

Estate Planning Worksheet (M)



11300 ROCKVILLE PIKE STE 708
ROCKVILLE, MARYLAND 20852
Telephone (301) 468-3220

Using this organizer will assist us in designing an estate plan that meets your goals. All information provided is strictly confidential.

Please return the completed worksheet to our office at least 24 hours before your appointment. Thank you.

Personal Information

Your Full Name (s) _____
(name most often used to title property and accounts)

Name on Driver's License or Government ID _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Mailing address (if different from above) _____

Home Telephone _____ Country of Residence _____ Cell Phone Number _____

E-mail Address _____

☐ It is okay to communicate with me via my E-mail address.

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Domestic Partnership

☐ Other _____

If Married - Date of Marriage _____

If divorced - Date of Divorce _____

If widowed - Date of Death _____

Spouse's Full Name (s) _____
(name most often used to title property and accounts)

Name on Driver's License or Government ID _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ US Citizen? _____

Spouse's E-mail _____

☐ It is okay to communicate with me via my E-mail address.

Spouse's Cell Phone Number _____

Children (from old to youngest)

(Use full legal name. Use "JT" if both spouses are the parents, "M" if you are the parent, "S" if your spouse is the parent.)

1. **Full Legal Name (First, Middle, Last):** _____

Relationship: _____

DOB/Age: _____ Phone number: _____

If married name of spouse: _____

Address: _____

Children? If yes, provide names and ages: _____

2. **Full Legal Name (First, Middle, Last):** _____

Relationship: _____

DOB/Age: _____ Phone number: _____

If married name of spouse: _____

Address: _____

Children? If yes, provide names and ages: _____

3. **Full Legal Name (First, Middle, Last):** _____

Relationship: _____

DOB/Age: _____ Phone number: _____

If married name of spouse: _____

Address: _____

Children? If yes, provide names and ages: _____

4. **Full Legal Name (First, Middle, Last):** _____

Relationship: _____

DOB/Age: _____ Phone number: _____

If married name of spouse: _____

Address: _____

Children? If yes, provide names and ages: _____

5. **Full Legal Name (First, Middle, Last):** _____

Relationship: _____

DOB/Age: _____ Phone number: _____

If married name of spouse: _____

Address: _____

Children? If yes, provide names and ages: _____

6. **Full Legal Name (First, Middle, Last):** _____

Relationship: _____

DOB/Age: _____ Phone number: _____

If married name of spouse: _____

Address: _____

Children? If yes, provide names and ages: _____

**Other Family Members or other Individuals or Entities Named or to Be Named
In Your Estate Plan, Not Listed Above**

1. Full Legal Name (First, Middle, Last): _____

DOB/Age: _____ Phone Number: _____

Relationship: _____

Address: _____

EIN (IF Charity): _____

2. Full Legal Name (First, Middle, Last): _____

DOB/Age: _____ Phone Number: _____

Relationship: _____

Address: _____

EIN (IF Charity): _____

3. Full Legal Name (First, Middle, Last): _____

DOB/Age: _____ Phone Number: _____

Relationship: _____

Address: _____

EIN (IF Charity): _____

4. Full Legal Name (First, Middle, Last): _____

DOB/Age: _____ Phone Number: _____

Relationship: _____

Address: _____

EIN (IF Charity): _____

Advisors for You and Your Spouse

	Name	Telephone	E-Mail	Can We Contact?
Accountant or CPA				
Financial Advisor				
Life Insurance				
Other Advisors				

How did you find us?

Important Family Questions

Please check “Yes” or “No” for your answer	You	Spouse
Are you (or your spouse) paying under a divorce or property settlement order? <i>Please furnish a copy.</i>		
Have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy.</i>		
Have you (or your spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy.</i>		
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please make copies of these returns.</i>		
Have you (or your spouse) completed previous will, trust, or estate planning? <i>Please furnish copies of these documents.</i>		
Have you lived in the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin.</i>		
Do you (or your spouse) have any assets located outside the United States? <i>If so, please explain below.</i>		
Are any of your intended beneficiaries located abroad? <i>If yes, please provide full names, addresses and additional details below.</i>		
Do any of your intended beneficiaries have any special needs that will require a sensitive distribution arrangement? <i>If yes, please provide full names and what the special needs are below.</i>		
Have you or will you inherit any assets (including real estate or business interests) from someone who lives in another country? <i>If yes, please explain below.</i>		
Are you (or your spouse) the beneficiary of anyone else’s trust? <i>If so, please explain below.</i>		
Do you (or your spouse) own any cryptocurrency? <i>If so, please list the details below.</i>		

Comments/Additional Information/Special Concerns

Fiduciary Details

(For each position, name at least one initial agent and one successor agent.)

PERSONAL REPRESENTATIVE/EXECUTOR (PR): Who do you want to wind up your affairs upon your death (or upon the death of both you and your spouse)?

Your PR:

	Name (First, Middle, Last)	Relationship	Address	Telephone Number	Citizenship
First					
Second					
Third					

Spouse's PR (list or indicate same as above)

	Name (First, Middle, Last)	Relationship	Address	Telephone Number	Citizenship
First					
Second					
Third					

GUARDIAN FOR MINOR CHILDREN: If you have minor children, who do you want to raise them if you cannot? This person is the Guardian of your children. Do you want to provide any special economic arrangements to help your children's Guardians *Please explain any special economic arrangements you would like for your guardian.*

	Name (First, Middle, Last)	Relationship	Address	Telephone Number	Citizenship
First					
Second					
Third					

Additional Comments

(For example: Do you want to financially assist your guardians or give them specific guidance?)

