

Estate Planning Worksheet (M)



11300 ROCKVILLE PIKE STE 708

ROCKVILLE, MARYLAND 20852

Telephone (301) 468-3220

Using this organizer will assist us in designing an estate plan that meets your goals. All information provided is strictly confidential.

Please return the completed worksheet to our office at least 24 hours before your appointment. Thank you.

Personal Information

Your Full Name (s) [Click or tap here to enter text.](#)
(name most often used to title property and accounts)

Name on Driver's License or Government ID [Click or tap here to enter text.](#)
(other names used to title property and accounts)

Prefer to be called [Click or tap here to enter text.](#)

Birth date [Click or tap here to enter text.](#) US Citizen? [Click or tap here to enter text.](#)

Home Address [Click or tap here to enter text.](#) City [Click or tap here to enter text.](#)

State [Click or tap here to enter text.](#) Zip [Click or tap here to enter text.](#)

Mailing address (if different from above) [Click or tap here to enter text.](#)

Home Telephone [Click or tap here to enter text.](#) Country of Residence [Click or tap here to enter text.](#)

Cell Phone Number [Click or tap here to enter text.](#) E-mail Address [Click or tap here to enter text.](#)

☐ It is okay to communicate with me via my E-mail address.

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Domestic Partnership

☐ Other [Click or tap here to enter text.](#)

If Married - Date of Marriage [Click or tap here to enter text.](#)

If divorced - Date of Divorce [Click or tap here to enter text.](#)

If widowed - Date of Death [Click or tap here to enter text.](#)

Spouse's Full Name (s) [Click or tap here to enter text.](#)
(name most often used to title property and accounts)

Name on Driver's License or Government ID [Click or tap here to enter text.](#)
(other names used to title property and accounts)

Prefer to be called [Click or tap here to enter text.](#)

Birth date [Click or tap here to enter text.](#) US Citizen? [Click or tap here to enter text.](#)

Spouse's E-mail [Click or tap here to enter text.](#)

☐ It is okay to communicate with me via my E-mail address.

Spouse's Cell Phone Number [Click or tap here to enter text.](#)

Children (from old to youngest)

(Use full legal name. Use "JT" if both spouses are the parents, "M" if you are the parent, "S" if your spouse is the parent.)

1. **Full Legal Name (First, Middle, Last):** [Click or tap here to enter text.](#)

Relationship: [Click or tap here to enter text.](#)

DOB/Age: [Click or tap here to enter text.](#) Phone number: [Click or tap here to enter text.](#)

If married name of spouse: [Click or tap here to enter text.](#)

Address: [Click or tap here to enter text.](#)

Children? If yes, provide names and ages: [Click or tap here to enter text.](#)

2. **Full Legal Name (First, Middle, Last):** [Click or tap here to enter text.](#)

Relationship: [Click or tap here to enter text.](#)

DOB/Age: [Click or tap here to enter text.](#) Phone number: [Click or tap here to enter text.](#)

If married name of spouse: [Click or tap here to enter text.](#)

Address: [Click or tap here to enter text.](#)

Children? If yes, provide names and ages: [Click or tap here to enter text.](#)

3. **Full Legal Name (First, Middle, Last):** [Click or tap here to enter text.](#)

Relationship: [Click or tap here to enter text.](#)

DOB/Age: [Click or tap here to enter text.](#) Phone number: [Click or tap here to enter text.](#)

If married name of spouse: [Click or tap here to enter text.](#)

Address: [Click or tap here to enter text.](#)

Children? If yes, provide names and ages: [Click or tap here to enter text.](#)

4. **Full Legal Name (First, Middle, Last):** [Click or tap here to enter text.](#)

Relationship: [Click or tap here to enter text.](#)

DOB/Age: [Click or tap here to enter text.](#) Phone number: [Click or tap here to enter text.](#)

If married name of spouse: [Click or tap here to enter text.](#)

Address: [Click or tap here to enter text.](#)

Children? If yes, provide names and ages: [Click or tap here to enter text.](#)

5. **Full Legal Name (First, Middle, Last):** [Click or tap here to enter text.](#)

Relationship: [Click or tap here to enter text.](#)

DOB/Age: [Click or tap here to enter text.](#) Phone number: [Click or tap here to enter text.](#)

If married name of spouse: [Click or tap here to enter text.](#)

Address: [Click or tap here to enter text.](#)

Children? If yes, provide names and ages: [Click or tap here to enter text.](#)

6. **Full Legal Name (First, Middle, Last):** [Click or tap here to enter text.](#)

Relationship: [Click or tap here to enter text.](#)

DOB/Age: [Click or tap here to enter text.](#) Phone number: [Click or tap here to enter text.](#)

If married name of spouse: [Click or tap here to enter text.](#)

Address: [Click or tap here to enter text.](#)

