

Estate Planning Questionnaire

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Client(s) Personal Information

Client 1

Full Name: _____ SSN: _____ DOB: _____

Other Names/ Nicknames (if you have property or financial accounts in any other names): _____

Citizenship? Y ☐ N ☐

I have a will - Y ☐ N ☐ I have a Trust Dated: _____

Previously Married? Y ☐ N ☐ Phone Number(s)Cell: _____ Business: _____

Occupation: _____ Employer: _____ Email: _____

Mothers Maiden Name: _____ List any special needs or health concerns: _____

Client 2

Full Name: _____ SSN: _____ DOB: _____

Other Names/ Nicknames (if you have property or financial accounts in any other names): _____

Citizenship? Y ☐ N ☐

I have a will - Y ☐ N ☐ I have a Trust Dated: _____

Previously Married? Y ☐ N ☐ Phone Number(s)Cell: _____ Business: _____

Occupation: _____ Employer: _____ Email: _____

Mothers Maiden Name: _____ List any special needs or health concerns: _____

Combined Client Information

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ County: _____

Date of Marriage: _____ Pre or Post-Marital Agreement? Y ☐ N ☐

Client(s) Family Information

Child One

Full Name: _____ DOB: _____ Male ☐ Female ☐ Other ☐

Home Address: _____ City: _____ State: _____ Zip: _____

Phone Number (s) - Home: _____ Work: _____ Cell: _____

Occupation: _____ Employer: _____

Marital Status: Widowed ☐ Divorced ☐ Single ☐

Spouse's/ Partner's Name: _____

Who is/are the biological parent/s of this child? Client One ☐ Client Two ☐ Both ☐

Name of Children of Child One:

_____, _____, _____

Child Two

Full Name: _____ DOB: _____ Male ☐ Female ☐ Other ☐

Home Address: _____ City: _____ State: _____ Zip: _____

Phone Number (s) - Home: _____ Work: _____ Cell: _____

Occupation: _____ Employer: _____

Marital Status: Widowed ☐ Divorced ☐ Single ☐

Spouse's/ Partner's Name: _____

Who is/are the biological parent/s of this child? Client One ☐ Client Two ☐ Both ☐

Name of Children of Child Two:

_____, _____, _____

Child Three

Full Name: _____ DOB: _____ Male ☐ Female ☐ Other ☐

Home Address: _____ City: _____ State: _____ Zip: _____

Phone Number (s) - Home: _____ Work: _____ Cell: _____

Occupation: _____ Employer: _____

Marital Status: Widowed ☐ Divorced ☐ Single ☐

Spouse's/ Partner's Name: _____

Who is/are the biological parent/s of this child? Client One ☐ Client Two ☐ Both ☐

Name of Children of Child Three:

_____, _____, _____

Child Four

Full Name: _____ DOB: _____ Male ☐ Female ☐ Other ☐

Home Address: _____ City: _____ State: _____ Zip: _____

Phone Number (s) - Home: _____ Work: _____ Cell: _____

Occupation: _____ Employer: _____

Marital Status: Widowed ☐ Divorced ☐ Single ☐

Spouse's/ Partner's Name: _____

Who is/are the biological parent/s of this child? Client One ☐ Client Two ☐ Both ☐

Name of Children of Child Four:

_____, _____, _____

Important Roles and Questions

(1) Persons (other than your Spouse) to administer your estate in the event of your death

Client One

Name of Successor One: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

Name of Successor Two: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

Client Two

Name of Successor One: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

Name of Successor Two: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

(2) Persons (other than your Spouse) to act as your agent under a Financial Power of Attorney

Client One

Name of Successor One: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

Name of Successor Two: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

Client Two

Name of Successor One: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

Name of Successor Two: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

(3) Persons (other than your Spouse) to act as your agent under a Health Care Power of Attorney

Client One

Name of Successor One: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

Name of Successor Two: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

Client Two

Name of Successor One: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

Name of Successor Two: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

Client One

Physician: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Office Phone Number: _____
 Office Fax Number: _____

Client Two

Physician: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Office Phone Number: _____
 Office Fax Number: _____

GUARDIAN. If you have minor children or a beneficiary with special needs, you may need to appoint a guardian. The guardian is responsible for the day-to-day care of the child. It is a good idea to name at least one alternate guardian to act if your first choice cannot serve. This is an important obligation, so make sure the appointed guardian agrees to accept this responsibility

Guardian

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone Number: _____
 Cell Phone Number: _____

Alternate

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone Number: _____
 Cell Phone Number: _____

Please Check " Yes" or " No" for Your Answer	YES	NO
Do any of your children or beneficiaries receive governmental support or benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any adopted children?	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your children or beneficiaries have special education, medical, or physical needs?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your children or beneficiaries institutionalized?	<input type="checkbox"/>	<input type="checkbox"/>
Has either Client ever been widowed? (If a Federal estate tax or State death tax return was filed, please furnish a copy.)	<input type="checkbox"/>	<input type="checkbox"/>
Has either Client ever filed Federal or State gift tax returns? (Please furnish a copy.)	<input type="checkbox"/>	<input type="checkbox"/>
Has either Client ever signed a property agreement? (Please furnish a copy.)	<input type="checkbox"/>	<input type="checkbox"/>

Who Gets What

SPECIFIC GIFTS. Do you want to make charitable gifts, such as to a church or other institution? Do you wish to make a special gift to a particular person, such as a piece of jewelry to a particular child?

