

ESTATE PLANNING QUESTIONNAIRE

Office of the Staff Judge Advocate
Legal Assistance Division

4217 Roberts Avenue
Fort Meade, Maryland 20755
Phone: 301-677-9504/9536

PERSONAL INFORMATION

DATE:

1. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated or about to divorce		
Your Name (First, Middle, Last)	Last 4 of Soc. Sec. No.	Date of Birth
Spouse's Name (First, Middle, Last)	Last 4 of Soc. Sec. No.	Date of Birth
Home Address (Number, Street)	City	State, Zip
Your Home Phone	Your Work Phone	Your Cell Phone
Spouse's Home Phone	Spouse's Work Phone	Spouse's Cell Phone
Your Email Address	Spouse's Email Address	

Circle or fill in your answers	You	Spouse
1. Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have a will or trust now?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. How many living children do you have?		
4. Are all your children legally yours (natural or legally adopted?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. How many stepchildren do you have?		
6. In which state do you vote?		
7. Which state issued your driver's license?		
8. In which state is your car registered?		
9. In which state(s) do you own real estate?		
10. Do you pay state income tax? If yes, to which state?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. In which state do you plan to retire/live permanently?		
12. Do you have a pre-nuptial or post-nuptial agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do you have a divorce decree affecting your pension or other property rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "yes" to questions 2, 12, or 13, you must bring these documents to your appointment.

CHILDREN (Names, ages, and whether biological, adopted, or stepchildren):

Additional Remarks:

MANAGEMENT DECISIONS: YOUR ESTATE MANAGEMENT TEAM

1. **PERSONAL REPRESENTATIVE/EXECUTOR:** After your death, this person pays debts and taxes you owe, arranges for the guardianship of minors who live with you and distributes your property as you state in the Will. Choose people who are responsible with paperwork and have the time and ability to serve as your administrator. Please state your relationship (e.g. spouse, cousin, brother, friend, etc.)

YOU	YOUR SPOUSE
FIRST CHOICE (after your spouse)	FIRST CHOICE (after your spouse)
Name, Relationship to You	Name, Relationship to You
Address	Address
Phone (H, C, W)	Phone (H, C, W)
SECOND CHOICE	SECOND CHOICE
Name, Relationship to You	Name, Relationship to You
Address	Address
Phone (H, C, W)	Phone (H, C, W)

2. **TRUSTEE:** Manages the money or property you leave to minors. If the same as your spouse or as the Personal Representative/Executor, simply write "Same".

FIRST CHOICE (after your spouse)	FIRST CHOICE (after your spouse)
Name, Relationship to You	Name, Relationship to You
Address	Address
Phone (H, C, W)	Phone (H, C, W)
SECOND CHOICE	SECOND CHOICE
Name, Relationship to You	Name, Relationship to You
Address	Address
Phone (H, C, W)	Phone (H, C, W)

3. **GUARDIANS FOR MINOR CHILDREN:** Responsible adults who will raise your children after you die.

FIRST CHOICE (after your spouse)	FIRST CHOICE (after your spouse)
Name, Relationship to You	Name, Relationship to You
Address	Address
Phone (H, C, W)	Phone (H, C, W)
SECOND CHOICE	SECOND CHOICE
Name, Relationship to You	Name, Relationship to You
Address	Address
Phone (H, C, W)	Phone (H, C, W)
THIRD CHOICE	THIRD CHOICE
Name, Relationship to You	Name, Relationship to You
Address	Address
Phone (H, C, W)	Phone (H, C, W)

BENEFICIARIES OF YOUR ESTATE (who you bequeath your money and property to upon your death)

1. GIFTS TO ORGANIZATIONS (e.g. church, charity, etc.) UPON YOUR DEATH

Name of Organization	Address and Phone Number of Organization	Monetary Amount or Type of Gift

2. GIFTS TO INDIVIDUALS (e.g. my coin collection to my son, my wedding ring to my daughter, \$1000 to my nephew, etc.)

Name of Person and Relationship to You	Address and Phone Number of Recipient	Monetary Amount or Type of Gift

3. PRIMARY BENEFICIARIES (Who will receive the remainder of your estate to include houses, land, investments, household goods, etc. Percentages must total 100%) Please let the attorney know if any beneficiary is not a U.S. citizen (special QDOT trust required) or is a person who receives Social Security Disability (SSI) payments from the government.

