

ESTATE PLANNING CLIENT INFORMATION WORKSHEET

(INDIVIDUAL)

The purpose of this Worksheet is to help prepare you for our upcoming estate planning consultation and to provide us with important personal and asset information related to your estate so that we are able to properly advise you on your situation.

So that we can better prepare for your consultation, please return your completed Worksheet to us at least 48 hours before your appointment.

The information disclosed in this Worksheet will be kept strictly **confidential**.

Please return to
THE WRIGHT FIRM
888 Bestgate Road, Suite 211
Annapolis, Maryland 21401
(410) 224-7800

Date: _____, 20____

Personal Information:

Please state your:

Full name: _____

Name that you sign to documents: _____

Home address: _____

Home telephone number: (____) _____

Fax telephone number (____) _____ Home Work

E-mail Address: _____

Resident of above state since: _____ Citizen of U.S: Yes No

Social Security Number: _____ - _____ - _____

Age: _____ Date of birth: _____, 19____

Place of birth: _____

Occupation (former occupation if retired): _____

Employer: _____

Business address: _____

Business telephone number: (____) _____ Retirement Date (if any): ____/____/____

Military service Yes No If so, please list your service
branch, retirement rank, and dates of service: _____

Are you currently married? Yes No If answer is "Yes", please give:
Spouse's name: _____

Date and place of marriage: _____

If you are widowed, please give:
Deceased spouse's name: _____

Date of death: _____

Have you ever been divorced? Yes No If answer is "Yes", please give:
Name of former spouse: _____

Date and place of divorce: _____

Did you have a marital property settlement agreement? Yes* No

* If so, please bring a copy of this agreement with you to your appointment

Do you have any current serious health concerns? Yes* No
* If YES, what are they? _____

Have you previously completed will, trust, or estate planning? Yes* No
If YES, what kind of planning and when? _____

* If so, please send us copies of your wills and/or trust(s) when you return this questionnaire

Have you ever filed a federal gift tax return? Yes* No
* If so, please bring a copy of each such federal gift tax return with you to your appointment

Are you currently making annual gifts to any persons or charitable organizations? Yes No
If YES, to whom? _____

Children (Please list this information on the reverse side for children not included below):

1. Name: _____
Age: _____ Birthdate: _____
Address: with parents Other: _____
Home Telephone Number: (____) _____
E-mail Address: _____
Occupation: _____
Social Security Number: _____ - _____ - _____
Spouse's Name (if any): _____
Spouse's Occupation: _____
Children (please list names and ages): _____

Disabilities or special needs: _____

2. Name: _____
Age: _____ Birthdate: _____
Address: with parents Other: _____
Home Telephone Number: (____) _____
E-mail Address: _____
Occupation: _____
Social Security Number: _____ - _____ - _____
Spouse's Name (if any): _____
Spouse's Occupation: _____
Children (please list names and ages): _____

Disabilities or special needs: _____

3. Name: _____
Age: _____ Birthdate: _____
Address: with parents Other: _____
Home Telephone Number: (____) _____
E-mail Address: _____
Occupation: _____
Social Security Number: _____ - _____ - _____
Spouse's Name (if any): _____
Spouse's Occupation: _____
Children (please list names and ages): _____

Disabilities or special needs: _____

4. Name: _____
Age: _____ Birthdate: _____
Address: with parents Other: _____
Home Telephone Number: (____) _____
E-mail Address: _____

Occupation: _____
Social Security Number: _____ - _____ - _____
Spouse's Name (if any): _____
Spouse's Occupation: _____
Children (please list names and ages): _____

Disabilities or special needs: _____

5. Name: _____
Age: _____ Birthdate: _____
Address: with parents Other: _____
Home Telephone Number: (_____) _____
E-mail Address: _____
Occupation: _____
Social Security Number: _____ - _____ - _____
Spouse's Name (if any): _____
Spouse's Occupation: _____
Children (please list names and ages): _____

Disabilities or special needs: _____

Do you have any children who have predeceased you? Yes* No
If YES, what are their names and dates of birth? _____
If you have deceased children, do any of these deceased children have any children of their own who are now alive? Yes No
If YES, what please list them by parent and give their respective dates of birth? _____