Briefly describe where you would want REMAINING ASSETS to go after any specific gifts are distributed:

BENEFICIARIES' TRUSTEE. You may need a trustee to manage assets for beneficiaries at least until they are capable of managing assets on their own. A trustee can keep the beneficiary's money invested wisely and use it for their education, support, etc., until they reach an age specified or until they no longer have special needs. The trustee can be a relative, friend, trust company, or other person or institution you trust to manage and distribute assets according to your wishes.

Beneficiaries Trustee

Legal Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone Number: _____
 Cell Phone Number: _____

Alternate

Legal Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone Number: _____
 Cell Phone Number: _____

ULTIMATE DISTRIBUTION. It's terrible to think about, but how would you want your property distributed if none of the beneficiaries named above survive you (ex: to your nearest living relatives, to charity, etc.)?

Financial Information and Source Documents

Assets # of Financial Information	#	Amount for Client One	Amount for Client Two	Amount for Joint Ownership	Title *See Note Below
Cash Accounts (i.e. CD's, savings, checking)					
Investment Account (i.e. brokerage accounts)					
Stocks (not held in an investment account)					
Personal Effects (i.e. jewelry, furniture, etc.)					
Retirement Plans (i.e. 401K, Roth IRA, etc.)					
Life Insurance Policies (face value)					
Annuities					
Bonds (not held in an investment account)					
Secured Notes (money owed to you)					
Partnership Interests					
Corporate Business Interests (LLC or Inc.)					
Sole Proprietorship Interests					
Anticipated Inheritance, Gift, or Judgment					
Oil, Gas, and Mineral Interests					
Other Assets					
Personal Residence(including city, state, and zip code below):					
Other Real Estate Properties (# of properties ____)					

Address (including city, state, and zip code below):					
Address (including city, state, and zip code below):					
Address (including city, state, and zip code below):					
Address (including city, state, and zip code below):					
Total Assets					

* FOR JOINTLY-OWNED ASSETS, INDICATE IN THE FAR-RIGHT COLUMN(" TITLE") HOW THE TITLE IS HELD FOR THAT PROPERTY WRITE: "CP" FOR COMMUNITY PROPERTY OR "JT" FOR JOINT TENANCY OR TC" FOR TENANCY IN COMMON OR TP" FOR TRUST PROPERTY

Liabilities	Client One	Client Two	Joint Ownership
Loans Payable			
Accounts Payable			
Real Estate Mortgages			
Total Liabilities			
Net Estate (total assets minus total liabilities)			
Combined Net Estate (client one net plus client two net plus joint net)	N/A	N/A	

To assist you in the funding of your revocable living trust, the following documents will be useful if provided to the office:

1. A copy of the Warranty Deed to any real property owned by you and/ or your spouse.
2. A copy of the recorded deed to any mineral or royalty interests owned by you and/or your spouse.
3. A copy of a premium statement that reflects the insurance company's name and address, the insured's name, and the policy number for any life insurance policies and/or annuities owned by you and/or your spouse.
4. A copy of the first page of each of the most recent statements which reflects how the account is styled, the bank's name, address, and your account number for any bank accounts owned by you and/or your spouse.
5. A copy of the first page of each of the most recent statements which reflects how the account is styled, the brokerage firm's name and address, your representative's name, and your account number for any brokerage accounts owned by you and/or your spouse.
6. Any original stocks or bonds that you and/or your spouse hold in certificate form.
7. Any original E or EE bonds owned by you and/or your spouse.
8. A copy of any notes receivable payable to you and/or your spouse.
9. A copy of the first page of each of the most recent statements for any IRA's and/or 401(k)' s owned by you and/or your spouse.
10. A list of any livestock, farm, and ranch equipment and machinery owned by you and/or your spouse.
11. A copy of an automobile title or registration statement for each vehicle owned by you and/or your spouse.
12. A copy of any information for any timeshare owned by you and/or your spouse.
13. Stock certificates and bylaws or operations agreements for any business owned fully or in part by you and/or your spouse.
14. A list of any other assets (with the exception of personal property) not covered above.