Example:

Level 1: MARGE SIMPSON (wife)

Level 2: BART SIMPSON (son from this marriage), LISA FRANK (daughter from 1st marriage) and MAGGIE THOMAS (my wife's daughter) in equal shares.

Level 3: SALLY SIMPSON (Bart's daughter), HEIDI FRANK (Lisa's daughter) and ALEX THOMAS (Maggie's adopted son), in equal shares.

Level 4: JOHN JACOBS (Husband's brother) and JILL HOPKINS (Wife's sister) with 75% to JOHN and 25% to JILL.

Level 5: ARMY EMERGENCY RELIEF AT FORT BELVOIR (200 Stovall Street, Room 5-N-13 Alexandria, VA 22332-0600, phone: 703-325-0463, e-mail: Campaign@aerhq.org)

YOU	SPOUSE
LEVEL 1:	LEVEL 1:
LEVEL 2:	LEVEL 2:
LEVEL 3:	LEVEL 3:
LEVEL 4:	LEVEL 4:
LEVEL 5:	LEVEL 5:

4. AGE OF ADULTHOOD At what age will individuals who inherit from you receive their inheritance? If the individuals who inherit from you are younger than the age you select, the money and property will be set aside into a trust for their benefit and your trustee will manage that property for them until they achieve the age you select. Thus, the trustee will decide when to spend the money in the trust for the minors (for school, health care, living expenses, etc.) and make decisions such as: I will buy Junior a bicycle but not a motorcycle. You may also release the trust funds in installments (e.g. 50% at age 21, the balance at age 25).

5. **INDIVIDUALS TO BE DISINHERITED** Are there any living former spouses, stepchildren, or other relatives through blood or marriage who you do not want to receive anything from your estate? If so, please list their full legal names and their relationship to you.

MEDICAL DECISION-MAKING (separate from the will)

	YOU	SPOUSE
LIVING WILL: When you are unconscious, incapacitated or have a terminal condition and the doctors determine to a reasonable degree of medical certainty that you would not recover or revive even if treatment is continued, you may indicate that you would not want to be hooked up to machines or tubes and that you only want to receive pain reducing medication and to be made comfortable. DO YOU WANT TO EXPRESS A PREFERENCE TO TERMINATE TREATMENT IF IT WILL NOT CURE YOU?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Upon your death, do you wish to donate your tissue or organs for transplants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Upon your death, do you wish to donate your tissue or organs for scientific or medical research?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to restrict donation of any tissue or organs (skin, eyes, ears, nose, etc.)? If so, please specify which organs you do not wish to donate or simply write: "No."	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to die at home rather than in a hospital, nursing home or hospice (H/NH/HOSP) assuming it does not present a financial or emotional burden to your family?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

HEALTH CARE POWER OF ATTORNEY. Appointing people you trust to make medical decisions for you in the event you are incapacitated, but not necessarily terminal?

FIRST CHOICE (after your spouse)	FIRST CHOICE (after your spouse)
Name, Relationship to You	Name, Relationship to You
Address	Address
Phone (H, C, W)	Phone (H, C, W)
SECOND CHOICE	SECOND CHOICE
Name, Relationship to You	Name, Relationship to You
Address	Address
Phone (H, C, W)	Phone (H, C, W)
THIRD CHOICE	THIRD CHOICE
Name, Relationship to You	Name, Relationship to You
Address	Address
Phone (H, C, W)	Phone (H, C, W)

FUNERAL AGENTS. Will your Health Care Power of Attorney Agents also handle funeral arrangements? Yes No If No, please list the individuals who will handle your funeral arrangements and rank them in order (e.g. 1) David Smith (brother), 2) Judy Sears (sister), 3) Barry London (uncle).