Please tell us below anything else that you think we need to know about your children:

Living Parents:

1. Name: _____
Age: _____
Address: _____

Home Telephone Number: (_____) _____
E-mail Address: _____
Occupation: _____
Social Security Number: _____ - _____ - _____
Disabilities or special needs: _____

2. Name: _____
Age: _____
Address: _____

Home Telephone Number: (____) _____
E-mail Address: _____
Occupation: _____
Social Security Number: _____ - _____ - _____
Disabilities or special needs: _____

Next of kin (if no children or parents living): Other dependents: Others to be mentioned in your estate plan:

1. Name: _____
Age: _____ Birthdate: _____ Relationship: _____
Address: _____

Home Telephone Number: (____) _____
E-mail Address: _____
Occupation: _____
Social Security Number: _____ - _____ - _____
Disabilities or special needs: _____

2. Name: _____
Age: _____ Birthdate: _____ Relationship: _____
Address: _____

Home Telephone Number: (____) _____
E-mail Address: _____
Occupation: _____
Social Security Number: _____ - _____ - _____
Disabilities or special needs: _____

3. Name: _____
Age: _____ Birthdate: _____ Relationship: _____
Address: _____

Home Telephone Number: (____) _____
E-mail Address: _____
Occupation: _____
Social Security Number: _____ - _____ - _____
Disabilities or special needs: _____

Do you have a safety deposit box? Yes No

If so, please state: Name of bank: _____
Location: _____

Names of Joint Owners: _____

Please list the names and telephone numbers of the following (if applicable):

Your physician: _____ (____) _____
Your accountant: _____ (____) _____
Your financial planner/advisor: _____ (____) _____
Your insurance agent: _____ (____) _____
Your securities broker: _____ (____) _____
Your investment counselor: _____ (____) _____
Your primary bank: _____ (____) _____

Please briefly describe how you wish your property to be distributed (use back if necessary):

If you were to become disabled or incompetent, who would you want to manage your property?

1. Name: _____
Address: _____
Relationship: _____

2. Name: _____
Address: _____
Relationship: _____
Jointly with person above? Yes No

3. Name: _____
Address: _____
Relationship: _____
Jointly with person above? Yes No

If you were unable to make medical decisions for yourself, who would you want to make decisions for you concerning medical treatment and/or the use of life support machines?

1. Name: _____
Address: _____
Relationship: _____

2. Name: _____
Address: _____
Relationship: _____
Jointly with person above? Yes No

3. Name: _____
Address: _____
Relationship: _____
Jointly with person above? Yes No

Who would you wish to be in charge of the administration of your estate(s)?

Primary

Name(s): _____
Address(es): _____
Relationship: _____

Alternate(s)

1. Name(s): _____
Address(es): _____
Relationship: _____
Jointly with person above? Yes No

2. Name: _____
Address: _____
Relationship: _____
Jointly with person above? Yes No

Who would you wish to be the guardian(s) of your minor children should neither of their parents be alive?

Primary

Name: _____
Address: _____
Relationship: _____

Alternate

Name(s): _____
Address(es): _____
Relationship: _____
Jointly with person above? Yes No

At what age do you believe that your beneficiaries would be capable of handling assets on their own?

At present age 18 21 25 Other: _____

Please describe any special exceptions to this below.

Do you wish to benefit any churches and/or charities in your estate plan? Yes No

If YES, name the church(es) and/or charities below:

1. _____
2. _____
3. _____
4. _____

If you could allocate your estate to beneficiaries at death any way you wanted among the following choices, what would your ideal allocation look like?

_____ % to Family/Heirs _____ % to Taxes _____ % to Charitable Organizations

If you could leave each of your family members or heirs any amount of money, what specific dollar amount per family member or heir would that be?

\$ _____ or

An income of \$ _____ per year plus \$ _____ in assets

Is it possible to leave each of your family members or heirs too much? Yes No

If so, at what amount of money would they receive too much? \$ _____

Please list below any other special questions you wish to discuss with us or any special matters or considerations you wish to bring to our attention.

