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The Purpose of this Questionnaire

Please keep in mind when completing this questionnaire that estate planning requires a thorough analysis of your estate by yourself and your attorney. The information you provide will enable your attorney to determine the documents necessary to fulfill your estate planning goals. It may also provide helpful information to the person you seek to be your Personal Representative after your death or your Power-of-Attorney during your lifetime.

Please fill these documents to the best of your ability, and indicate if you are uncertain about your answer to any question. All information provided shall be kept confidential.

Notice Regarding Joint Representation of Married Couples or Domestic Partners

If you are married or have a domestic partner, please be advised that you both have the option of obtaining a separate attorney for your estate planning needs. The goals of many couples are the same when it comes to wills and estate planning. However, many individuals (especially individuals that have children from prior marriages) have differing views on the ownership of property, the identity of beneficiaries, the identity of executors, trustees and guardians, etc. If both of you were to obtain a different attorney, you would receive completely independent and confidential advice.

In representing you jointly, this law practice's advice will be directed to you jointly and nothing will be kept confidential as between the two of you. If you are unsure of whether you want to obtain separate attorneys, this law practice would be happy to discuss the matter with you in more detail before you make your decision.

Please note a substantial conflict may exist in the determination of what constitutes community property and what is separate property. That determination may be more beneficial for one of you than for the other. Although unlikely, the possibility of a divorce must also be recognized. Consequently, the law practice's present recommendations could affect the income, property, and support provision in any such divorce or after the death of one or both of you.

ESTATE PLANNING QUESTIONNAIRE

Date: _____

I. FAMILY HISTORY

Your Full Name: _____

Other Names Used: _____

Home Address: _____

Home Phone: _____

County: _____

Cell Phone: _____

E-Mail: _____

Best Method Of Contact: _____

Date Of Birth: _____

Place Of Birth: _____

Social Security No.: _____

Citizenship: _____

Spouse's Full Name: _____

Other Names Used: _____

Date Of Birth: _____

Place Of Birth: _____

Date Of Marriage: _____

Place Of Marriage: _____

Social Security No.: _____

Citizenship: _____

If married, have you and your spouse lived or owned property in a community property state?

Yes No. If yes, please circle state(s): Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin

Children and Deceased Children

Name Of Child 1: _____

Other Names Used: _____

Date Of Birth: _____

Social Security No.: _____

Adopted Or Child Only Of One Spouse: _____

Address: _____

Phone: _____

Spouse's Name: _____

Name And Date Of Birth Of Each Child's Child: _____

Name Of Child 2: _____

Other Names Used: _____

Date Of Birth: _____

Social Security No.: _____

Adopted Or Child Only Of One Spouse: _____

Address: _____

Phone: _____

Spouse's Name: _____

Name And Date Of Birth Of Each Child's Child: _____

Are any children (natural or adopted) anticipated? Yes No

Please note "children" as used in the will shall include any children born or adopted after the making of the will, but not step-children.

Do you or your spouse have any other dependents for support now or in the future?

Do you, your spouse, or your children have any special medical, educational, or financial needs? Yes No

If yes, please describe _____

Do you or your spouse need skilled nursing care and related services, rehabilitation services, or health related services above the level of room and board? Yes No

Is care needed on a daily basis? Yes No

Is care required to be provided on an inpatient basis? Yes No

Is care provided by a facility that is certified for participation in Medicaid? Yes No

Is care ordered by and provided under the direction of a physician? Yes No

Please explain any other special medical, educational or financial needs, for you, your spouse, or your children and how you would like to provide for them.

Prior Marriage

SELF

SPOUSE

Former Spouse's Name _____

Date of Marriage _____

Place of Marriage: _____

Date of Death/Divorce: _____

Court _____

Do you have a marital or property settlement agreement? Yes No. If yes, please attach.

Do you have an prenuptial agreement? Yes No. If yes, please attach.

Do you have a domestic partnership agreement? Yes No. If yes, please attach.

Do you have any child support, alimony, insurance, or other obligations? Yes No. If yes, what is the obligation and how much is the monthly amount required? _____

Others

Are there any other individuals or charitable organizations that you would like to named beneficiaries?

Other Persons: Address and Phone Number Age: Relationship, if any

Charity Address and Phone Number

Contacts

Accountant: _____

Insurance Agent: _____

Broker/Investment Advisor: _____

Financial Planner: _____

II. DISTRIBUTION OF ESTATE

Prior Estate Planning

Self

Spouse

Do you have an existing will? Yes No Yes No

Do you have a Power of Attorney? Yes No Yes No

Do you have a living will/advanced directive? Yes No Yes No

If you have any previous estate planning documents, please bring them with you.

