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_

**2. Prior Marriages (If applicable, please indicate names of prior spouses and children of prior marriages. Do they include any support or settlement obligations?)**

Husband: \_\_\_\_\_  
Wife: \_\_\_\_\_

**3. Living Children and Their Issue: (first name, middle initial and last name)**

<u>Name</u>	<u>Birth Date</u> (if a minor)	<u>Address&amp;Phone #s</u>	<u>Children</u> (if any)
a. _____	/ _____ /	_____ _____ _____	/ _____ / _____ / _____
b. _____	/ _____ /	_____ _____ _____	/ _____ / _____ / _____
c. _____	/ _____ /	_____ _____ _____	/ _____ / _____ / _____
d. _____	/ _____ /	_____ _____ _____	/ _____ / _____ / _____

**4. Deceased Children, if any, and his or her children: \_\_\_\_\_**

5. **Living Parents:** Names Address & Phone #s  
 Wife's Parents: \_\_\_\_\_  
 \_\_\_\_\_

Names Address & Phone #s

Husband's Parents: \_\_\_\_\_  
 \_\_\_\_\_

6. **Living Siblings:** Names Addresses & Phone #s  
 Wife's Siblings: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Names Addresses & Phone #s

Husband's Siblings: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. 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>Birth date</u> (if a minor)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Do you have long term care insurance? \_\_\_\_\_

9. Do either of you have disability insurance? \_\_\_\_\_  
 If so, what is the value (i.e. 60% or 80% of salary): \_\_\_\_\_

10. Does the Husband or the Wife:
- (a) Expect to receive gifts/ inheritance from parents or others? Yes [ ] No [ ]  
 Approximate value: \_\_\_\_\_
  - (b) Expect to receive benefits from a retirement plan? Yes [ ] No [ ]
  - (c) Have powers of appointment? Yes [ ] No [ ]
  - (e) Have beneficial interests in trusts? Yes [ ] No [ ]
  - (f) Have an interest in a Buy-Sell Agreement? Yes [ ] No [ ]

B. **ASSET INFORMATION**

1. **Annual Incomes:** Husband: \_\_\_\_\_  
 Wife: \_\_\_\_\_

2. **Asset Holdings** (Indicate values under appropriate columns, husband, joint or wife)

	<u>Husband</u>	<u>Joint</u>	<u>Wife</u>
<b><u>IRAs</u></b>	/	/	/
	/	/	/
	/	/	/
	/	/	/
<b><u>Other Retirement Accounts</u></b>	/	/	/
	/	/	/
	/	/	/
<b><u>Cash Accounts</u></b>	/	/	/
	/	/	/
	/	/	/
<b><u>Other Investments</u></b>	/	/	/
	/	/	/
	/	/	/
<b><u>Real Estate</u></b>	/	/	/
	/	/	/
	/	/	/
<b><u>Personal Property</u></b> (cars, boats etc)	/	/	/
	/	/	/
	/	/	/
<b><u>Debts</u></b>	/	/	/
	/	/	/
	/	/	/

3. **Life Insurance:**

<u>Company</u>	<u>Death Benefit</u>	<u>Cash Value</u>	<u>Person Insured</u>	<u>Owner</u>	<u>Beneficiary</u>
/	/	/	/	/	/
/	/	/	/	/	/
/	/	/	/	/	/
/	/	/	/	/	/
/	/	/	/	/	/

**Balance of page is for attorney calculations**

Individ. assets:	/	/
Less debts:	/	/
Gross estate:	/	/
Plus joint assets:	/	/

C. **PROVISIONS DESIRED BY CLIENT**

1. **Disposition of Assets:** Most married people want the bulk of their property to pass to their surviving spouse outright or in trust for the survivor's benefit with the balance to pass to their mutual children upon the second death. Asset may pass to adult children outright or each child's share may be held in a separate trust to help ensure the responsible use of trust assets, protect the assets from the child's creditors (including an estranged spouse), and keep the assets in the family bloodlines upon the child's death. You may want to permit the child to become the trustee of his or her own trust at a certain age (i.e.30 or 35) along with an independent trustee that the child may select at that time. The trust that stays in place for the life of a child provides a level of asset protection that the child could not create by funding a trust that he or she creates for their own benefit. With the use of a trust, upon a child's death, his or her share would go to his or her children, if any, or if none, then to your other children or selected heirs. [Of course, all of this must be carefully customized for you, but these suggestions may be helpful.]

a. \_\_\_\_\_ Check here if you want assets to stay in separate trusts for each child with each child becoming the trustee of his or her trust at age 30 or 35. [See above for explanation of the same.] Indicate any desired modifications:  
\_\_\_\_\_

b. \_\_\_\_\_ As an alternative, check here if you want the assets to pass outright to children upon the second of you and your spouse to pass.

**Family Tragedy:** If spouse and all children and grandchildren predecease you, how are assets to go? (i.e. equally to siblings and/or parents, to friends, to charity or otherwise): \_\_\_\_\_  
\_\_\_\_\_

c. If the above suggestions do not apply, indicate below how your assets are to be distributed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **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 a surviving spouse, adult child or trusted friend and should be a person who you trust, has sound judgment and is capable of handling at least basic financial matters.

**Husband**

**Wife**

(Indicate name, address and phone number)

Initial Personal Representative: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1st Substitute: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2<sup>nd</sup> Substitute: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Guardians for Minor Children** (if any): Until minor children reach the age of 18, they must have a guardian appointed with respect to both their person and any property if both parents predecease them. The selected guardian is usually a related couple but can be any adult that you believe will care for your children in a loving and responsible manner. If you have minor children, please indicate your selected guardian(s) and successors.

1<sup>st</sup> Guardian: \_\_\_\_\_

2<sup>nd</sup> Guardian: \_\_\_\_\_

\_\_\_\_\_ Check here if you would like the Guardians to also serve as the trustees of any trusts established for the benefit of your children. If not, the trustees named above in item 3 would serve.

4. **Trustee for Revocable Living Trusts and any Trusts Arising Under Your Wills:** You will typically serve as the initial Trustee of your revocable trust either alone or with your spouse. You will need to name a successor trustee who will handle your assets upon incapacity and carry out your desired distribution plan upon death. (Please note that the successor trustee handles assets that are titled in your revocable trust and the attorney in fact and personal representative handle assets that are not in your trust.) Again, this is typically a surviving spouse, adult child or trusted friend and should be a person who you trust, has sound judgment and is capable of handling at least basic financial matters.

**Husband**

**Wife**

Note: We assume that you will be the initial trustee of your own revocable trust.  
(Indicate name, address and phone number)

1<sup>st</sup> Substitute: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2nd Substitute: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3rd Substitute: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **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 a surviving spouse, adult child or trusted friend and should be a person who you trust, has sound judgment and is capable of handling at least basic financial matters.

**Husband**

**Wife**

(Indicate name, address and phone number)

Initial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1st Substitute: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2nd Substitute: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Health Care Directive:** 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.

**Husband**

**Wife**

(indicate name, address and phone number)

Initial Agent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1st Substitute: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2nd Substitute: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **Disposition of Remains.** Any specific desires relating to burial, cremation, place remains are to be placed, type of memorial service or the like:

\_\_\_\_\_  
\_\_\_\_\_

8. **Personal Advisors:**

Name:

Address:

Telephone Number:

Accountant: \_\_\_\_\_

Financial Advisor: \_\_\_\_\_

Life Insurance Agent: \_\_\_\_\_

Personal Attorney: \_\_\_\_\_