



10211 Wincopin Circle, Suite 600
 Columbia, Maryland 21044
 (410) 309-0505 Phone
 (410) 309-6161 Facsimile

Estate Planning Client Intake Sheet

Personal/Family Data

Name: _____
Last First MI Date of Birth

Name: _____
Last First MI Date of Birth

Address: _____
Street

City County State Zip Code

Social Security Numbers: _____
Husband Wife

Home Phone: _____ Date of Marriage: _____

Business Phone: _____
Husband Wife

Cell Phone: _____
Husband Wife

E-mail: _____
Husband Wife

Your Children

1. Name: _____ Date of Birth: _____

Child of: Both Wife Husband

Address: _____
Street

City County State Zip Code

Home Phone: _____ Work Phone: _____

E-mail: _____ Cellular Phone: _____

Spouse's Name: _____

Children of this Child:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

2. Name: _____ Date of Birth: _____

Child of: Both Wife Husband

Address: _____
Street

City County State Zip Code

Home Phone: _____ Work Phone: _____

E-mail: _____ Cellular Phone: _____

Spouse's Name: _____

Children of this Child:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

3. Name: _____ Date of Birth: _____

Child of: Both Wife Husband

Address: _____
Street

City County State Zip Code

Home Phone: _____ Work Phone: _____

E-mail: _____ Cellular Phone: _____

Spouse's Name: _____

Children of this Child:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Questions About You, Your Family, and Your Property

If you answer YES to any of these questions, please provide an explanation in the Comments Section directly following these questions.

	<u>YES</u>	<u>NO</u>
1. Is anybody in your family not a U.S. citizen?		
a. Husband	<input type="checkbox"/>	<input type="checkbox"/>
b. Wife	<input type="checkbox"/>	<input type="checkbox"/>
c. Children	<input type="checkbox"/>	<input type="checkbox"/>
2. Do any of your children have special educational, medical, or physical needs?	<input type="checkbox"/>	<input type="checkbox"/>
a. If so, does this child receive governmental support or benefits (Medicaid, SSI) as the result of these needs?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have either of you ever been divorced?		
a. Husband	<input type="checkbox"/>	<input type="checkbox"/>
b. Wife	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you making payments or otherwise obligated to make provisions for a former spouse or children pursuant to a divorce or property settlement agreement?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have the two of you signed a pre-marital agreement?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever made a gift to an individual in excess of \$10,000 in one calendar year?		
a. Husband	<input type="checkbox"/>	<input type="checkbox"/>
b. Wife	<input type="checkbox"/>	<input type="checkbox"/>
7. If you answered YES to Question No. 6, did you file a Federal Gift Tax return (Form 709) for these gifts?		
a. Husband	<input type="checkbox"/>	<input type="checkbox"/>
b. Wife	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you own real property outside the State of Maryland?		
a. Husband	<input type="checkbox"/>	<input type="checkbox"/>
b. Wife	<input type="checkbox"/>	<input type="checkbox"/>
c. Husband and Wife, jointly	<input type="checkbox"/>	<input type="checkbox"/>

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 9. Do you own an interest in a “small” business (non-publicly traded) e.g., a “family” business, partnership or sole proprietorship? | | |
| a. Husband | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Wife | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you expecting an inheritance in the foreseeable future? | | |
| a. Husband | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Wife | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you have long-term care insurance (sometimes called nursing home insurance)? | | |
| a. Husband | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Wife | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any “YES” answers, being as specific as you wish to be. If you have any documents that help explain these answers, please bring them to your initial consultation:

12. Describe your general health:

a. Husband:

b. Wife:

13. Please check the estate planning issue(s) listed below that concern you:

- Ability to manage property during disability
- Planning for long-term nursing home costs
- Minimizing State and Federal Estate Taxes
- Providing a means to provide property management for your children or other family members
- Avoiding probate
- Maintaining privacy of your financial affairs
- Developing a method for distributing your estate upon death
- Identifying persons to care for your minor children (if applicable)

- Avoiding in-court guardianship proceedings should you ever become disabled (i.e., incompetent)
- If you have been married more than one time, do you wish to address how to make distributions to your “blended family”?

14. Describe any other estate planning concerns that you may have that were not listed in Question 13:

Advisors

Please list those persons whom you depend for medical, business, or financial advice in the following categories:

Health Care Provider: _____

Bank: _____

Accountant: _____

Financial Planner: _____

Life Insurance Agent: _____

Other: _____

Who referred you to Davis, Agnor, Rapaport & Skalny, LLC? _____

Choice of Fiduciaries

Please put in order of priority. See last page for definitions.

Personal Representative:		Relationship to you:
1. _____	/	_____
2. _____	/	_____
3. _____	/	_____

Guardian of Minor Children:		Relationship to you:
1. _____	/	_____
2. _____	/	_____
3. _____	/	_____

Guardian of the Person and the Property:

- 1. _____ /
- 2. _____ /
- 3. _____ /

Relationship to you:

- _____
- _____
- _____

Trustee (you will need to discuss with your attorney the type or types of trusts you will need):

- 1. _____ /
- 2. _____ /
- 3. _____ /

Relationship to you:

- _____
- _____
- _____

Agent under a General Power of Attorney (for financial purposes):

- 1. _____ /
- 2. _____ /
- 3. _____ /

Relationship to you:

- _____
- _____
- _____

Agent under a Health Care Power of Attorney:

- 1. _____ /
- 2. _____ /
- 3. _____ /

Relationship to you:

- _____
- _____
- _____

Note: Please provide address, home telephone number, and work telephone number for each fiduciary, unless already included elsewhere in this Intake Sheet.