YOU	1.	2.	3.
SPOUSE	1.	2.	3.

FUNERAL AND BURIAL PREFERENCES

	YOU	SPOUSE
Would you like to be cremated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like military honors at your funeral?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to be buried beside your spouse if she/he predeceased you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you would like a religious service, please specify the type (e.g. Baptist, Jewish, Hindu, Roman Catholic, etc.) otherwise, write "None" or "No Preference".		
Would you like a particular house of worship to handle the funeral service? If so, please provide the name, address and phone number. Otherwise, write "No Preference".		
Would you like to be buried in a particular cemetery? Please include your preference and address (e.g. Arlington National Cemetery, Quantico National Cemetery in Triangle, VA, a federal or state veterans' cemetery in Kentucky, etc.)		
Remarks:		

GENERAL POWER OF ATTORNEY FOR FINANCIAL MATTERS. You may appoint people you trust who are good with financial matters to pay your bills while you are alive, but incapacitated (e.g. in the hospital, unconscious, etc.). It is a very powerful document and should only be granted with great care, and then only to a person that you have the utmost trust in. If you are deploying, we can prepare a second one that triggers immediately and has an expiration date. The person you are appointing is your "Attorney-in-Fact" (hereafter: "AIF").

FIRST CHOICE (after your spouse)	FIRST CHOICE (after your spouse)
Name, Relationship to You	Name, Relationship to You
Address	Address
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SECOND CHOICE	SECOND CHOICE
Name, Relationship to You	Name, Relationship to You
Address	Address
Phone (H, C, W)	Phone (H, C, W)
THIRD CHOICE	THIRD CHOICE
Name, Relationship to You	Name, Relationship to You
Address	Address
Phone (H, C, W)	Phone (H, C, W)

Powers Authorized to be Performed by your Attorney-in-Fact (AIF)

	YOU	SPOUSE
Can the AIF that you appoint sell your house or land before you die?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can your AIF give your household goods away as gifts before you die?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can your AIF file tax returns on your behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want your AIF to prepare a monthly journal while they are managing your affairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want your Power of Attorney to trigger if you are missing in action, captured or a POW?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to include an expiration date on your POA? You can always terminate it at any time.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:		

PROPERTY YOU, YOUR SPOUSE OR BOTH OF YOU OWN TOGETHER

1. HOUSES AND LAND

Address	Titled in whose name	Market Value (if you sold it today) minus the mortgage balance(s) = Equity
TOTAL NET VALUE:		

2. CARS AND BOATS

Year, Make, and Model	Titled in whose name	Market Value (if you sold it today) minus the loan balance(s) = Equity
TOTAL NET WORTH:		

3. BANK ACCOUNTS

Bank Name	Titled in whose name	Balance
TOTAL VALUE:		

4. STOCKS AND MUTUAL FUNDS

Name of Stock or Mutual Fund	Titled in whose name	Current Value
TOTAL VALUE:		

5. IRAS, ROTH IRAS, THRIFT SAVINGS PLAN, 401(K)s

Description	In whose name	Current Value
TOTAL VALUE:		

6. LIFE INSURANCE, ANNUITIES

Name of Company	Whose Policy?	Beneficiaries	Amount of Death Benefit
TOTAL NET VALUE			

7. ITEMS OF SPECIAL VALUE (coins, jewelry, antiques, firearms, artwork, china, silver, gold, etc.)

Description	Value
TOTAL NET VALUE	

8. VALUE OF ADDITIONAL PROPERTY NOT INCLUDED ABOVE (household goods, clothes, furniture, lawn equipment, televisions, stereos, tools, etc.)**9. ADDITIONAL DEBTS** (other than mortgage(s) and loans listed above, such as credit cards, personal loans, etc.)

Description	Amount Owed
TOTAL DEBT	

10. Total value of everything you (and your spouse) own (add totals of line 1 thru line 8 above)	
11. Total amount you (and your spouse) owe (total of line 9 above)	
12. Subtract line 11 from line 10	TOTAL NET ESTATE VALUE