**(Strictly Confidential)**

**ESTATE PLANNING MASTER INFORMATION LIST - COUPLES**

 (Note: Please complete this questionnaire to the best of your ability. We understand that some areas may require more explanation or may not be pertinent to your estate plan. Attach additional sheets if necessary. **Thank you!**)

**\*\*When listing names, please use the following format: First, Middle Initial, Last**

**I. PERSONAL INFORMATION** Date:

 **Clients**

You:

Other Names Used:

Address :

County:

E-mail Address:      OK to use e-mail? [ ]  Yes [ ]  No

Phone - Cell:       Home:

Social Security No. (last 4 digits):       DOB:

Are you a U.S. Citizen? [ ]  Yes [ ]  No

Spouse:

Other Names Used:

Address:

County:

E-mail Address:       OK to use e-mail? [ ]  Yes [ ]  No

Phone - Cell:       Home:

Social Security No. (last 4 digits):       DOB:

Are you a U.S. Citizen? [ ]  Yes [ ]  No

Are you married? [ ]  Yes [ ]  No If so, date of marriage:

Are you a registered domestic partner? [ ]  Yes [ ]  No

 If yes, date and county of registration:

**Children** (*If applicable****)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parents (You, Spouse, Both) | Child’s Full Name | Sex (M/F) | DOB | Married (Y or N) | Address |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

**Grandchildren** (*if applicable)*

|  |  |  |  |
| --- | --- | --- | --- |
| Parent | Grandchild’s name and Age | Parent | Grandchild’s Name and Age |
| 1.       |       | 5.      |       |
| 2.       |       | 6.      |       |
| 3.       |       | 7.      |       |
| 4.       |       | 8.      |       |

Are there any children who have died? [ ]  Yes [ ]  No

Name(s):

If yes, did they have any children? [ ]  Yes [ ]  No

Name(s):

Are there any adopted children in the family? [ ]  Yes [ ]  No

Name(s):

Are there any children who are living as family members but who have *not* been adopted?

[ ]  Yes [ ]  No If yes, name(s):

Do any children have special needs or disabilities? [ ]  Yes [ ]  No

If yes, please describe:

 **Other Relatives**

 You and Spouse: *Parents & Siblings (if appropriate)*

|  |  |  |
| --- | --- | --- |
| Name | Relationship | Address |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

 **Prior Marriages or Domestic Partnerships**

To whom?

How and when marriage or domestic partnership ended:

**II. Financial Information** *(Note****:*** *For financial questions, approximations are fine)*

 **Assets**

**Real Property**

|  |  |  |  |
| --- | --- | --- | --- |
| Property Location | How Title Held (You, Spouse, Both) | When & How Acquired | Value (Less any mortgage) |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**Checking/Savings/CD Accounts/Other Bank/Money Market Accounts**

|  |  |  |
| --- | --- | --- |
| Bank Name | How Titled (You, Spouse, Both) | Value |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

**Brokerages/Securities**

|  |  |  |
| --- | --- | --- |
| Brokerage Firm | How Titled (You, Spouse, Both) | Value |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

**Personal Property**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item | You  | Spouse  | Joint | Value |
| Automobiles |       |       |       |       |
| Jewelry |       |       |       |       |
| Furniture/Furnishings |       |       |       |       |
| Other:      |       |       |       |       |

**Business Interests (S Corps, C Corps, LLCs, Partnerships)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type  | You  | Spouse  | Joint | Value |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

 **Life Insurance**

|  |  |
| --- | --- |
| Name of Co:       | Type of Policy/Plan:       |
| Title Holder:       | Whose Life Insured:       |
| Beneficiary:       | Alternate Beneficiary:       |
| When Acquired:       | Face Amt and/or Value:       |

|  |  |
| --- | --- |
| Name of Co:       | Type of Policy/Plan:       |
| Title Holder:       | Whose Life Insured:       |
| Beneficiary:       | Alternate Beneficiary:       |
| When Acquired:       | Face Amt and/or Value:       |

Do any policies provide double indemnity?

[ ]  Yes [ ]  No If yes, which ones?

