



Law Office of JANE FRANKEL SIMS LLC  
Estates & Trusts

# Estate Planning Questionnaire

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Date: \_\_\_\_\_ Referred by: \_\_\_\_\_ Referred to: \_\_\_\_\_

<b>YOURSELF</b>	<b>YOUR SPOUSE (if applicable)</b>
Full Name _____	Full Name _____
Date of Birth _____	Date of Birth _____
Citizenship _____	Citizenship _____
SS#: _____	SS#: _____
Work phone _____	Work phone _____
Mobile phone _____	Mobile phone _____
Email _____	Email _____

**Contact Information**

<b>HOME</b>	
Street and number _____	
City _____	State _____
Postal Code _____	County of Residence _____
Home Phone _____	Fax _____

**ADVISORS/SERVICE PROVIDERS CONTACT INFORMATION**

Accountant \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Financial Advisor \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Insurance Agent \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Please write/indicate the year that you or your spouse established any of the following documents:

<b>Documents</b>	<b>Yourself</b>	<b>Your Spouse</b>
Will		
Revocable (living) trust		
Insurance trust		

*If possible, please provide a copy of each instrument.*

Date and place of marriage \_\_\_\_\_

Place(s) of residence during marriage \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a pre- or post-marital Agreement? (If yes, please provide a copy)    yes \_\_\_\_\_    no \_\_\_\_\_

If you have previously been married, did marriage(s) end by divorce, or by death of spouse?

**CHILDREN**

	<u>Child 1</u>	<u>Child 2</u>	<u>Child 3</u>	<u>Child 4</u>
Full Name				
Date of Birth				
Single/married/ divorced				
Child of a prior marriage? (If so, is child yours or your spouse's?)				
Please list the names and ages of each grandchild	<b>Names, Ages</b> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	<b>Names, Ages</b> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	<b>Names, Ages</b> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	<b>Names, Ages</b> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

**Parents**

**Your Parents**

Names \_\_\_\_\_  
\_\_\_\_\_  
Living? \_\_\_\_\_  
Ages? \_\_\_\_\_

**Spouse's Parents**

Names \_\_\_\_\_  
\_\_\_\_\_  
Living? \_\_\_\_\_  
Ages \_\_\_\_\_

## ASSETS

### ***Real Property***

Residence	Location	Approx. Value	Mortgage Amount	Title <i>(owner of property)</i>
1				
2				
Other real estate				

*Please provide copies of deeds, if available, or assessment information.*

### ***Financial Assets***

Bank Accounts	Where Held	Approximate value	Account Owner
1			
2			
3			

Stocks Bonds/Mutual Funds <small>(non retirement)</small>	Where Held	Approximate value	Account Owner
1			
2			
3			

401(k)s, IRAs and Pensions	Where held	Approximate value	Account Owner	Beneficiary
1				
2				
3				

*Please provide a copy of the beneficiary designation, if available*

**Business Assets**

<b>Your business assets</b>	<b>Type of entity</b> (i.e. sole proprietorship, S Corp, C Corp, Partnership, Limited Liability Company etc.)	<b>Approximate value</b>	<b>Owner</b>
1			
2			
3			

**Other Assets**

<b>(i.e. jewelry, antiques, artwork worth over \$20,000 per piece or per collection)</b>	<b>Type of Asset</b>	<b>Approximate value</b>	<b>Owner</b>
1			
2			
3			

**Life Insurance**

	OWNER	TYPE OF POLICY	DEATH BENEFIT	PRIMARY BENEFICIARY	CONTINGENT BENEFICIARY	CASH VALUE
1						
2						
3						
4						

**Trusts Created for Your Benefit**

Created By	Year Created	Trustee	Your Interest	Value

*Provide a copy of trust instrument, if available.*

**Prospective Inheritance**

<i>From Whom</i>	<i>Possible Value</i>

**Liabilities** (exclude home mortgage listed above)

	Creditor	Approximate Amount
1		
2		
3		

## Questions to be Considered at the Initial Meeting

(No need to complete in advance)

1	Burial/Cremation preferences?						
2	Are you an organ donor?						
3	How would you like your tangible property distributed?						
4	Any specific bequests of cash to individuals or charities?						
5	Tax Planning Options (please circle):	Automatic Tax Planning	Disclaimer Tax Planning	GST Tax Planning	No Tax Planning		
6	Primary Residuary Beneficiaries	<u>Name</u>	<u>Familial Relationship</u>	<u>%</u>	<u>Outright or In Trust?</u>	<u>Trust Options</u>	<u>To descendents if not living?</u>

		<u>Name</u>	<u>Familial Relationship</u>	<u>%</u>	<u>Outright or In Trust?</u>	<u>Trust Options</u>	<u>To descendants if not living?</u>
7	Contingent Beneficiaries						



## ***Fiduciaries***

1. Who do you choose to probate your Will, collect and administer your assets and distribute your estate to your beneficiaries (i.e. your executor/personal representative)?