POWER OF ATTORNEY: If you cannot make financial decisions for yourself, who would you want to decide for you? Who do you want to manage and invest your assets for you or your intended beneficiaries if you cannot do so? This person is called "your agent" or your "Successor Trustee."

Your Agents:

	Name (First, Middle, Last)	Relationship	Address	Telephone Number	Citizenship
First					
Second					
Third					

Spouse's Agents (list or indicate same as above)

	Name (First, Middle, Last)	Relationship	Address	Telephone Number	Citizenship
First					
Second					
Third					

HEALTH CARE: Who do you want to make medical decisions for you if you cannot communicate your desires?

This person is your health care agent or proxy.

Your Agents:

	Name (First, Middle, Last)	Relationship	Address	Telephone Number	Citizenship
First					
Second					
Third					

Spouse's Agents (list or indicate same as above)

	Name (First, Middle, Last)	Relationship	Address	Telephone Number	Citizenship
First					
Second					
Third					

Question	You		Spouse	
Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?	☐ Yes	☐ No	☐ Yes	☐ No
Do you want to designate someone to act regarding disposition of remains?	☐ Yes	☐ No	☐ Yes	☐ No

Option (Check all that apply)	You	Spouse
Cremation	☐	☐
Burial	☐	☐
Cremation & Burial	☐	☐
Organ Donation	☐	☐
Green Burial	☐	☐
Other:	☐ _____	☐ _____

Additional Comments/ Instructions or Guidelines:

DISTRIBUTION OF YOUR ASSETS

SPECIFIC BEQUESTS AND DISTRIBUTION OF PERSONAL PROPERTY

At your death, do you wish to leave specific bequests of cash or real property? If yes, please explain below:

FOR YOU:

Individual or Charity	Amount or Property	Contingent on Spouse predeceasing?

FOR SPOUSE:

Individual or Charity	Amount or Property	Contingent on Your predeceasing?

DIVISION OF PROPERTY UPON YOUR DEATH (OR UPON THE DEATH OF SECOND SPOUSE TO DIE):

☐ **DIVIDE EQUALLY BETWEEN ALL CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN:**

☐ **OTHER (Please explain):**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

HOW AND WHEN TO DISTRIBUTE MY PROPERTY TO MY CHILDREN/BENEFICIARIES:

- ☐ **DISTRIBUTE OUTRIGHT TO OUR CHILDREN/BENEFICIARIES:** Provides no protection from creditors, predators, or from themselves.
- ☐ **DOES A CHILD/BENEFICIARY HAVE ANY SPECIAL NEEDS?** Have you or someone else created a special needs trust for a child/beneficiary? Please explain below.
- ☐ **STRUCTURED TRUST** (can provide protection from creditors, lawsuits, bankruptcies, bad marriages, predators or themselves): You determine how long the property is to remain in trust. During the time the property is held in trust it is available to the beneficiary, on the discretion of the Trustee, for either needs (health, education and maintenance) or for any purpose. You may give written guidelines or instructions to the trustee to follow in determining when and how much to distribute to a beneficiary. You may provide for a staggered distribution of principal. (For example: $\frac{1}{4}$ at 25, $\frac{1}{4}$ at 30 and the balance at 35 or $\frac{1}{3}$ at age 30 and balance at age 40 OR you may provide that the assets stay in trust for the beneficiary's lifetime.) You decide who will be the Trustee and manage the property and carry out your distribution instructions. Also, the beneficiary could be a Trustee or Co-Trustee or the right to choose the Trustee. You decide how the Trust is designed. List your desires:

REMOTE CONTINGENT BENEFICIARY: If you and all your immediate family die in a common disaster (or are not living when property is to be distributed from a trust), who should receive your assets? You can name relatives, friends or charities, or any combination:

OTHER ITEMS TO INCLUDE OR DISCUSS: Obviously, your estate plan should address all your goals, objectives, hopes and wishes. Please list any other items you want to include or want to discuss below:

Net Worth Statement

Assets (Estimated Current Fair Market Value)	Titled In Your Name Only	Titled Jointly (Please state with who)	Titled In Spouse's Name Only	Current Beneficiary
Primary Residence (provide a copy of each Deed and tax bill)				
Other Real Estate (provide a copy of each Deed and tax bill)				
Checking Account				
Savings/ Money Market Account				
Certificate of Deposit				
Note(s) Receivable				
Stocks & Bonds				
Profit-Sharing/401k/IRAs				
Life Insurance				
Annuities				
Digital Assets				
Partnerships / LLC				
Closely Held Business				
Personal Property				
<u>Total Assets</u>				

Liabilities				
Home Mortgage				
Other Real Estate Mortgages				
Other Debt				
<u>Total Liabilities</u>				
NET WORTH				

Income Range	Select (✓)
\$1 – \$100,000	☐
\$100,001 – \$500,000	☐
\$500,001 – \$1,000,000	☐
Over \$1,000,000	☐

ADDITIONAL INFORMATION RELATED TO YOUR ASSETS, including the address of any real estate owned or the information related to any business or partnership that owned.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.