Memorial Arrangements

1. Funeral Arrangements

Husband: Burial Cremation
Wife : Burial Cremation

2. Are you an Organ Donor?

Husband: Yes No
Wife: Yes No

Special funeral, burial, memorial service or other provisions that you would like to include in your Wills:

Assets and Liabilities – approximate

ASSETS

	Titled in the Name of Husband	Titled in the Name of Wife	Titled in the Name of Husband & Wife, Jointly
Cash (include bank accounts, money market accounts, CD's)	_____	_____	_____
Investments (include stocks, bonds, mutual funds, etc.)	_____	_____	_____
Real Property	_____	_____	_____
▪ Residence	_____	_____	_____
▪ Vacation	_____	_____	_____
▪ Investments	_____	_____	_____
Personal Property (furniture, jewelry collections, cars, etc.)	_____	_____	_____
Notes Receivable	_____	_____	_____
Retirement Accounts	_____	_____	_____
Life Insurance (face value)	_____	_____	_____
Small Business (i.e., family)	_____	_____	_____
Other	_____	_____	_____
TOTAL	_____	_____	_____

Addresses of all real property owned:

1. _____

Street Address
City
State
Zip Code
2. _____

Street Address
City
State
Zip Code
3. _____

Street Address
City
State
Zip Code

LIFE INSURANCE POLICIES

Note: The planning of your estate includes making sure your various beneficiary designations reflect your planning goals. We will discuss with you the best way to designate your beneficiaries so that these designations (i) make sense from an income and estate tax perspective, (ii) fit into your overall estate distribution plan, and (iii) properly designate any testamentary trusts you incorporate into your Wills or revocable trust agreements, if any.

	Insurance Owner	Insured	Amount	Term, Universal or Whole Life	Beneficiary	Company
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____

IRA, 401K, OR OTHER PENSION/RETIREMENT ACCOUNTS

	Type IRA, 401K, etc.	Primary Owner	Amount	Beneficiary	Contingent Beneficiary	Where Held
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____

3 _____
 4 _____

LIABILITIES

	Titled in the Name of Husband	Titled in the Name of Wife	Titled in the Name of Husband & Wife Jointly
Notes Receivable	_____	_____	_____
Mortgages	_____	_____	_____
Credit Cards	_____	_____	_____
Bank Loans	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____
Total Assets =	_____		
Total Liabilities =	_____		
Net Worth =	_____		

INCOME

	Husband	Wife
Wages/Salary	_____	_____
Social Security	_____	_____
Retirement Plans	_____	_____
Investments	_____	_____
Total	_____	_____

Definitions

Agent Under a General Power of Attorney: a person named by you to manage your financial affairs pursuant to the terms and conditions set forth in a written power of attorney, without court intervention, should you ever become disabled. If married, often the spouse is named as first agent. Usually, family members are identified as successor agents.

Agent Under a Health Care Power of Attorney: a person named by you to make health care decisions for you if you cannot do so yourself. If married, the spouse is normally named, with family members as successor agents.

Fiduciary: a person who holds the position of trust and confidence in your estate plan. The other definitions on this page refer to examples of fiduciaries.

Guardian of the Person: the person appointed by a court to provide for the care and well being of a disabled (i.e., incompetent) adult or of a minor child. Guardians for minors may be appointed, without court approval, in their parents' Wills. An adult may appoint a guardian in a power of attorney (or other similar document) that would become effective, with court approval, at some time in the future should that adult become disabled.

Guardian of Property: the person appointed by a court to manage the property interest of a disabled person, adult or minor. An adult can plan for disability by naming a guardian of his or her property in advance, usually in a power of attorney.

Personal Representative (Executor): the person identified in your Will to manage your estate through the probate process. If married, the first choice is usually the surviving spouse. If not married (or upon the deaths of both spouses) you will need to identify persons (i.e., members of your family or close friends), financial institutions with trust departments, or professionals (i.e., CPAs, attorneys) to serve in this capacity.

Trustee: a person or financial institution appointed by the person who sets up a trust to hold and manage property put into the trust, and to make distributions of trust property to the beneficiaries of the trust. Examples of such trusts include:

1. **Children's Trusts:** set up for children using family members or financial institutions as trustees. A primary trustee, as well as back up trustee should be identified.
2. **Tax-Planning Trusts:** set up for the benefit of the surviving spouse to save estate taxes upon that spouse's death; the surviving spouse is often the primary trustee, with family members, professionals, or financial institutions as successors or co-trustees.
3. **Revocable Living Trust:** set up by you for your benefit should you ever become disabled. You may be the original trustee (with your spouse as co-trustee, if you are married). Family members, professionals, or financial institutions should be identified as successor trustees.