Funeral Arrangements:

Would you prefer cremation/normal burial? _____

Have you made burial arrangements? Yes No. If yes, please identify cemetery plot and location & custody of deed _____

Your New/Revised Estate Plan

How are the personal effects and other tangible personal property to be distributed (please check)?

All to the spouse? Yes No

All to the children? Yes No

Do you have any special bequests of property? Yes No

Description of Property

Name of Beneficiary

How is the division of remainder property to be made?

all to spouse and divided equally between children if spouse dies first?

other:

Your second choice as to division of the remainder property (in case named primary beneficiary/ies is/are not alive or disclaims/disclaim interest to the property)?

If you (and, if you are married, your spouse) were both to die prematurely, when should your children receive their inheritance?

at age 18

at age 21

at age 25

at age 30

one-half at age 21, with the remainder at age 25.

one-third at 21, one-third at age 25, and the remainder at age 30

one-third at 25, one-third at age 30, and the remainder at age 35

other

Do you want to provide encouragement/recognition upon milestone events if you are not alive to make a gift.

	Amount to be distributed
A. 2 year college degree or its equivalent	\$ _____
B. 4 year college degree or its equivalent	\$ _____
C. Master's degree or its equivalent	\$ _____
D. Doctorate's degree or its equivalent	\$ _____
E. Upon a first marriage	\$ _____

Do you intend to remain in the State of Maryland? Yes No

Do you own any real estate in the District of Columbia? Yes No

Does either spouse intend to seek employment after the death of a spouse? Yes No

Are you or your spouse named as a beneficiary in any trust or will? Yes No

Do you or your spouse have any power of appointment under a trust or will? Yes No

Have you or your spouse ever filed a gift tax return (IRS Form 790)? Yes No. If yes, please attach.

Do you have long term care health insurance? Yes No

III. PERSONS RESPONSIBLE

Guardian For Minor Children (Under Age 18)

A guardian provides shelter, education and care for the minor in place of the parent.

First choice: (Do not name spouse or other parent, that will be assumed)

Full Name: _____

Address _____

Relationship _____

Second choice: _____

Full Name _____

Address/Phone No. _____

Relationship _____

Trustee in Will

A trustee maintains funds for a minor child and/or adult child with spendthrift problems.

First choice: (Do not name spouse or other parent, that will be assumed)

Full Name: _____

Address/Phone No. _____

Relationship _____

Second choice: _____

Full Name _____

Address/Phone No. _____

Relationship _____

Personal Representative(Executor) In A Will. Personal representative opens the estates, maintains records of the estate, and files financial accountings with the court.

First choice:

Full Name: _____

Address/Phone: _____

Relationship _____

Second choice: _____

Full Name _____

Address/Phone: _____

Relationship _____

Unless you specifically designate otherwise, these provisions are included:

A. Broad powers for the Executor and the Trustee.

B. No bond to be required for the Executor or the Trustee.

IV. SUMMARY OF ASSETS

To properly advise you of potential tax problems as well as trust applications, the following disclosure of information is required. Estimates will be sufficient. Use fair market values, free from mortgage and liens.

SUMMARY

ESTATE OF _____ DATE _____

ASSETS	YOUR NAME	IN JOINT NAME	SPOUSE'S NAME
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1. REAL ESTATE EQUITY
2. STOCKS
3. BONDS
4. CASH (AVERAGE BALANCE)
5. MORTGAGES & NOTES
6. LIFE INSURANCE
7. PERSONAL PROPERTY
8. RETIREMENT
9. PENSION (DEATH BENEFITS)
10. PROFIT-SHARING PLAN
11. BOOK VALUE OF BUSINESS ASSETS FROM BALANCE SHEET DATED
12. GIFTS RECEIVED DURING LIFE
13. POWERS OF APPOINTMENT
14. ANNUITIES
15. ANTICIPATED INHERITANCES
16. MISCELLANEOUS

TOTAL ASSETS

LIABILITIES

1. CURRENT DEBT, INCLUDING MORTGAGES
Do you have mortgage life insurance? Yes No
2. INSTALLMENT CONTRACTS
3. PERSONAL LOANS/COLLATERAL

IF YOU HAVE ANY OF THE FOLLOWING TYPE OF DOCUMENTS, PLEASE BRING THEM WITH YOU TO THE INITIAL CONSULTATION:

