

Berman, Sobin, Gross, Feldman & Darby, LLP Estate Planning Questionnaire

Part A -- WILL

Section 1 – Basic Information (Everyone Complete)

Full Name (how you sign your name)	
Any aliases or AKAs or “legal name”	
Spouse’s name (if applicable)	
Street Address	
City, State, Zip	
County/D.C.	
Phone Number (home)	
Phone Number (cell)	
Social Security Number	
Date of Birth	
Do you own your home? <u>If Yes, Attach Deed</u>	
Do you wish to be buried or cremated?	

Section 2 – Beneficiaries (Everyone Complete)

If your choice of distribution is not addressed below, please attach a separate paper with the distribution you desire.

Charities: Please note that if you are giving any part of your estate to a charity please provide the proper name, address, phone number and tax id number for the charity as well as any specific requirements for the use of the donation.

Special Needs: If you have a child or beneficiary with special needs, please indicate the name, age and relationship of the person, the diagnosis of their condition and whether or not they receive any government assistance.

Please select **ONE** of the following three distribution schemes that best represents your wishes:

- 1. I leave everything to my spouse, if my spouse predeceases me to my children.
(if checked, proceed to Section 2(a))
- 2. I leave everything to my child(ren)
(if checked, proceed to Section 2(a))
- 3. I leave everything to people other than my spouse or children.
(if checked proceed to Section 2(b))

Section 2(a) - Children

Please select **ONE** of the following two options if a child predeceases you:

- 1. His or her share goes to his or her issue (your grandchildren);
- 2. His/her share goes to his/her surviving siblings (your children).

Please complete:

Child's Name	Minor? (if yes, please provide age)	Percentage of Estate

Are any of your adult children adopted or step-children? YES NO
(if yes, please identify above)

Do you wish to treat them the same as your biological children? YES NO

--Proceed to Section 3--

Section 2(b) – Others

Please Complete:

Name of beneficiary	Relationship to you	Percentage of Estate

Please identify contingent beneficiaries below:

If this beneficiary predeceases me:	His/her share shall go to:

Please note that in Maryland, inheritance tax is due if any beneficiary that will inherit under your will is not your grandparent, parent, spouse, child, a lineal descendant of your child, the spouse of your child or the spouse of a lineal descendant of your child or to your brother or sister.

Section 3 – Personal Representative (Everyone Complete)

Personal Representative – “PR”: The person who will administer your estate in accordance with the terms of your Will (“Executor”).

PR Full Name	
PR Relationship	
Successor PR Full Name	
Successor PR Relationship	
3 rd Successor PR Full Name	
3 rd Successor PR Relationship	

Section 4 – Minor beneficiaries (Everyone Complete)

MINOR BENEFICIARIES: If a minor child, grandchild or any other beneficiary *could* potentially inherit under your Will, you need to decide how he or she should receive the property. A minor cannot hold the title to property or receive large sums of money, but there are two options to provide how any property will be held on behalf of the minor until he or she reaches a certain age.

Uniform Transfer to Minors Act (“UTMA”): Under the UTMA, the asset is held by a custodian until the minor reaches age 18 or 21. Prior to obtaining the age of majority, the custodian may use or expend the funds for the minor’s benefit without Court approval. This is much simpler than a trust. However, it does not allow you, the testator/trix, to control how the funds are used. You may designate the custodian or allow your Personal Representative to select a custodian for you. A UTMA is more appropriate when a minor is inheriting or may inherit a small amount or percentage of the estate.

Testamentary trust for a minor: A trust for a minor allows you to designate at what age or what triggering event will cause the child to receive the property (i.e., age 25 or graduation from college, etc.). You may also specify the use of the funds. If you choose to use a trust, you will also have to designate a trustee of the trust. A separate tax return must be filed for the trust each year and often an accountant will be necessary. The administrative fees and costs of a trust may be significant, so it is not advisable for a small inheritance.

NOTE: A trust may be established for any beneficiary, not only minors, so that you may control when the beneficiary receives the money and ensure that a trustee is managing the funds and distributing funds in accordance with your wishes.

If you want the minor child’s share distributed under UTMA, please complete:

UTMA Custodian Full Name	
UTMA Custodian Relationship	
UTMA Successor Custodian Full Name	
UTMA Successor Custodian Relationship	
UTMA Age (18 or 21)	
Maryland or District of Columbia	

If you want the minor child’s share (or any other persons share) distributed under a testamentary trust, please fill out the following:

Name of 1 st Trust Beneficiary (or indicate “all minors”)	
At what age or upon what event should they be entitled to the trust assets?	
Trustee Full Name	
Trustee Relationship to Testator/trix	
Successor Trustee Full Name	
Suc. Trustee Relationship to Testator/trix	
Name of 2 nd Trust Beneficiary	
At what age or upon what event should they be entitled to the trust assets?	
Trustee Full Name	
Trustee Relationship to Testator/trix	
Successor Trustee Full Name	
Suc. Trustee Relationship to Testator/trix	

Section 5 - Common Disaster (Complete Only if Married)

Common Disaster (which spouse is deemed to have survived in the event husband and wife should die under circumstances where it is difficult to determine who died first)	
--	--

Section 6 – Guardians for Minors (Complete Only if YOU have Minor Children (under age of 18))

Guardian: If both natural parents are deceased, a legal guardian needs to be appointed for any minor children. Unless the designated guardian is shown to be improper, the Court will usually defer to the parent’s nomination of a guardian for his or her child.