Children? If yes, provide names and ages: [Click or tap here to enter text.](#)

Other Family Members or other Individuals or Entities Named or to Be Named In Your Estate Plan, Not Listed Above

1. **Full Legal Name (First, Middle, Last):** [Click or tap here to enter text.](#)

DOB/Age: [Click or tap here to enter text.](#) Phone Number: [Click or tap here to enter text.](#)

Relationship: [Click or tap here to enter text.](#)

Address: [Click or tap here to enter text.](#)

EIN (IF Charity): [Click or tap here to enter text.](#)

2. **Full Legal Name (First, Middle, Last):** [Click or tap here to enter text.](#)

DOB/Age: [Click or tap here to enter text.](#) Phone Number: [Click or tap here to enter text.](#)

Relationship: [Click or tap here to enter text.](#)

Address: [Click or tap here to enter text.](#)

EIN (IF Charity): [Click or tap here to enter text.](#)

3. **Full Legal Name (First, Middle, Last):** [Click or tap here to enter text.](#)

DOB/Age: [Click or tap here to enter text.](#) Phone Number: [Click or tap here to enter text.](#)

Relationship: [Click or tap here to enter text.](#)

Address: [Click or tap here to enter text.](#)

EIN (IF Charity): [Click or tap here to enter text.](#)

4. **Full Legal Name (First, Middle, Last):** [Click or tap here to enter text.](#)

DOB/Age: [Click or tap here to enter text.](#) Phone Number: [Click or tap here to enter text.](#)

Relationship: [Click or tap here to enter text.](#)

Address: [Click or tap here to enter text.](#)

EIN (IF Charity): [Click or tap here to enter text.](#)

Advisors for You and Your Spouse

	Name	Telephone	E-Mail	Can We Contact?
Accountant or CPA	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	☐
Financial Advisor	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	☐
Life Insurance	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	☐
Other Advisors	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	☐

How did you find us?

Click or tap here to enter text. _____

Important Family Questions

Please check “Yes” or “No” for your answer	You	Spouse
Are you (or your spouse) paying under a divorce or property settlement order? <i>Please furnish a copy.</i>	☐	☐
Have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy.</i>	☐	☐
Have you (or your spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy.</i>	☐	☐
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please make copies of these returns.</i>	☐	☐
Have you (or your spouse) completed previous will, trust, or estate planning? <i>Please furnish copies of these documents.</i>	☐	☐
Have you lived in the following states while married to each other? <i>Arizona, Idaho California, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin.</i>	☐	☐
Do you (or your spouse) have any assets located outside the United States? <i>If so, please explain below.</i>	☐	☐
Are any of your intended beneficiaries located abroad? <i>If yes, please provide full names, addresses and additional details below.</i>	☐	☐
Do any of your intended beneficiaries have any special needs that will require a sensitive distribution arrangement? <i>If yes, please provide full names and what the special needs are below.</i>	☐	☐
Have you or will you inherit any assets (including real estate or business interests) from someone who lives in another country? <i>If yes, please explain below.</i>	☐	☐
Are you (or your spouse) the beneficiary of anyone else’s trust? <i>If so, please explain below.</i>	☐	☐
Do you (or your spouse) own any cryptocurrency? <i>If so, please list the details below.</i>	☐	☐

Comments/Additional Information/Special Concerns

Click or tap here to enter text.

Fiduciary Details

(For each position, name at least one initial agent and one successor agent.)

PERSONAL REPRESENTATIVE/EXECUTOR (PR): Who do you want to wind up your affairs upon your death (or upon the death of both you and your spouse)?

Your PR:

	Name (First, Middle, Last)	Relationship	Address	Telephone Number	Citizenship
First	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Second	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Third	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Spouse's PR (list or indicate same as above)

	Name (First, Middle, Last)	Relationship	Address	Telephone Number	Citizenship
First	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Second	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Third	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

GUARDIAN FOR MINOR CHILDREN: If you have minor children, who do you want to raise them if you cannot? This person is the Guardian of your children. Do you want to provide any special economic arrangements to help your children's Guardians *Please explain any special economic arrangements you would like for your guardian.*

	Name (First, Middle, Last)	Relationship	Address	Telephone Number	Citizenship
First	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Second	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Third	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Additional Comments

(For example: Do you want to financially assist your guardians or give them specific guidance?)

Click or tap here to enter text.

POWER OF ATTORNEY: If you cannot make financial decisions for yourself, who would you want to decide for you? Who do you want to manage and invest your assets for you or your intended beneficiaries if you cannot do so? This person is called "your agent" or your "Successor Trustee."

Your Agents:

	Name (First, Middle, Last)	Relationship	Address	Telephone Number	Citizenship
First	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Second	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Third	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Spouse's Agents (list or indicate same as above)

	Name (First, Middle, Last)	Relationship	Address	Telephone Number	Citizenship
First	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Second	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Third	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

HEALTH CARE: Who do you want to make medical decisions for you if you cannot communicate your desires?

