

# LAW OFFICE OF MARLOW A. HENDERSON, III, P.C.

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## ESTATE PLANNING CLIENT INFORMATION SHEET (SINGLE PERSON)

Today's Date:		
Referred by: <input type="checkbox"/> Website <input type="checkbox"/> Walk-in <input type="checkbox"/> Family/Friend:_____		
<b>CLIENT INFORMATION</b>		
Name:		How do you prefer to be addressed:
Social Security Number:		
Mailing address:		Apt:
City:	State:	ZIP Code:
Business address:		Suite:
City:	State:	ZIP Code:
Home Phone:	Cellular:	Email:
WHERE DO YOU PREFER TO RECEIVE MAIL? <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Email	WHERE DO YOU PREFER TO BE CALLED? <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	WHERE DO YOU PREFER TO BE BILLED? <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Email

**Your Children and Other Dependants**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( \_\_\_ ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouses' Name (if married): \_\_\_\_\_

Children of this Child (Your Grandchildren):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( \_\_\_ ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouses' Name (if married): \_\_\_\_\_

Children of this Child (Your Grandchildren):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( \_\_\_ ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouses' Name (if married): \_\_\_\_\_

Children of this Child (Your Grandchildren):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*(If you have any additional children or need additional space, please use the back of this page.)*

## **Questions About You, Your Family, and Your Property**

*(If you answer YES to any of these questions, please explain in the comments section following these questions.)*

	<b>YES</b>	<b>NO</b>
1. Is anyone in your family not a U.S. citizen?		
a. Yourself	<input type="checkbox"/>	<input type="checkbox"/>
b. Children	<input type="checkbox"/>	<input type="checkbox"/>
2. Do any of your children have special educational, medical, or physical needs?	<input type="checkbox"/>	<input type="checkbox"/>
a. Do any of your children receive governmental support or benefits as the result of these needs?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been married? *If yes, request copy of divorce decree.	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you making payments or otherwise obligated to make provisions for a former spouse or children pursuant to a divorce or property settlement agreement?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any adopted children?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever made a gift to an individual in excess of \$10,000 in one calendar year?	<input type="checkbox"/>	<input type="checkbox"/>
7. If you answered YES to Questions No. 7, did you file a Federal Gift Tax return (Form 709) for these gifts?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you own real property outside the State of Maryland?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you own an interest in a "small" business (non-publicly traded) e.g., a "family" business, partnership or sole proprietorship?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you expecting an inheritance in the foreseeable future?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you a current or contingent beneficiary of any trust?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever been given a "power of appointment" under a trust agreement?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you previously established and funded any trusts?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you a trustee of any trust?	<input type="checkbox"/>	<input type="checkbox"/>
15. Has anyone appointed you as agent or attorney-in-fact under a general power of attorney?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "YES" answers, being as specific as you wish to be. If you have any documents that help explain these answers, please bring them to your initial consultation.

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16. Describe your general health.

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17. Do you wish to take advantage of Maryland's laws concerning living wills (the use or withdrawal of artificial life support equipment in certain situations) and health care powers of attorneys? YES NO

18. Please check the estate planning issue(s) listed below that concern you.

- Ability to manage property during disability
- Planning for long-term nursing home costs
- Minimizing Federal Estate Taxes
- Providing a means to provide property management for your children or other family members
- Avoiding probate
- Maintaining privacy of your financial affairs
- Developing a method for distributing your estate upon death
- Identifying persons to care for your minor children (if applicable)
- If you have children from a prior marriage, making sure those children receive at least a portion of your estate upon the deaths of you and your spouse
- Avoiding in-court guardianship proceedings should you ever become disabled (i.e., incompetent)

20. Describe any other estate planning concerns that you may have that were not listed in Question 19.

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## **Advisors**

Please list those persons whom you depend for medical, business, or financial advice in the following categories:

Health Care Provider: \_\_\_\_\_

Bank: \_\_\_\_\_

Accountant: \_\_\_\_\_

Financial Planner: \_\_\_\_\_

Life Insurance Agent: \_\_\_\_\_

Other: \_\_\_\_\_

## **Memorial Arrangements**

1. Funeral Arrangements:  Burial  Cremation

2. Are you an Organ Donor?  Yes  No

Special provisions that you would like to include in your Wills:

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**Choice of Fiduciaries**

*In Order of Priority (see last page for definitions.)*

*\* NOTE: Provide address, home telephone number, and work telephone number for each fiduciary, unless already included elsewhere on the questionnaire.*

Personal Representative/Relationship to you:

1. \_\_\_\_\_ / \_\_\_\_\_

2. \_\_\_\_\_ / \_\_\_\_\_

3. \_\_\_\_\_ / \_\_\_\_\_

Guardian of Minor Children:

1. \_\_\_\_\_

2. \_\_\_\_\_

Trustee (you will need to discuss with your attorney the type or types of trusts you will need):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Agent under a General Power of Attorney (for financial purposes):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Agent under a Health Care Power of Attorney:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## **Assets and Liabilities—approximate**

### **ASSETS**

	How Titled?	
Cash (include bank accounts, money market accounts, CD's)	_____	
Investments (include stocks, bonds, mutual funds, etc.)	_____	
Real Property	_____	
• Residence	_____	<b>Address:</b> _____
• Vacation	_____	<b>Address:</b> _____
• Investment	_____	<b>Address:</b> _____
Personal Property (collections, cars, etc.)	_____	
Notes Receivable	_____	
Retirement Accounts	_____	
Life Insurance (face value)	_____	
Small Business (i.e., family)	_____	
Other	_____	
<b>TOTAL</b>	_____	

### **LIFE INSURANCE POLICIES**

	Insurance Owner	Insured	Amount	Terms, Universal or Whole Life	Beneficiary	Company
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____

### **IRA, 401K, OR OTHER PENSION/RETIREMENT ACCOUNTS**

	Type IRA, 401K, etc.	Primary Owner	Amount	Beneficiary	Contingent Beneficiary	Where Held
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____

## LIABILITIES

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	How Titled?
Notes Receivable	_____
Mortgages	_____
Credit Cards	_____
Bank Loans	_____
Other	_____
TOTAL	_____

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TOTAL ASSETS	=	_____
TOTAL LIABILITIES	=	_____
NET WORTH	=	_____

## INCOME

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Wages/Salary	_____
Social Security	_____
Retirement Plans	_____
Investments	_____
TOTAL	_____



## **Definitions**

**Agent Under a General Power of Attorney**—a person named by you to manage your financial affairs pursuant to the terms and conditions set forth in a written power of attorney, without court intervention, should you ever become disabled. If married, often the spouse is named as the first agent. Usually family members are identified as successor agents.

**Agent Under a Health Care Power of Attorney**—a person named by you to make health care decisions for you if you cannot do so yourself. If married, the spouse is normally named, with family members as successor agents.

**Fiduciary**—a person who holds a position of trust and confidence in your estate plan. The rest of the definitions on this page refer to examples of fiduciaries.

**Guardian of the Person**—the person appointed by a court to provide for the care and wellbeing of a disabled (i.e., incompetent) adult or a minor child. Guardians for minors may be appointed, without court approval, by their parents' Wills. An adult may appoint a guardian in a power of attorney (or other similar document) that would become effective, with court approval, at some time in the future if that adult becomes disabled.

**Guardian of Property**—the person appointed by a court to manage the property interest of a disabled person or a minor. Like guardians of the person, guardians of the property of disabled persons can be appointed by an adult in a power of attorney.

**Personal Representative (Executor)**—the person identified in your Will to manage your estate through the probate process. If married, the first choice is usually the surviving spouse. If not married (or upon the deaths of both spouses) you will need to identify persons (i.e., members of your family or close friends), financial institutions with

trust departments, or professional (i.e., CPAs attorneys) to serve in this capacity.

**Trustee**—a person or financial institution appointed by a person to hold and manage property put into trust by that person, and to make distributions of the trust property. Examples of such trusts include:

1. **Children's Trusts** – set up for children using family members or financial institutions as trustees. A primary trustee, as well as backup trustee should be identified.

2. **Bypass Trusts** – set up to save Federal Estate Taxes, the other spouse is often the primary trustee, with family members, or professionals, or financial institutions as successors or co-trustees.

3. **Revocable Living Trust** – Set up by you for your benefit should you ever become disabled. You may be the original trustee (with your spouse as co-trustee, if you are married). Family members, professionals, or financial institutions should be identified as successor trustees.