



Answering the following questions will help you make decisions on your future wishes for your family and your estate. This PDF file can be filled in on your computer. Download the file to your desktop and save your work often.

For any question that you may need more space to complete your answer, please use blank pages at the end of the document. Label your answer with the letter of the section and the number of the question, so we can easily connect all your answers to the original questions.

Once you have completed this form, please print it out and send a copy to Linda Cox at Hyatt & Weber, so that we may discuss this when we meet.

Date

A. PERSONAL AND FAMILY DATA

1 Name (husband) Name (wife)

D.O.B (husband) D.O.B (wife)

Date of Marriage Place

Year Maryland residence est. Citizenship (husband) Citizenship (wife)

Ever live in a community property state? yes no If yes, in which state, during what period?

CHILDREN (INCLUDING THOSE LEGALLY ADOPTED)

CHILD 1

Name Birthday Marital Status

Occupation Spouse's Name

CHILD 2

Name Birthday Marital Status

Occupation Spouse's Name

CHILD 3

Name Birthday Marital Status

Occupation Spouse's Name

CHILD 4

Name Birthday Marital Status

Occupation Spouse's Name

CHILD 5

Name	<input type="text"/>	Birthday	<input type="text"/>	Marital Status	<input type="text"/>
Occupation	<input type="text"/>	Spouse's Name	<input type="text"/>		

CHILD 6

Name	<input type="text"/>	Birthday	<input type="text"/>	Marital Status	<input type="text"/>
Occupation	<input type="text"/>	Spouse's Name	<input type="text"/>		

OTHER DEPENDENTS

DEPENDENT 1

Name	<input type="text"/>	Birthday	<input type="text"/>	Marital Status	<input type="text"/>
Occupation	<input type="text"/>	Spouse's Name	<input type="text"/>		

DEPENDENT 2

Name	<input type="text"/>	Birthday	<input type="text"/>	Marital Status	<input type="text"/>
Occupation	<input type="text"/>	Spouse's Name	<input type="text"/>		

2 PRIOR MARRIAGES (IF APPLICABLE)

	<i>HUSBAND</i>	<i>WIFE</i>
Prior Spouse	<input type="text"/>	<input type="text"/>
Children of Prior Marriage (Names)	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Date of Marriage	<input type="text"/>	<input type="text"/>
Place	<input type="text"/>	<input type="text"/>
Date of Dissolution	<input type="text"/>	<input type="text"/>

3 DECEASED CHILDREN AND THEIR ISSUE

Name of Deceased Child

Name of Child's Son/Daughter

Name of Deceased Child

Name of Child's Son/Daughter

4 BUSINESS ADDRESS / TELEPHONE / FAX / E-MAIL

Business Name *HUSBAND* *WIFE*

Business Address *HUSBAND*

WIFE

Business Telephone *HUSBAND* *WIFE*

Business Fax

Business Email

Description of Business / Profession *HUSBAND*

WIFE

5 RESIDENCE ADDRESS / TELEPHONE / FAX / E-MAIL

Residence Address *HUSBAND*

WIFE

Residence Telephone *HUSBAND* *WIFE*

Residence Fax

Residence Email

6 GRANDCHILDREN

NAME OF GRANDCHILD

NAME OF PARENT

DATE OF BIRTH

7 LIVING PARENTS

HUSBAND

WIFE

Mother

Father

8 BROTHERS AND SISTERS

Name

Telephone

Sibling of:

Husband

Wife

Address

Name

Telephone

Sibling of:

Husband

Wife

Address

Name

Telephone

Sibling of:

Husband

Wife

Address

Name

Telephone

Sibling of:

Husband

Wife

Address

9 SOCIAL SECURITY NUMBERS

HUSBAND

WIFE

10 MILITARY SERVICE

Is either spouse a veteran? yes no If yes, which spouse?

Service Number VA Number

Describe benefits, if any, and include all member / account numbers, name, address, relationships and beneficiary

11 DISABILITY

Any disability? Service connected? yes no

Beneficiary Name Relationship Beneficiary Telephone

Beneficiary Address

12 SAFE DEPOSIT BOX

Location and contents of safe deposit box. Who has access?

13 EXISTING WILLS *Please attach a copy of any existing will.*

Does the husband now have a will? yes no Does the wife now have a will? yes no

14 ANNUAL INCOMES

	HUSBAND	WIFE
Salary	\$ <input type="text"/>	<input type="text"/>
Other	\$ <input type="text"/>	<input type="text"/>
Other	\$ <input type="text"/>	<input type="text"/>

Clear all the answers in Section A

B. ASSET INFORMATION

1 DOES THE HUSBAND OR THE WIFE

Expect to inherit something from parents or others? yes no *Describe below:*

Expect to receive benefits from a retirement plan? yes no *Describe below:*

Have powers of appointment? yes no *Describe below:*

Expect to receive gifts from parents or others? yes no *Describe below:*

Have beneficial interests in trusts? yes no *Describe below:*

Have an interest in a Buy-Sell Agreement? yes no *Describe below:*

2 DOES THE HUSBAND OR THE WIFE HAVE ANY MARRIAGE AGREEMENTS? *Please attach a copy of any such agreement.*

Prior to marriage? yes no After marriage? yes no

3 REAL ESTATE

LOCATION 1

Location and Type Cost Basis

Approximate Market Value of Equity How is Title Held

LOCATION 2

Location and Type Cost Basis

Approximate Market Value of Equity How is Title Held

LOCATION 3

Location and Type Cost Basis

Approximate Market Value of Equity How is Title Held

4

LIFE INSURANCE

Please attach a copy of your latest statement.