Determining Family Relationships

Because your estate planning documents may be based on who you intend will comprise your family members, **please help us understand your intentions by placing a check in the blanks below that accurately state your thoughts on the subject:**

Adoption

1. ___ An adopted child should have the same family status as a biological child (current MD law).
___ An adopted child should have the same family status as a biological child only if the child is adopted before reaching the age of _____ years.
___ Only biological children in a parent's bloodline should be regarded as descendants of the parent. Adopted children should not have the same family status as biological children.
2. ___ A biological child should not be treated as the child of a person whose parental status is terminated by his or her consent to the child's adoption by another person.

Children Conceived by Using Assisted Reproduction Technology ("ART") - Unless you indicate otherwise below, we will assume that a woman who is both the genetic mother and the birth mother of a child should be treated as the parent of that child for the purposes of your documents.

3. ___ Concerns about ART children are unlikely to apply in my family. I accept any judgments made in this context by applicable Maryland law.
4. ___ A child conceived using ART should be treated as a child of a genetic or a nongenetic parent only if that parent acknowledges intent to become a parent before gestation begins (i.e., prior intent to be recognized as a parent should be required in the ART context).
5. ___ A child conceived using ART should be treated as a child of a nongenetic parent if the nongenetic parent is married to the genetic parent when the child is conceived or at any time after conception.
6. ___ A genetic father of an ART child should be treated as the parent of the child if the father openly raises or acknowledges the child as his progeny.
7. ___ A woman who is both the genetic mother and the birth mother of a child should not be treated as the parent of that child if the woman, without any intention of being the child's parent after birth, carried the child to birth under an agreement with the child's intended parents.
8. ___ A child conceived using ART must be born before the death of a person who otherwise would be treated as the parent of that child or within _____ months thereafter. (Note: postponing determination of parental status until after a parent's death may delay distributions to others.)

Children Born Out of Wedlock

9. ___ If a child is conceived by the copulation of genetic parents, the child should always be treated as the child of the genetic father.
10. ___ If a child is conceived by copulation of the genetic parents, the child should be treated as the child of a genetic parent only if each of the genetic parents is a party to a marriage with the other genetic parent when the child is conceived or at any time after conception.
11. ___ If a child is conceived by copulation outside of a marriage, the child should be treated as the child of a genetic father who at any time openly raises or acknowledges the child as his.

Effect of Civil Unions, Domestic Partnerships, or Substantially Similar Legal Relationships

12. ___ When "marriage" is referred to in the above statements, it is intended to include a civil union, domestic partnership, or substantially similar legal relationship.

Other comments/concerns: _____

Financial Information Questionnaire

The Wright Firm

888 Bestgate Road, Suite 211
Annapolis, Maryland 21401

Email: RTWright@thewrightfirm.net

Phone: (410) 224-7800

Instructions:

How we can help you very much depends on the nature of the assets and liabilities involved. For example, a will only controls individually owned and tenant in common property interests. Trusts only control property titled to the trustee. Jointly owned property with a right of survivorship will pass to the survivor regardless of what an individual's will or trust provides. Life insurance, qualified plans and IRAs, and annuities generally pass at death by virtue of the owner's beneficiary designation. As such, it is important that we obtain a good understanding as to how you own your property.

Please complete this Financial Information Questionnaire as completely and as legibly as possible. If you are using Adobe Acrobat on your computer to fill in your answers, the questionnaire contains a number of "drop-down boxes" that give you choices to save typing. If you see a little box at the right edge of an entry, use your mouse to click on the box, and you will be presented with a number of typical choices. If these choices do not allow you to provide correct information, feel free to type the correct information into the box on your own. Also, to save you time and typing, we use a convention that if an entry is blank but the rest of the line is completed, the blank box means "Same as above". Consequently, if you complete a line but don't know the answer to an information item, please enter a " ? " in the appropriate box.

Thus, in the following example,

	Owner(s)	
1	Individual 1	sdf ghj rtyu
2	Same Owner(s) as Above	sdf ghj rtyu
3		sdf ghj rtyu
4	?	sdf ghj rtyu

the answers in Lines 2 and 3 both mean the same thing and point to "Individual 1" in Line 1, and the Owner in Line 4 is unknown.