This person is your health care agent or proxy.

Your Agents:

	Name (First, Middle, Last)	Relationship	Address	Telephone Number	Citizenship
First	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Second	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Third	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Spouse's Agents (list or indicate same as above)

	Name (First, Middle, Last)	Relationship	Address	Telephone Number	Citizenship
First	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Second	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Third	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Question	You		Spouse	
Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?	☐ Yes	☐ No	☐ Yes	☐ No
Do you want to designate someone to act regarding disposition of remains?	☐ Yes	☐ No	☐ Yes	☐ No

Option (Check all that apply)	You	Spouse
Cremation	☐	☐
Burial	☐	☐
Cremation & Burial	☐	☐
Organ Donation	☐	☐
Green Burial	☐	☐
Other:	☐ <u>Click or tap here to enter text.</u>	☐ <u>Click or tap here to enter text.</u>

Additional Comments/ Instructions or Guidelines:

Click or tap here to enter text.

DISTRIBUTION OF YOUR ASSETS

SPECIFIC BEQUESTS AND DISTRIBUTION OF PERSONAL PROPERTY

At your death, do you wish to leave specific bequests of cash or real property? If yes, please explain below:

FOR YOU:

Individual or Charity	Amount or Property	Contingent on Spouse predeceasing?
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

FOR SPOUSE:

Individual or Charity	Amount or Property	Contingent on Your predeceasing?
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

DIVISION OF PROPERTY UPON YOUR DEATH (OR UPON THE DEATH OF SECOND SPOUSE TO DIE):

- ☐ **DIVIDE EQUALLY BETWEEN ALL CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN:**
- ☐ **OTHER (Please explain):**

Click or tap here to enter text. _____

HOW AND WHEN TO DISTRIBUTE MY PROPERTY TO MY CHILDREN/BENEFICIARIES:

☐ **DISTRIBUTE OUTRIGHT TO OUR CHILDREN/BENEFICIARIES:** Provides no protection from creditors, predators, or from themselves.

☐ **DOES A CHILD/BENEFICIARY HAVE ANY SPECIAL NEEDS? Have you or someone else created a special needs trust for a child/beneficiary? Please explain below.**

☐ **STRUCTURED TRUST** (can provide protection from creditors, lawsuits, bankruptcies, bad marriages, predators or themselves): You determine how long the property is to remain in trust. During the time the property is held in trust it is available to the beneficiary, on the discretion of the Trustee, for either needs (health, education and maintenance) or for any purpose. You may give written guidelines or instructions to the trustee to follow in determining when and how much to distribute to a beneficiary. You may provide for a staggered distribution of principal. (For example: $\frac{1}{4}$ at 25, $\frac{1}{4}$ at 30 and the balance at 35 or $\frac{1}{3}$ at age 30 and balance at age 40 OR you may provide that the assets stay in trust for the beneficiary's lifetime.) You decide who will be the Trustee and manage the property and carry out your distribution instructions. Also, the beneficiary could be a Trustee or Co-Trustee or the right to choose the Trustee. You decide how the Trust is designed. List your desires:

Click or tap here to enter text.

REMOTE CONTINGENT BENEFICIARY: If you and all your immediate family die in a common disaster (or are not living when property is to be distributed from a trust), who should receive your assets? You can name relatives, friends or charities, or any combination:

Click or tap here to enter text.

OTHER ITEMS TO INCLUDE OR DISCUSS: Obviously, your estate plan should address all your goals, objectives, hopes and wishes. Please list any other items you want to include or want to discuss below:

Click or tap here to enter text.

Net Worth Statement

Assets (Estimated Current Fair Market Value)	Titled In Your Name Only	Titled Jointly (Please state with who)	Titled In Spouse's Name Only	Current Beneficiary
Primary Residence (provide a copy of each Deed and tax bill)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Other Real Estate (provide a copy of each Deed and tax bill)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Checking Account	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Savings/ Money Market Account	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Certificate of Deposit	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Note(s) Receivable	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Stocks & Bonds	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Profit-Sharing/401k/IRAs	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Life Insurance	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Annuities	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Digital Assets	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Partnerships / LLC	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Closely Held Business	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Personal Property	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<u>Total Assets</u>	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Liabilities				
Home Mortgage	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Other Real Estate Mortgages	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Other Debt	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<u>Total Liabilities</u>	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
NET WORTH	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Income Range	Select (✓)
\$1 – \$100,000	☐
\$100,001 – \$500,000	☐
\$500,001 – \$1,000,000	☐
Over \$1,000,000	☐

ADDITIONAL INFORMATION RELATED TO YOUR ASSETS, including the address of any real estate owned or the information related to any business or partnership that owned.

Click or tap here to enter text.