LIFE INSURANCE 1

Company and Policy Number Death Benefit

Approximate Cash Value Person Insured Owner

Beneficiary Name(s) /Amount

LIFE INSURANCE 2

Company and Policy Number Death Benefit

Approximate Cash Value Person Insured Owner

Beneficiary Name(s) /Amount

LIFE INSURANCE 3

Company and Policy Number Death Benefit

Approximate Cash Value Person Insured Owner

Beneficiary Name(s) /Amount

LIFE INSURANCE 4

Company and Policy Number Death Benefit

Approximate Cash Value Person Insured Owner

Beneficiary Name(s) /Amount

5

CASH ACCOUNTS

Please attach a copy of your latest statement.

INSTITUTION	ACCOUNT NUMBER	APPROXIMATE BALANCE	IN WHOSE NAME(S)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6 SECURITIES

Company No. of Shares

Original Cost Approximate Market Value

Date of Purchase In Whose Name

Account Number Beneficiary Name(s) /Amount

Company No. of Shares

Original Cost Approximate Market Value

Date of Purchase In Whose Name

Account Number Beneficiary Name(s) /Amount

Company No. of Shares

Original Cost Approximate Market Value

Date of Purchase In Whose Name

Account Number Beneficiary Name(s) /Amount

Company No. of Shares

Original Cost Approximate Market Value

Date of Purchase In Whose Name

Account Number Beneficiary Name(s) /Amount

7 PERSONAL PROPERTY (VEHICLES, JEWELRY, ART, COLLECTIONS, OTHER HOUSEHOLD GOODS)

DESCRIPTION	ORIGINAL COST	FAIR MARKET VALUE	HOW TITLED	LIEN HOLDER	AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8 TRUST DEEDS, NOTES, RETIREMENT PLANS, AND OTHER ASSETS

Please attach a copy of your latest statement.

DESCRIPTION	VALUE	ACCOUNT NUMBER	BENEFICIARY NAME(S) / AMOUNT

9 DEBTS

TYPE AND TO WHOM OWED	APPROXIMATE AMOUNT

10 IMPORTANT DOCUMENTS TO BE EXAMINED

- | | |
|---|--|
| <input type="checkbox"/> Existing Wills and Trust Agreements | <input type="checkbox"/> Retirement and Deferred Compensation Agreements |
| <input type="checkbox"/> Real Property Deeds | <input type="checkbox"/> Life Insurance Policies |
| <input type="checkbox"/> Deeds of Trust and Notes | <input type="checkbox"/> Power of Attorney |
| <input type="checkbox"/> Partnership and Corporate Agreements and Tax Returns | <input type="checkbox"/> Most Recently Filed Individual Income Tax Returns |

Clear all the answers in Section B

C. WILL PROVISIONS DESIRED BY CLIENT

1 GENERAL DISPOSITION INTENTIONS

A brief description of the wishes for the distribution of property at death. Most married couples wish the bulk of their property to pass to their spouse outright or for his or her lifetime and then pass to their mutual children in trust upon the death of the surviving spouse. The property would then be held in trust until the children reach the age of majority or beyond, with principal payments at specified ages.

Specific Bequests

Disposition of Residue

Ultimate Beneficiary

2

PERSONAL REPRESENTATIVE / EXECUTOR

It is advisable for the surviving spouse to serve as Personal Representative. If he or she does not wish to serve alone, another responsible person (possible adult children or attorney) can normally serve with him or her.

Initial Personal Representatives(s) Relationship to Testator

Address

Home Telephone Business Telephone

Initial Personal Representatives(s) Relationship to Testator

Address

Home Telephone Business Telephone

Initial Personal Representatives(s) Relationship to Testator

Address

Home Telephone Business Telephone

3

TRUSTEES FOR TESTAMENTARY TRUST (IF ANY)

A disinterested party must be appointed as a trustee in order to make discretionary decisions regarding distributions without incurring adverse tax consequences. The surviving spouse or other family member may also serve, but would have limited authority.

Name Relationship to Testator

Address

Home Telephone Business Telephone

Name Relationship to Testator

Address

Home Telephone Business Telephone

Name Relationship to Testator

Address

Home Telephone Business Telephone

4

GUARDIANS FOR MINOR CHILDREN (IF ANY)

Until minor children reach age 18, they must have a guardian appointed with respect to both their person and any property they may own individually. Usually the surviving parent is named Guardian of the property (a parent is automatically Guardian of the person). Some other person, preferably a related couple, should be named in the alternative in the event neither parent survives. They can serve individually or jointly.

Successor Guardian(s) Relationship to Testator

Address

Home Telephone Business Telephone

Successor Guardian(s) Relationship to Testator

Address

Home Telephone Business Telephone

Successor Guardian(s) Relationship to Testator

Address

Home Telephone Business Telephone

Successor Guardian(s) Relationship to Testator

Address

Home Telephone Business Telephone

5

TRUSTEE FOR INTER VIVOS TRUST (IF ANY)

The grantor may serve as the initial Trustee of the Trust during his or her lifetime. (Where he or she is the shareholder of professional corporation stock which is to be transferred to the Trust, it is essential that he or she alone be the Trustee since an unlicensed professional is not legally authorized to own or hold title to such stock). The other spouse should be named as successor Trustee to succeed to the duties of the Trustee in the event that the grantor shall predecease him or her. A disinterested successor Trustee should also be named. We suggest that this disinterested Trustee should be a close relative, a bank, or an attorney who is familiar with the affairs of the grantor.

INITIAL TRUSTEE

Name Relationship to Grantor

Address

Home Telephone Business Telephone

INITIAL TRUSTEE

Name	<input type="text"/>	Relationship to Grantor	<input type="text"/>
Address	<input type="text"/>		
Home Telephone	<input type="text"/>	Business Telephone	<input type="text"/>

SUCCESSOR TRUSTEE

Name	<input type="text"/>	Relationship to Grantor	<input type="text"/>
Address	<input type="text"/>		
Home Telephone	<input type="text"/>	Business Telephone	<input type="text"/>

SUCCESSOR TRUSTEE

Name	<input type="text"/>	Relationship to Grantor	<input type="text"/>
Address	<input type="text"/>		
Home Telephone	<input type="text"/>	Business Telephone	<input type="text"/>

SECOND SUCCESSOR TRUSTEE

Name	<input type="text"/>	Relationship to Grantor	<input type="text"/>
Address	<input type="text"/>		
Home Telephone	<input type="text"/>	Business Telephone	<input type="text"/>

SECOND SUCCESSOR TRUSTEE

Name	<input type="text"/>	Relationship to Grantor	<input type="text"/>
Address	<input type="text"/>		
Home Telephone	<input type="text"/>	Business Telephone	<input type="text"/>

Clear all the answers in Section C

D. POWER OF ATTORNEY

Powers of Attorney are often used to authorize someone to act for you under certain legal conditions, especially legal incapacitation. We will recommend that you consider executing such power. Whom would you like to name as your agent (and Successor agent) under such power? There are two types of such power – a “Durable General Power of Attorney” and a “Durable Health Care Power of Attorney.” The General Power appoints an agent to act for you in connection with financial matters and to manage assets while the Health Care Power appoints an agent to make health care decisions for you in the event of incapacity. At our meeting, we will discuss with you if you would like an Advance Directive (Living Will) as a part of your Health Care Power.

1

DURABLE GENERAL POWER OF ATTORNEY

AGENT FOR HUSBAND

Name	<input type="text"/>	Relationship to Grantor	<input type="text"/>
Address	<input type="text"/>		
Home Telephone	<input type="text"/>	Business Telephone	<input type="text"/>

AGENT FOR WIFE

Name	<input type="text"/>	Relationship to Grantor	<input type="text"/>
Address	<input type="text"/>		
Home Telephone	<input type="text"/>	Business Telephone	<input type="text"/>

SUCCESSOR AGENT FOR HUSBAND

Name	<input type="text"/>	Relationship to Grantor	<input type="text"/>
Address	<input type="text"/>		
Home Telephone	<input type="text"/>	Business Telephone	<input type="text"/>

SUCCESSOR AGENT FOR WIFE

Name	<input type="text"/>	Relationship to Grantor	<input type="text"/>
Address	<input type="text"/>		
Home Telephone	<input type="text"/>	Business Telephone	<input type="text"/>

2 DURABLE HEALTH CARE POWER OF ATTORNEY

AGENT FOR HUSBAND

Name	<input type="text"/>	Relationship to Grantor	<input type="text"/>
Address	<input type="text"/>		
Home Telephone	<input type="text"/>	Business Telephone	<input type="text"/>

AGENT FOR WIFE

Name	<input type="text"/>	Relationship to Grantor	<input type="text"/>
Address	<input type="text"/>		
Home Telephone	<input type="text"/>	Business Telephone	<input type="text"/>

SUCCESSOR AGENT FOR HUSBAND

Name	<input type="text"/>	Relationship to Grantor	<input type="text"/>
Address	<input type="text"/>		
Home Telephone	<input type="text"/>	Business Telephone	<input type="text"/>

SUCCESSOR AGENT FOR WIFE

Name	<input type="text"/>	Relationship to Grantor	<input type="text"/>
Address	<input type="text"/>		
Home Telephone	<input type="text"/>	Business Telephone	<input type="text"/>

Clear all the answers in Section D

To clear all answers and additional comments in this form

Dear Linda:

My signature below reflects that I have provided a complete financial disclosure to you as stated here in.

Client

Spouse

Date Signed

ADDITIONAL PAGES

Please label your answers with the letter of the section and the number of the question, so we can easily connect all your answers to the original questions.

