

CONFIDENTIAL ESTATE PLANNING INTAKE FORM

This form is necessary to perform your estate planning. Please fill out as much as possible using estimated figures where necessary, and leaving blank inapplicable questions. Please write in the margins to add other information.

A. Background Information

Client A

Client B

1. Full legal name: _____

2. Addresses and Phone Number

Principal Residence: _____

Tel: _____

Business: _____

Tel: _____

3. Profession/Business: _____

4. Dates of Birth: _____

B. Family Information

Children

1. Name: _____ Date of Birth: ___/___/___

Married? Y___ N___ If so, name of spouse: _____

2. Name: _____ Date of Birth: ___/___/___

Married? Y___ N___ If so, name of spouse: _____

3. Name: _____ Date of Birth: ___/___/___

Married? Y___ N___ If so, name of spouse: _____

4. Name: _____ Date of Birth: ___/___/___
Married? Y ___ N ___ If so, name of spouse: _____

Grandchildren (if any)

1. Name: _____ Date of Birth: ___/___/___
2. Name: _____ Date of Birth: ___/___/___
3. Name: _____ Date of Birth: ___/___/___
4. Name: _____ Date of Birth: ___/___/___

C. **Financial Information** - Under current law, for deaths in 2020 an estate with a gross value of more than \$5 million may owe Maryland estate tax, and an estate with a gross value of \$11.58 million may owe federal estate tax.

Is the gross value of your estate for than \$5,000,000.00? Yes _____ No _____

D. **Special Considerations**

1. Do you have any existing estate planning documents (wills, trusts, health care proxies, etc.)?

2. A specific bequest is a statement in the Will that a certain asset or specific amount of money is given to a specific person. Do you want to make any specific bequests, and if so, who and how much?

3. For married couples, a common distribution plan is to leave everything (after making specific bequests, if applicable) to the surviving spouse and then to the children? If you want something different, please explain how you want things distributed?

4. Do you have a currently pre-nuptial agreement?

5. For a single individual, please explain how you want things distributed.

6. Please identify who will serve as the Primary Executor and Back-up Executor to your estate? (Primary is usually a spouse)

Primary, if other than spouse

Name: _____ Relationship: _____

Address: _____

Telephone: _____

Backup

Name: _____ Relationship: _____

Address: _____

Telephone: _____

7. Please identify who will serve as the Primary Financial Power of Attorney and Back-up Financial Power of Attorney? (Primary is usually a spouse)

Primary, if other than spouse

Name: _____ Relationship: _____

Address: _____

Telephone: _____

Backup

Name: _____ Relationship: _____

Address: _____

Telephone: _____

8. Please identify who will serve as the Primary Medical Power of Attorney and Back-up Medical Power of Attorney? (Primary is usually a spouse)

Primary

Name: _____ Relationship: _____

Address: _____

Telephone: _____

Backup

Name: _____ Relationship: _____

Address: _____

Telephone: _____

9. If my death from a terminal condition is imminent, and even if lifesustaining procedures are used there is no reasonable expectation of my recovery:

_____ I direct that my life not be extended by lifesustaining procedures, including the administration of nutrition and hydration artificially.

_____ I direct that my life not be extended by lifesustaining procedures, except that if I am unable to take food by mouth, I wish to receive nutrition and hydration artificially.

_____ I direct that, even in a terminal condition, I be given all available medical treatment in accordance with accepted health care standards.

10. If I am in a persistent vegetative state, that is, if I am not conscious and am not aware of my environment or able to interact with others, and there is no reasonable expectation of my recovery:

_____ I direct that my life not be extended by lifesustaining procedures, including the administration of nutrition and hydration artificially.

_____ I direct that my life not be extended by lifesustaining procedures, except that if I am unable to take food by mouth, I wish to receive nutrition and hydration artificially.

_____ I direct that, even in a terminal condition, I be given all available medical treatment in accordance with accepted health care standards.

11. If I have an endstage condition, that is a condition caused by injury, disease, or illness, as a result of which I have suffered severe and permanent deterioration indicated by incompetency and complete physical dependency and for which, to a reasonable degree of medical certainty, treatment of the irreversible condition would be medically ineffective:

_____ I direct that my life not be extended by lifesustaining procedures, including the administration of nutrition and hydration artificially.

_____ I direct that my life not be extended by lifesustaining procedures, except that if I am unable to take food by mouth, I wish to receive nutrition and hydration artificially.

_____ I direct that, even in a terminal condition, I be given all available medical treatment in accordance with accepted health care standards.