 **Annuities**

|  |  |
| --- | --- |
| Name of Co:       | When Acquired:       |
| Owner:       | Cost:       |
| Annuitant:       | Current Value:       |
| Beneficiary:     Alternate Beneficiary:      | Current Payments/Amount:      |

**Retirement Plans**

 *(e.g., HR-10, IRAs, 401(k), 403(b), and Other Pension/Profit-Sharing Plans)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Owner (You, Spouse) | Name of Brokerage/Company | BeneficiariesPrimary/Contingent | Type (Term, Whole) | Value |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**Present Employer(s)**

|  |  |  |
| --- | --- | --- |
| You or Spouse | Employer | Annual Income |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

**Debts**

 *(Other than mortgages shown above in connection with assets)*

|  |  |  |  |
| --- | --- | --- | --- |
| To whom payable? | Who is Liable? (You, Spouse, Both) | Is debt secured by lien? What Property? | Amount |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

Have you received any significant gifts or inheritances? [ ]  Yes [ ]  No If so, indicate what value or what property was received, by whom, and when.

Do you anticipate any substantial gifts or inheritance? [ ]  Yes [ ]  No If so, from whom and in what amount?

Have you made any significant gifts recently or filed a federal gift tax return? [ ]  Yes [ ]  No If so, briefly explain

**III. Other Questions**

Do you have existing Wills or trusts?

Do you wish to disinherit any children or close relatives?

If a beneficiary passes away before you, do you desire the assets be distributed to that beneficiary’s children [ ]  Yes [ ]  No

**Personal Representative (PR) of your Will**

You:

PR (usually spouse):

Address & Tel# (if not your spouse):

Alternative PR:

Address & Tel#:

Second Alternative PR (Optional):

Address & Tel#:

Spouse:

PR (usually spouse):

Address & Tel# (if not your spouse):

Alternative PR:

Address & Tel#:

Second Alternative PR (Optional):

Address & Tel#:

**Trustees – (if applicable, you and your spouse are initial trustees)**

Successor Trustee:

Address & Tel#:

Alternate Successor Trustee:

Address & Tel#:

**Guardians (if applicable)**

Name of **Guardian** for minor children if both spouses pass away (if applicable)?

1.
2.

Name of **Guardian** of your person if you would ever need one (if determined incapacitated)?

You:

1. (Usually spouse):
2.

Spouse:

1. (Usually spouse):
2.

Do you have an existing marital property (or prenuptial or postnuptial) agreement?

[ ]  Yes [ ]  No If so, please provide a copy.

Have either of you made funeral arrangements? [ ]  Yes [ ]  No

Would you like a Christian Preamble in your in either of your Wills? [ ]  Yes [ ]  No

Would you like to leave any assets to charities or non-profits? [ ]  Yes [ ]  No

If yes, to which organizations?

**Power of Attorney for Healthcare**

You:

Primary Agent (usually spouse):

Address & Tel# (if not your spouse):

Successor Agent:

Address & Tel#:

Alternate Successor Agent (*if desired)*:

Address & Tel#:

Spouse:

Primary Agent (usually spouse):

Address & Tel# (if not your spouse):

Successor Agent:

Address & Tel#:

Alternate Successor Agent (*if desired)*:

Address & Tel#:

\**Note: the healthcare agent will step in and make healthcare decisions on your behalf*

**Power of Attorney for Finances (Durable)**

You:

Primary Agent (usually spouse):

Address & Tel# (if not your spouse):

Successor Agent:

Address & Tel#:

Alternate Successor Agent (*if desired)*:

Address & Tel#:

Spouse:

Primary Agent (usually spouse):

Address & Tel#:

Successor Agent:

Address & Tel#:

Alternate Successor Agent (*if desired)*:

Address & Tel#:

*\*Note: the financial agent will step in and make financial decisions on your behalf*

**State any concerns, additional information and generally how you would like your assets distributed**:

How did you hear about Koblitz Law Office?

If you used our website, were there any issues?

**WAIVER OF POTENTIAL CONFLICT OF INTEREST**

We understand that there are potential conflicts of interest between myself and my spouse in matters about which we are consulting. We agree to notify you if either of us desires to have separate counsel, or no longer desire your services. We each hereby consent to having you represent both of us in the drafting of our estate planning documents and we each hereby waive any potential or actual conflicts of interest. As this is a joint representation between myself and my spouse, we understand that you will be representing both of us and there are no confidential communications as between ourselves and you.

Date:

Spouse one’s signature Spouse two’s signature

**Instructions regarding real estate, property and other documents:** Feel free to send along with this document copies of any real estate deeds and other information that you feel may be pertinent to your estate planning. If you do not have the deeds, I can obtain them online for a small fee. We will also discuss what documentation I will need during our appointment.

Thank you very much for taking the time to complete this questionnaire! It is quite involved, but it will save us both time and make our meetings more effective. ***It is greatly appreciated!***

Please return completed form to:

Koblitz Law Office, LLC OR Email to: dan@koblitzlawfirm.com

Dan Koblitz

2320 Parallel Lane

Silver Spring, MD 20904 Fax to: 301-719-2563