**(Strictly Confidential)**

**ESTATE PLANNING MASTER INFORMATION LIST – SINGLE PERSON**

(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:

**Client**

Name:

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 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****)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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**

*Parents & Siblings (if appropriate)*

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

**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, with another) | When & How Acquired | Value (Less any mortgage) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

|  |  |  |
| --- | --- | --- |
| Bank Name | How Titled (You, or with another) | Value |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Brokerages/Securities**

|  |  |  |
| --- | --- | --- |
| Brokerage Firm | How Titled (You, or with another) | Value |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Personal Property**

|  |  |  |
| --- | --- | --- |
| Item | Are You Sole Owner? | Type and Value |
| Automobiles |  |  |
| Jewelry |  |  |
| Furniture/Furnishings |  |  |
| Other: |  |  |

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

|  |  |  |
| --- | --- | --- |
| Type | Sole or Other Owners? | 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) | Name of Brokerage/Company | Beneficiaries  Primary/Contingent | Value |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Present Employer(s)**

|  |  |
| --- | --- |
| Employer | Annual Income |
|  |  |
|  |  |
|  |  |

**Debts**

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

|  |  |  |
| --- | --- | --- |
| To whom payable? | 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 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 an existing Will or trust?

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**

Personal Representative:

Address & Tel#:

Alternative Personal Representative:

Address & Tel#:

Second Alternative PR (Optional):

Address & Tel#:

**Trustees – (if applicable, you are the initial trustee)**

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)?



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



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

Yes  No If so, please provide a copy.

Have you made funeral arrangements?  Yes  No

Would you like a Christian Preamble in your Will?  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**

Primary Agent:

Address & Tel#:

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 if you become incapacitated.*

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

Primary Agent (usually spouse):

Address & Tel# (if not your spouse):

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 if you become incapacitated.*

**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?

**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](mailto:dan@koblitzlawfirm.com)

Dan Koblitz

2320 Parallel Lane

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