Personal Representative(s):

Name: \_\_\_\_\_

City/Cty \_\_\_\_\_

State: \_\_\_\_\_

Relation: \_\_\_\_\_

Successor Personal Representative(s):

Name: \_\_\_\_\_

City/Cty \_\_\_\_\_

State: \_\_\_\_\_

Relation: \_\_\_\_\_

2. If you have minor children, who should be given the responsibility of raising them if both parents should die before the children reach age 18 (i.e., their guardians)?

Guardian(s):

Name: \_\_\_\_\_

City/Cty \_\_\_\_\_

State: \_\_\_\_\_

Relation: \_\_\_\_\_

Successor Guardian(s):

Name: \_\_\_\_\_

City/Cty \_\_\_\_\_

State: \_\_\_\_\_

Relation: \_\_\_\_\_

3. Who do you choose to manage your assets, make investment decisions and determine how distributions are made to your spouse from any trust created for your spouse under your Will (i.e. your trustee)?

Trustee(s) for Spouse:

Name: \_\_\_\_\_

City/Cty \_\_\_\_\_

State: \_\_\_\_\_

Relation \_\_\_\_\_

Successor Trustee(s):

Name: \_\_\_\_\_

City/Cty \_\_\_\_\_

State: \_\_\_\_\_

Relation: \_\_\_\_\_

4. Who do you choose to manage your assets, make investment decisions and determine how distributions are made to your descendants from any trust created for your descendants under your Will (i.e. your trustee)?

Trustee(s) for descendant:

Successor Trustee(s):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

City/Cty \_\_\_\_\_

City/Cty \_\_\_\_\_

State: \_\_\_\_\_

State: \_\_\_\_\_

Relation \_\_\_\_\_

Relation: \_\_\_\_\_

**5. Durable Financial Power of Attorney:** Under Maryland law, a person may appoint an agent to act during his or her lifetime regardless of mental condition to handle his or her financial matters. As a result, the appointment of an agent prior to a disability can avoid the costly procedure of establishing a guardianship, as well as permit the agent to act for the person in his or her absence. If you wish to execute a General Power of Attorney, who do you want to name as your agent and successor agent?

Agent(s):

Successor Agent(s):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relation: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ (H)  
\_\_\_\_\_ (W)  
\_\_\_\_\_ (C)

Phone Numbers: \_\_\_\_\_ (H)  
\_\_\_\_\_ (W)  
\_\_\_\_\_ (C)

6. **Advance Directive/Health Care Power of Attorney:** In addition to the General Power of Attorney, an agent may be appointed by you to make the medical decisions for you if you are incapacitated. The decisions include the consent or withdrawal of medical procedures, life support systems and medicine. This document can also specify your intent regarding life-sustaining procedures if you are terminally ill, in a persistent vegetative state or suffer from severe and permanent deterioration in your quality of life. If you wish to execute an Advance Directive Appointing Health Care Agent and Providing Health Care Instructions, who do you want to name as your agent and successor agent?

Name: _____	Name: _____
Full Address: _____ _____	Full Address: _____ _____
Phone Numbers: _____ (H) _____ (W) _____ (C)	Phone Numbers: _____ (H) _____ (W) _____ (C)
Relation: _____	Relation: _____

7. **Advance Directive/Living Will:** What is your intent regarding life-sustaining procedures if you are terminally ill or in a persistent vegetative state, with no reasonable chance of recovery.

- A. Be kept alive on artificial life support.
- B. Withdraw all artificial life support (with the exception of pain medication and/or fluids to prevent dehydration).
- C. Withdraw all artificial life support other than a feeding tube.

If you are pregnant at the time that you are terminally ill or in a persistent vegetative state, would like to be kept alive until the birth of a viable fetus? \_\_\_\_\_ yes \_\_\_\_\_ no

Thank you for your information- we look forward to working with you  
If you have any questions – please feel free to contact our offices