

ESTATE PLANNING QUESTIONNAIRE

Please complete the form and return to **BETTS LAW OFFICES, LLC** by fax, mail or bring it with you to your Consultation. If you have questions please contact our office.

Personal and Family Information

Write the names below exactly as you want them to appear in your will and other estate planning documents. If you need more space, please use additional paper.

Your name: _____ Date of birth: _____

Marital Status: _____ (Married, Never married, Divorced, Widowed)

Spouse's name: _____ Date of birth: _____

Home Address: _____

Telephone No. : _____ Last Four Digits of SSN: _____

Citizenship: _____ Spouse's citizenship: _____

Children

If a child is adopted, indicate the date and place of adoption. If a child is deceased, please include his or her surviving spouse and children.

1. (a) Child: _____ Date of Birth: _____

(b) Indicate if the child is from a prior marriage, relationship, adopted, deceased, etc. _____

(c) Child's spouse: _____ (d) Child's children and dates of birth: _____

2. (a) Child: _____ Date of Birth: _____

(b) Indicate if the child is from a prior marriage, relationship, adopted, deceased, etc. _____

(c) Child's spouse: _____ (d) Child's children and dates of birth: _____

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3. (a) Child: _____ Date of Birth: _____

(b) Indicate if the child is from a prior marriage, relationship, adopted, deceased, etc. _____

(c) Child's spouse: _____ (d) Child's children and dates of birth: _____

4. (a) Child: _____ Date of Birth: _____

(b) Indicate if the child is from a prior marriage, relationship, adopted, deceased, etc. _____

(c) Child's spouse: _____ (d) Child's children and dates of birth: _____

5. Have you been divorced? _____ If yes, include name of each prior spouse: _____

_____ Has your spouse been divorced? _____ If yes,

include name of each prior spouse: _____

6. Do you have any family members with severe mental or physical disabilities? _____ If yes, indicate

relationship to you and the nature of the disability: _____

7. Please share other information that you feel may affect your estate plan: _____

Assets and Liabilities

1. Real Estate

Address: _____

Is title in your name or held jointly? _____

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Fair Market Value or Estimated Value: \$ _____ Mortgage balance \$ _____

2. Other residences or vacation homes:

Address: _____

Is title in your name or held jointly? _____

Fair Market Value or Estimated Value: \$ _____ Mortgage balance \$ _____

3. Mortgage Insurance

Company	Property address	Amount	Mortgage balance
_____	_____	\$ _____	\$ _____

4. Personal Property (include estimated value and if title is in your name or held jointly)

Automobiles:

5. Other personal property - include estimated value (e.g., valuable jewelry, art, collections and antiques)

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

6. Checking Accounts

_____ \$ _____
_____ \$ _____
_____ \$ _____

7. Savings Accounts

_____ \$ _____
_____ \$ _____

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_____ \$ _____

8. Mortgages and Notes

_____ \$ _____

_____ \$ _____

_____ \$ _____

9. Safe Deposit Boxes

_____ \$ _____

_____ \$ _____

10. Certificates of Deposits

_____ \$ _____

_____ \$ _____

11. Stocks and Bonds

_____ \$ _____

_____ \$ _____

_____ \$ _____

12. Pension Plan (include current value and if any death benefits)

_____ \$ _____

_____ \$ _____

13. Profit - Sharing Plan (include current value)

_____ \$ _____

14. Individual Retirement Accounts (IRAs) (include current value)

_____ \$ _____

_____ \$ _____

15. Annuities

_____ \$ _____

_____ \$ _____

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16. Life Insurance

Company	Amount	Loan	Beneficiary
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

17. Loans, Liens and Debts: _____

18. List any other property, investments or financial information not listed above.

19. Please indicate if any property listed above is jointly held (titled in your name and another person).

Other Interests

1. Describe any interest you have in a business (Owner, partner or other interest)

_____ Value of business \$ _____

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2. Describe the plan for your business interest in the event of your absence.

3. Describe any interest you have in a Trust created by you or another person.
(e.g., transfers during life and Powers of Appointment)

4. If you are likely to receive a substantial inheritance, include nature of inheritance and estimated value.

5. Have you ever filed a gift tax return? Yes_____ No_____ If yes, please provide copies.

6. Do you have an interest in another persons Will or an interest as administrator, executor, trustee or guardian?

Guardians, Personal Representatives and Trustees

1. You may designate a Guardian or Guardians for minor children in your Will.

(a) Guardian of the person.

Name (s) : _____

Address : _____

(b) Guardian of the estate, if different.

Name (s) : _____

Address : _____

(c) Substitute Guardian of the person.

Name (s) : _____

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Address : _____

(d) Substitute Guardian of the estate.

Name (s) : _____

Address : _____

2. Personal Representative. This person will distribute your property, pay expenses and perform other tasks. You may choose one Personal Representative or Co- Personal Representatives.

(a) Personal Representative.

Name(s) : _____

Address(es) : _____

Relationship: _____

(b) Substitute Personal Representative.

Name : _____

Address : _____

Relationship: _____

3. Trustee. You may choose one Trustee or Co-Trustees

(a) Trustee(s).

Name (s) : _____

Address(es) : _____

(b) Substitute Trustees.

Name (s) : _____

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Address(es) : _____

Other Matters

1. Professionals

(a) Accountants : _____

(b) Attorneys : _____

(c) Bankers : _____

(d) Investment Advisors : _____

2. Prior Will

Date : ____/____/____ Location : _____

3. Funeral Arrangements (include any burial or cremation plans)

4. Have you ever owned property or lived in one of the following Community Property states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin? Yes _____ No _____

5. Organ Donations/Anatomical Gifts

(a) Do you wish to be an organ and tissue donor? Yes _____ No _____

(i) If yes, have you signed an organ donor card or indicated on your driver's license that you intend to be an organ donor? Yes _____ No _____

(ii) Have you told your family about your intention to be an organ donor? Yes _____ No _____

6. Please provide other matters or facts that were not covered in the questionnaire and you feel should be reviewed by your estate planning attorney.

Signature: _____ Date Completed: ____/____/____

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