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Estate Planning Questionnaire

I. Personal and Family Data

A. NAMES

Full Name:

(Spouse 1) _____ (Spouse 2) _____

Date of Birth:

(Spouse 1) _____ (Spouse 2) _____

Last Four Digits of Social Security Number:

(Spouse 1) _____ (Spouse 2) _____

U.S. Citizen:

(Spouse 1) _____ (Spouse 2) _____

B. CONTACT INFORMATION

Residence Address: _____

Residence Phone Number: _____

County of Residence: _____

Occupation:

(Spouse 1) _____ (Spouse 2) _____

Employer:

(Spouse 1) _____ (Spouse 2) _____

Business Phone Numbers:

(Spouse 1) _____ (Spouse 2) _____

Cell Phone Numbers:

(Spouse 1) _____ (Spouse 2) _____

E-mail Addresses:

(Spouse 1) _____ (Spouse 2) _____

C. MARITAL STATUS

Are you currently married? _____ If yes, provide date and location (City or County and State) of marriage: _____

Prior marriages (indicate to whom and when):

(Spouse 1) _____ (Spouse 2) _____

D. PARENTS: (please indicate whether deceased)

(Spouse 1) _____ (Spouse 2) _____

E. SIBLINGS: (please indicate whether deceased)

(Spouse 1) _____ (Spouse 2) _____

F. CHILDREN

Name	Date of Birth	Indicate if Adopted or Not Not Children of Both Spouses
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you stored any of your genetic material for potential conception in the future? If yes, please identify where genetic material is stored and whether such genetic material may be used for conception after your death. _____

Do you have a child with special needs? If yes, please explain. _____

Do you have a child that is deceased? If yes, please provide the name of the deceased child. _____

G. GRANDCHILDREN

Name	Date of Birth	Parents
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. Professionals

A. ACCOUNTANT:

Name	Address	Phone Number
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B. ATTORNEY:

Name	Address	Phone Number
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C. INVESTMENT ADVISOR OR FINANCIAL PLANNER:

Name	Address	Phone Number
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D. LIFE INSURANCE AGENT:

Name	Address	Phone Number
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E. PRIMARY CARE PHYSICIAN:

Name	Address	Phone Number
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III. Specific Will Provisions

A. DO YOU HAVE AN EXISTING WILL? (please provide a copy)_____

B. FINAL ARRANGEMENTS

Do you wish to be buried or cremated?

(Spouse 1)_____ (Spouse 2)_____

Where do you wish to be buried? Please indicate if you already own cemetery plots.

Do you have any specific requests regarding your funeral arrangements or period of mourning?_____

Do you wish to donate your organs for transplantation or scientific purposes?

(Spouse 1)_____ (Spouse 2)_____

If yes, have you signed an organ donor card or indicated on your driver's license that you intend to be an organ donor? (Spouse 1)_____ (Spouse 2)_____

Do you wish to specify anything else?_____

C. GENERAL DISPOSITION INTENTIONS: (If you are making bequests to multiple beneficiaries, please indicate whether you wish for your property to be distributed in equal shares and what to do if one of the beneficiaries predeceases you.)

D. SPECIFIC BEQUESTS: (to individuals or charitable organizations)

E. DESIGNATION OF A PERSONAL REPRESENTATIVES: (This position lasts approximately nine months, and the Personal Representative is entitled to earn a commission on your probate estate. Spouses typically serve for each other, but be sure to name an alternate.)

(S1 - primary)_____ (S2 - primary)_____

(S1 - alternate)_____ (S2 - alternate)_____

F. APPOINTMENT OF GUARDIANS FOR MINOR CHILDREN: (Both spouses should name the same person to become the guardian in the event of simultaneous death. It is preferable to name only one individual, rather than a couple, to serve as guardian.)

(Guardian)_____ (Alternate)_____

G. APPOINTMENT OF TRUSTEES: (If there are tax planning or other reasons to place assets in a trust, you will need a trustee or trustees who will have discretion to make decisions regarding distributions of such assets. Generally, it is preferable if the beneficiaries are not also trustees.)

(Trustee)_____ (Alternate)_____

H. PROVISIONS FOR PETS: (Identify who should care for your pets and whether you intend to provide funding for such care.)

I. ALTERNATE BENEFICIARIES: (Provide a contingency if your beneficiaries are not living at the time of your death or die simultaneously with you.)

J. DIGITAL PROPERTY:

Do you own any digital devices, assets, or accounts? (S1)_____ (S2)_____

Do you keep a printed or electronic inventory of your digital property that includes your usernames and passwords? If so, where is this inventory located?

(Spouse 1)_____ (Spouse 2)_____

Should someone other than your Personal Representative be responsible for managing your digital property after your death? If so, who?

(Spouse 1)_____ (Spouse 2)_____

Do you have any specific instructions regarding how your digital property should be handled after your death?

(Spouse 1)_____

(Spouse 2)_____

IV. Other Documents

A. POWER OF ATTORNEY FOR HEALTH CARE: (Name a person who will act as your agent if you are unable to make decisions regarding your health care.)

(S1 - primary)_____ (S2 - primary)_____

(S1 - alternate)_____ (S2 - alternate)_____

B. POWER OF ATTORNEY FOR PROPERTY: (Name a person who will act as your agent if you are unable to make your own financial decisions.)

(S1 - primary)_____ (S2 - primary)_____

(S1 - alternate)_____ (S2 - alternate)_____

V. Contact Information

Please provide the names, addresses, and telephone numbers of the individuals who you have named as your beneficiaries, personal representatives, trustees, guardians, and agents.

_____	_____
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VI. Other