If we haven't supplied enough entry lines for your particular assets, feel free to use the "Anything Else of Value" entries at the end or a blank sheet of paper.

Finally, if you are answering with reference to two people, it is important that we know exactly who you are referring to. Please therefore identify "Individual 1" and "Individual 2" below:

Individual 1 refers to: _____

Individual 2 (if any) refers to: _____

REAL ESTATE:

Owner(s)	Address	Investment Amount (Purchase Price + Improvements)	Mortgage or Deed of Trust Balance	Current Value

CLOSELY HELD BUSINESS INTERESTS:

Owner(s)	Type of Business	Company Name	Percent Owned	Buy-Sell Agreement?	Basis and Acquisition Date	Present Value
				Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Yes <input type="checkbox"/> No <input type="checkbox"/>		

MONIES OWED TO YOU (E.G., PROMISSORY NOTES, MORTGAGES, OTHER OBLIGATIONS BY OTHERS TO YOU):

Debtor(s)	Owed to	Type of Obligation	Original Obligation Date	Interest Rate	Original Obligation Amount	Amount Currently Owed

IRA / 401(k) / PENSION / OTHER RETIREMENT ACCOUNTS:

Owner(s)	Type of Account IRA, Roth IRA, 401(k), TSP, Pension, Other	Custodian / Company	Account Number	Beneficiaries	Current Value
				Primary: Contingent:	
				Primary: Contingent:	
				Primary: Contingent:	
				Primary: Contingent:	
				Primary: Contingent:	

ANNUITIES:

Owner(s)	Type of Annuity Variable or Fixed	Issuing Company	Account Number	Beneficiaries	Current Value
				Primary: Contingent:	
				Primary: Contingent:	
				Primary: Contingent:	

LIFE INSURANCE POLICIES:

Owner(s)	Insured	Insurance Company	Policy Number	Beneficiaries	Type of Insurance	Death Benefit
				Primary: Contingent:	Permanent: <input type="checkbox"/> Term: <input type="checkbox"/>	
				Primary: Contingent:	Permanent: <input type="checkbox"/> Term: <input type="checkbox"/>	
				Primary: Contingent:	Permanent: <input type="checkbox"/> Term: <input type="checkbox"/>	
				Primary: Contingent:	Permanent: <input type="checkbox"/> Term: <input type="checkbox"/>	
				Primary: Contingent:	Permanent: <input type="checkbox"/> Term: <input type="checkbox"/>	

PERSONAL PROPERTY:

Please provide estimated total values of all personal property that has significant value. Do not include clothing.

Household Furnishings	Antiques	Collections	Jewelry	Other

MOTOR VEHICLES AND BOATS:

Owner(s)	Year	Make	Model	Remaining Lien Amount (if any)	Estimated Value

ANYTHING ELSE OF VALUE AT YOUR DEATH:

(for example: oil, gas, and mineral interests; royalties and patents; copyrights; other types of investments; and items you couldn't fit in above)

Owner(s)	Type of Property / Interest % Share	Description & Property Location	Basis	Current Value

LIABILITY INFORMATION - OTHER MONIES OWED BY YOU:

(e.g., Promissory Notes, Taxes, Business Accounts Payable, Credit Card Balances, etc. not shown with Real Estate or Motor Vehicles above)

Type of Obligation	Owed by	Owed to	Original Obligation Date	Interest Rate	Amount Currently Owed

CURRENT INCOME INFORMATION & INCOME SOURCES:

Amounts per Yr.

Salary and Wages
 Investment Income and Dividends (other than income from IRAs and Qualified Plans)
 Rents (net of rental expenses)
 Social Security / Railroad Retirement
 Pensions, Retirement Plans, IRAs, and other Qualified Plans
 Other Income:
 Source: _____

TOTAL ANNUAL INCOME _____

Please include copies of your most recent federal and state income tax returns when you return this Worksheet.

What percentage or what amount of your after-tax income do you accumulate for the future? _____ % \$ _____