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MEETING LOCATION

CLIENT ESTATE PLANNING QUESTIONNAIRE

Date: _____

A. PERSONAL AND FAMILY DATA

1. **Personal Information:**

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____ E-mail Address: _____

Date of Birth: _____

Citizenship if not US: _____

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

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

<u>Name</u>	<u>Birth Date</u> (if a minor)	<u>Address & Phone</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

6. **Living 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)
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8. Do you have long term care insurance? _____

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

10. Do you:

(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 []

(d) Have beneficial interests in trusts? Yes [] No []

(e) Have an interest in a Buy-Sell Agreement? Yes [] No []

B. ASSET INFORMATION

1. **Annual Income:** _____
2. **Asset Holdings** (Indicate values or estimates)

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

3. **Life Insurance:**

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

C. WILL PROVISIONS DESIRED BY CLIENT

1. 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.)

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 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:

_____	_____
_____	_____
_____	_____

- D. **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:

_____	_____
_____	_____
_____	_____

E. 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: _____

F. 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.

(Indicate name, address and relation)

Initial Agent: _____

1st Substitute: _____

2nd Substitute: _____

G. Burial/ Cremation: Any specific desires relating to burial, cremation, place remains are to be placed, type of memorial service or the like:

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

I. Personal Advisors:

Name:

Address:

Telephone Number:

Accountant:

Financial Advisor:

Life Insurance Agent:

Personal Attorney:
