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Estate Plan Information Form

This form can be filled out and brought to our first meeting to save valuable time. Before we meet, please complete this form, the Questionnaire, and the Financial Inventory Sheet, and review the Initial Meeting memorandum.

CLIENT 1

Name: _____

Home Address: _____

Employer/Occupation: _____

Business Address: _____

Date of Birth: _____ Last 4 Digits of SSN: _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

Email for Draft Documents: _____

CLIENT 2 (Detail Information Only If Different)

Name: _____

Home Address: _____

Employer/Occupation: _____

Business Address: _____

Date of Birth: _____ Last 4 Digits of SSN: _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

Email for Draft Documents: _____

MISCELLANEOUS INFORMATION

Are you citizens of the United States? **Client 1:** Yes ___ No ___ **Client 2:** Yes ___ No ___

Do you have a will? Yes ___ No ___ Do you have a trust? Yes ___ No ___

Do you have a pre- or post-nuptial or marital agreement? Yes ___ No ___ N/A ___

Have you ever lived in any of the following states:

Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Puerto Rico, Texas, or Washington?

Circle if Yes

HEALTH ISSUES

Describe any significant health problems you or anyone depending on you for support have:

CHILDREN

Child's Name: _____

Home Address: _____

Home Phone: (____) _____

Date of Birth: _____ Spouse's Name: _____

Names and ages of child's children: _____ N (natural) A (adopted) S (step)

_____ Age: _____ Status _____

_____ Age: _____ Status _____

_____ Age: _____ Status _____

_____ Age: _____ Status _____

Child's Name: _____

Home Address: _____

Home Phone: (____) _____

Date of Birth: _____ Spouse's Name: _____

Names and ages of child's children: _____ N (natural) A (adopted) S (step)

_____ Age: _____ Status _____

_____ Age: _____ Status _____

_____ Age: _____ Status _____

_____ Age: _____ Status _____

Child's Name: _____

Home Address: _____

Home Phone: (____) _____

Date of Birth: _____ Spouse's Name: _____

Names and ages of child's children: _____ N (natural) A (adopted) S (step)

_____ Age: _____ Status _____

_____ Age: _____ Status _____

_____ Age: _____ Status _____

_____ Age: _____ Status _____

Child's Name: _____

Home Address: _____

Home Phone: (____) _____

Date of Birth: _____ Spouse's Name: _____

Names and ages of child's children: _____ N (natural) A (adopted) S (step)

_____ Age: _____ Status _____

_____ Age: _____ Status _____

_____ Age: _____ Status _____

_____ Age: _____ Status _____

OTHER DEPENDENTS

Give name, address, age, relationship, and annual cost of support.

DISTRIBUTIONS AFTER YOUR DEATH

Please describe your plan, in general terms:

___ All to spouse, then to children in equal shares; children's shares ___ outright or ___ in trust

If one of your beneficiaries dies before you, should his or her share be distributed ___ to his or her issue, or ___ to your other beneficiaries, or ___ otherwise:

Do you wish to make any special gifts of property or cash to any individuals? Yes ___ No ___
Please specify the recipient's name, address, and the item or amount:

Do you wish to make any gifts to a charitable organization? Yes ___ No ___
Please specify the recipient's name, address, and the item or amount:

Is there anyone whom you specifically do not want to receive anything from your estate? Yes ___ No ___
If so, who?

Are there any debts that you wish to forgive? Yes ___ No ___
If so, please specify the debtor, the present amount, and the amount to forgive (or all)?

If none of your named beneficiaries survive you, where should your estate be distributed?
___ To charity; please specify:

___ To relatives; please specify:

FIDUCIARIES

Choice of “fiduciaries” - people who act for you in the management of your assets, both before and after your death, and care for you and your minor children. If any position is inapplicable, please leave it blank. Multiple positions may be filled by the same person. If two persons are completing this form and you have different fiduciary choices, please make multiple copies of this page and put your names at the top of your respective page.

“Asset management” positions can be filled by individuals (usually family members), local professionals (attorneys, accountants, etc.) or corporations (banks, trusts departments, etc.). The positions of Guardian and Medical Agent should be filled by trusted family members or friends. Each choice has its benefits and costs, which we can discuss at our meeting.

GUARDIAN

If you have minor or disabled children when you die, who should raise them and be their guardian?

First Choice: _____ Relationship _____

Address _____

If he or she is unable or unwilling to serve, who should serve?

Successor: _____ Relationship _____

Address _____

ASSET MANAGEMENT – AGENT UNDER POWER OF ATTORNEY

Who do you want to manage your assets and pay your bills if you are unable to do so during life?

First Choice: _____ Relationship _____

Address _____

If he or she is unable or unwilling to serve, who should serve?

Successor: _____ Relationship _____

Address _____

ASSET MANAGEMENT – EXECUTOR OF YOUR WILL

Who do you want to manage your estate after your death?

First Choice: _____ Relationship _____

Address _____

If he or she is unable or unwilling to serve, who should serve?

Second Choice: _____ Relationship _____

Address _____

ASSET MANAGEMENT – TRUSTEE OF YOUR TRUST (IF USED)

Who do you want to serve you in the management of any assets held in trust?

First Choice: _____ Relationship _____

Address _____

If he or she is unable or unwilling to serve, who should serve?

Successor: _____ Relationship _____

Address _____

MEDICAL DIRECTIVE – AGENT

Who should make medical decisions for you if you cannot make them for yourself?

First Choice: _____ Relationship _____

Address _____

If he or she is unable or unwilling to serve, who should serve?

Successor: _____ Relationship _____

Address _____