Minor Child Name	
Child Relationship (son, daughter), Age	
Minor Child Name	
Child Relationship (son, daughter), Age	
Minor Child Name	
Child Relationship (son, daughter), Age	
Guardian for Minor Children	
Guardian Relationship	
Successor Guardian for Minor Children	
Successor Guardian Relationship	
3rd Guardian for Minor Children	
3 rd Guardian Relationship	

Section 7 – Complete only for disclaimer trusts (used for estate tax planning) for married couple – Attorney can fill this in if you decide to include disclaimer trusts in your estate plan.

Name of Trustee for Marital Trust	
Relationship of Trustee	
Successor Trustee for Marital Trust	
Relationship of Successor Trustee	

ADDITIONAL NAMES/COMMENTS/QUESTIONS:

Section 8 – Assets

Tangible Personal Property

By default your tangible personal property (such as furniture, vehicles, jewelry or artwork) will be distributed according to your directions in Section 2. Only complete the following chart if you have tangible personal property that you would like to go to a particular person.

DESCRIPTION	CURRENT VALUE	TO WHOM

Bank Accounts

FINANCIAL INSTITUTION	NAME(S) ON ACCOUNT	APPROXIMATE BALANCE

Stocks, Bonds, Treasury Notes, Other Investments

NAME	NO. OF SHARES	PURCHASE PRICE	DATE OF PURCHASE	APPROXIMATE MARKET VALUE

Real Estate

List all properties owned by you alone or jointly with someone else. Show how titled, give street address and provide a copy of the legal description (found on the deed or deed of trust).

ADDRESS OF PROPERTY	NAME(S) ON TITLE	APPROX. VALUE

Life Insurance, IRAs, Pension, 401K

TYPE	FINANCIAL INSTITUTION	ACCOUNT/POLICY HOLDER	APPROX. VALUE

Who are the named beneficiaries listed on any of the above policies/accounts?

INSTITUTION	ACCOUNT/POLICY NUMBER	BENEFICIARY FULL NAME

Business owners: If you own a business please provide the exact name of the business and tax id number and how you wish for ownership interest to pass under your Will.

Please attach a separate page if there is not enough room to list all of your assets.

Part B -- POWER OF ATTORNEY – “POA”

Agent: The person who will make financial decisions if you are mentally or physically incapacitated. This person should be trustworthy and capable of managing your finances. This is also sometimes referred to as your “attorney-in-fact.”

Guardian: If someone needs to petition the court to have a judge appoint a guardian of your person or property, you can nominate who you would personally choose to serve as the guardian of your person or property. The guardian of your property manages your finances; a guardian of the person makes personal decisions, such as where you will live and makes health care decisions. This can be the same person who you designate as your Agent.

I want my Power of Attorney effective:

- Immediately
- Upon disability/incapacity (2 physicians must certify)
If you chose the latter, please provide, the name, address and phone number of your physician: _____

Section 1 – Agents & Guardians (Everyone Complete)

Agent Full Name	
Agent Relationship	
Agent Street Address	
Agent City, State, Zip	
Agent Home Phone	
Agent Cell Phone	
Successor Agent Full Name	
Successor Agent Relationship	
Agent Street Address	
Agent City, State, Zip	
Agent Home Phone	
Agent Cell Phone	
3 rd Agent Full Name	
3 rd Agent Relationship	
Agent Street Address	
Agent City, State, Zip	
Agent Home Phone	

Agent Cell Phone	
Guardian of PROPERTY Full Name	
Guardian of PROPERTY Relationship	
Guardian Street Address	
Guardian City, State, Zip	
Guardian Home Phone	
Guardian Cell Phone	
Guardian of PERSON Full Name	
Guardian of PERSON Relationship	
Guardian Street Address	
Guardian City, State, Zip	
Guardian Home Phone	
Guardian Cell Phone	

Section 2 – Safe Deposit Box (Complete If You Have A Safe Deposit Box)

Name of Bank: _____
 Branch Location: _____
 Box Number: _____

ADDITIONAL NAMES/COMMENTS/QUESTIONS:

Part C -- ADVANCE DIRECTIVE: HEALTH CARE POWER OF ATTORNEY/LIVING WILL

Health Care Agent: This person will make medical decisions or give consent to medical treatment for you if you are unable to do so. Keep in mind that a medical professional will never rely on your Agent if you are personally able to make an informed decision for yourself. Designating an agent does not give him or her authority to override your decisions regarding end of life care. (See Section 3)

I want my Advance Directive effective:

- Immediately
- Upon disability/incapacity (2 physicians must certify)

NOTE: In the District of Columbia, it can only be effective upon disability.