- PREVIOUS WILLS AND CODICILS, TRUSTS, LIVING WILLS, OR HEALTH CARE DIRECTIVES
- ANTE-NUPTIAL OR PROPERTY SETTLEMENT AGREEMENT
- RECENT STATEMENT OF ALL BANK OR INVESTMENT ACCOUNTS
- RECENT STATEMENT OF PENSION, PROFIT-SHARING, OR OTHER RETIREMENT PLANS
- DEEDS AND MORTGAGES FOR ALL REAL ESTATE
- COPIES OF ALL GIFT TAX RETURNS

V. ADDITIONAL ESTATE PLANNING DOCUMENTS

Durable Power Of Attorney For Financial Matters

A durable power of attorney is frequently given to your spouse, an adult child, or another relative or trusted friend authorizing that person (called your "attorney-in-fact") to act on your behalf and sign your name to legal and/or financial documents. If you have not given a durable power of attorney to anyone, you may wish to consider doing so as part of your estate planning process, as the durable power of attorney can be a very valuable tool in the event that, due to age, illness, or injury, you are unable to carry on your personal and financial affairs, someone would have to go to court to have you declared mentally or physically incompetent and be appointed to serve as your legal guardian. This process is time-consuming, expensive, and publicly embarrassing.

I have already had this type of document prepared and do not wish to revise it at this time.

(A) Attorney-In-Fact (Name, Address, And Telephone Number):

(B) Back-Up Attorney-In-Fact (Name, Address, And Telephone Number):

Advanced Directive

An advanced directive (also known as a living will) authorizes another person (called your "health care agent") to make decisions with respect to your health care in the event that you are physically or mentally unable to do so. This document also serves to indicate your wishes concerning the use of artificial or extraordinary measures to save you life in the event of a terminal illness or injury. You can also use this document to indicate you wishes with regard to organ donation, disposition of bodily remains, and funeral arrangements.

I have already had this type of document prepared and do not wish to revise it at this time.

(A) Primary Agent (Name, Address, And Telephone Number):

(B) ALTERNATE AGENT (NAME, ADDRESS, AND TELEPHONE NUMBER) (or _____ joint agent)

List persons not to be involved in decision making

TIME OF EFFECTIVENESS (choose one, A is preferred)

A) Advanced Directive is effective when signed.

B) Advanced Directive is not effective until grantor is disabled (when 2 physicians state under oath that they have personally examined the grantor).

Please review the following to determine the type of treatment to be provided when one is in a persistent vegetative state, terminal condition, and end-stage condition.

▪ **Persistent Vegetative State** means a condition caused by injury, disease, or illness, in which a patient has suffered a loss of consciousness, exhibiting no behavioral evidence of self awareness or awareness of surroundings in a learned manner other than reflex activity of muscles and nerves for low level conditioned response and from which, after the passage of a medically appropriate period of time, it can be determined to reasonable degree of medical certainty, that there can be no recovery.

▪ **Terminal Condition** means an incurable condition caused by injury, disease, or illness which, to a reasonable degree of medical certainty, makes death imminent and from which, despite the application of life-sustaining procedures, there can be no recovery.

▪ **End Stage Condition** means an advanced, progressive, irreversible condition caused by injury, disease, or illness that has caused 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.

Instructions to Agent as to providing, withdrawing, or withholding life-sustaining treatment

Complete the blocks below by choosing one of the following numbers for each block:

1. Yes, always provide 2. Yes, provide for _____ days 3. No, never provide

Medical Condition	Surgery	CPR	Mechanical Ventilation	Dialysis	Antibiotics	Tube Feeding	Chemotherapy and Radiation
Terminal Condition							
Persistent Vegetative State							
End Stage Condition							

PAIN MEDICATION

Do you authorize your agent to request pain medication and surgical intervention to relieve your pain?

Yes No

ANATOMICAL GIFTS/ORGAN DONATIONS

Do you authorize your agent to donate your organs? Yes No

If yes, please answer the following:

I direct that if I am “brain dead”, an anatomical gift be offered on my behalf to a patient in need of organ or tissue transplant. If a transplant occurs, I want artificial heart lung support devices to be continued in my behalf only until organ or tissue suitability of the patient is confirmed and organ or tissue recovery has taken place. Yes No

PREGNANCY (Choose One)

A) If I am pregnant my decision concerning life-sustaining procedures is not modified.

B) If I am pregnant I direct that my life be extended by life-sustaining procedures until such time as the child is born.

C) Not applicable.