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Estate Planning Questionnaire

I. Personal and Family Data

A. NAME

Full Name: _____ Date of Birth: _____

Last Four Digits of Social Security #: _____ U.S. Citizen: _____

B. CONTACT INFORMATION

Residence Address: _____

Residence Phone Number: _____

Occupation: _____ Employer: _____

Business Phone Number: _____ Cell Phone Number: _____

E-mail Address: _____

C. MARITAL STATUS

Are you currently single, separated, divorced, or widowed?

Prior marriages (indicate to whom and when): _____

D. PARENTS: (please indicate whether deceased)

(Mother) _____ (Father) _____

E. SIBLINGS: (please indicate whether deceased)

F. CHILDREN

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

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. Provisions to Consider

- A. Will: Personal Representatives, Trustees, Appointment of Guardians for Minor Children, Distribution of Assets, Alternate Beneficiaries
- B. Living Will: End of Life Decisions, Final Arrangements
- C. Power of Attorney for Health Care: Agent/Successor Agent
- D. Power of Attorney for Property: Agent/Successor Agent, Restrictions

III. Contact Information

Please provide the names, addresses, and telephone numbers of the individuals who you are likely to name as your beneficiaries, personal representatives, trustees, guardians, and agents.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____