Section 1 – Agent (Everyone Complete)

Agent Full Name	
Agent Relationship	
Agent Street Address	
Agent City, State, Zip	
Agent Home Phone	
Agent Work Phone	
Agent Cell Phone	
Successor Agent Full Name	
Successor Agent Relationship	
Successor Agent Street Address	
Successor Agent City, State, Zip	
Successor Agent Home Phone	
Successor Agent Work Phone	
Successor Agent Cell Phone	
3rd Agent Full Name	
3 rd Agent Relationship	
3rd Agent Street Address	
3rd Agent City, State, Zip	
3rd Agent Home Phone	
3rd Agent Work Phone	
3rd Agent Cell Phone	

Section 2 – HIPAA (Everyone Complete)

HIPAA (Health Insurance Portability and Accountability Act) Authorization:

Please list the names of people you would like to be able to obtain your health care information, such as your condition or status, treatment, room number and other information. This allows your treating doctors, nurses or other personnel to discuss your health with the people you have designated. These are not necessarily the same people you want to name as your health care agent(s) to make health care decisions for you.

HIPAA Name (Relationship)	
HIPAA Name (Relationship)	
HIPAA Name (Relationship)	
HIPAA Name (Relationship)	
HIPAA Name (Relationship)	
HIPAA Name (Relationship)	
HIPAA Name (Relationship)	
HIPAA Name (Relationship)	
HIPAA Name (Relationship)	
HIPAA Name (Relationship)	

Section 3 – Living Will (Everyone Complete)

Living Will: This allows you to designate your preferences for end of life care and organ donation choices in the event that you are in a persistent vegetative state, have a terminal illness when death is imminent or an end-stage condition. You can indicate whether you would like to receive artificial nutrition and/or hydration and pain medication. This is a highly personal decision and is often very difficult to discuss with your family. We encourage you to give this some serious thought, and strongly recommend that you discuss this with your personal physician and your family.

NOTE: DC residents do not need to answer (2) or (3).

Please mark your preferences:

(1) If my **death from a terminal condition is imminent** and even if life-sustaining procedures are used there is no reasonable expectation of my recovery:

(choose one of three)

- Keep me comfortable and allow natural death to occur. I do not want any medical interventions used to try to extend my life. I do not want to receive nutrition and fluids by tube or other medical means.

- Keep me comfortable and allow natural death to occur. I do not want medical interventions used to try to extend my life. If I am unable to take enough nourishment by mouth, however, I want to receive nutrition and fluids by tube or other medical means.
- Try to extend my life for as long as possible, using all available interventions that in reasonable medical judgment would prevent or delay my death. If I am unable to take enough nourishment by mouth, I want to receive nutrition and fluids by tube or other medical means.

(2) If I am in a **persistent vegetative state**, that is if I am not conscious and am not aware of my environment nor able to interact with others, and there is no reasonable expectation of my recovery:

(choose one of three)

- Keep me comfortable and allow natural death to occur. I do not want any medical interventions used to try to extend my life. I do not want to receive nutrition and fluids by tube or other medical means.
- Keep me comfortable and allow natural death to occur. I do not want medical interventions used to try to extend my life. If I am unable to take enough nourishment by mouth, however, I want to receive nutrition and fluids by tube or other medical means.
- Try to extend my life for as long as possible, using all available interventions that in reasonable medical judgment would prevent or delay my death. If I am unable to take enough nourishment by mouth, I want to receive nutrition and fluids by tube or other medical means.

(3) If I have an **end-stage condition**, that is a condition caused by injury, disease, or illness, as a result of which I have suffered severe and permanent deterioration indicated by incompetency and complete physical dependency and for which, to a reasonable degree of medical certainty, treatment of the irreversible condition would be medically ineffective:

(choose one of three)

- Keep me comfortable and allow natural death to occur. I do not want any medical interventions used to try to extend my life. I do not want to receive nutrition and fluids by tube or other medical means.
- Keep me comfortable and allow natural death to occur. I do not want medical interventions used to try to extend my life. If I am unable to take enough

nourishment by mouth, however, I want to receive nutrition and fluids by tube or other medical means.

- Try to extend my life for as long as possible, using all available interventions that in reasonable medical judgment would prevent or delay my death. If I am unable to take enough nourishment by mouth, I want to receive nutrition and fluids by tube or other medical means.

(4) Pain Relief:

(choose one)

- I direct that medication be given to me to relieve pain and suffering, even if it would shorten my remaining life.
- I direct that medication not be given to me to relieve pain and suffering, if it would shorten my remaining life.

(5) Effect of Stated Preferences

(choose one)

- I realize I cannot foresee everything that might happen after I can no longer decide for myself. My stated preferences are meant to guide whoever is making decisions on my behalf and my health care providers, but I authorize them to be flexible in applying these statements if they feel that doing so would be in my best interest.
- I realize I cannot foresee everything that might happen after I can no longer decide for myself. Still, I want whoever is making decisions on my behalf and my health care providers to follow my stated preferences exactly as written, even if they think that some alternative is better.

(6) Upon my death I:

- Do not wish to be an organ donor.
- Wish to be an organ donor.

I wish to donate:

- Any needed organs, tissues, or eyes.
- Only the following organs, tissues, or eyes:
_____.

