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Admitted:
State of Maryland
*United States District Court for the
District of Maryland

ESTATE PLANNING QUESTIONNAIRE

THIS FORM WAS COMPLETED ON ___/___/___ BY: _____

CLIENT'S NAME

Your Full Name: _____

SPOUSES' NAME (if applicable)

Spouse's Full Name _____

IF APPLICABLE, HAVE YOU AND YOUR SPOUSE SIGNED A PRE OR POST NUPTIAL AGREEMENT? NO YES

MAILING AND PHONE INFORMATION

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

HOME PHONE _____ EMAIL ADDRESS _____

YOUR WORK PHONE _____ YOUR CELL PHONE _____

SPOUSES WORK PHONE _____ SPOUSE'S CELL PHONE _____

YOUR PERSONAL INFORMATION

DATE OF BIRTH _____ SOCIAL SECURITY # _____

DO YOU HAVE ANY SERIOUS HEALTH PROBLEMS? _____

WHERE ARE YOU EMPLOYED? _____

ARE YOU A U.S. CITIZEN? NO YES

YOUR SPOUSES PERSONAL INFORMATION (if applicable)

DATE OF BIRTH _____ SOCIAL SECURITY # _____

DOES YOUR SPOUSE HAVE ANY SERIOUS HEALTH PROBLEMS? _____

WHERE IS YOUR SPOUSE EMPLOYED? _____

IS YOUR SPOUSE A U.S. CITIZEN? NO YES

YOUR ACCOUNTANT'S INFORMATION

NAME _____ ADDRESS _____

PHONE _____ EMAIL _____

YOUR FINANCIAL ADVISOR'S INFORMATION

NAME _____ ADDRESS _____

PHONE _____ EMAIL _____

YOUR INSURANCE AGENT'S INFORMATION

NAME _____ ADDRESS _____

PHONE _____ EMAIL _____

CHILDREN'S INFORMATION

CHILDREN

PARENT	CHILD'S FULL NAME	MARRIED AND NAME OF SPOUSE	BIRTH DATE	SEX
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> BOTH		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> BOTH		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> BOTH		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> BOTH		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> BOTH		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> M <input type="checkbox"/> F

ARE ANY CHILDREN HANDICAPPED AND/OR RECEIVING GOV'T BENEFITS? NO YES (IF YES WHICH CHILD?)

DO YOU HAVE ANY PREDECEASED CHILDREN? NO YES

GRANDCHILDREN (IF APPLICABLE)

PARENT'S NAME	GRANDCHILD'S FULL NAME AND AGE	PARENT'S NAME	GRANDCHILD'S FULL NAME AND AGE
1.		5.	
2.		6.	
3.		7.	
4.		8.	

INFORMATION FOR PARENTS AND SIBLINGS

PARENTS AND SIBLINGS

WHO'S RELATIVE?	RELATIVE'S FULL NAME	AGE	RELATIONSHIP
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE			<input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE			<input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE			<input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE			<input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE			<input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER

<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE		<input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE		<input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER

IF APPLICABLE, ARE YOU AND/OR YOUR SPOUSE EXPECTING TO RECEIVE AN INHERITANCE UPON THE DEATH OF A PARENT? NO YES

INCOME INFORMATION

RECIPIENT	SOURCE ON INCOME (Social Security, wages, pension)	AMOUNT (\$)/month	
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE			
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE			
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE			
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE			
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE			
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE			
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE			
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE			

LIABILITIES

WHO IS LIABLE?	TYPE OF LIABILITY (mortgage, credit cards, promissory loan)	CURRENT BALANCE OWED
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT		
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT		
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT		
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT		
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT		
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT		
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT		
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT		

ASSET INFORMATION

REAL ESTATE (including timeshares, vacant lots, etc.)

OWNER IS (check one)	PURPOSE LOCATION OF REAL ESTATE (residence, vacation, or rental)	MARKET VALUE	MORTGAGE OWED
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/> TRUST <input type="checkbox"/> LLC			
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/> TRUST <input type="checkbox"/> LLC			
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/> TRUST <input type="checkbox"/> LLC			
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/> TRUST <input type="checkbox"/> LLC			

BANK ACCOUNTS (including checking, savings, certificate of deposits, money markets, etc.)

OWNER IS (check one)	NAME OF BANK	TYPE OF ACCOUNT (check one)	CURRENT BALANCE
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MARKET	\$ _____ \$ _____ \$ _____
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MARKET	\$ _____ \$ _____ \$ _____
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MARKET	\$ _____ \$ _____ \$ _____
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MARKET	\$ _____ \$ _____ \$ _____
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MARKET	\$ _____ \$ _____ \$ _____
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MARKET	\$ _____ \$ _____ \$ _____
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MARKET	\$ _____ \$ _____ \$ _____

RETIREMENT PLAN ACCOUNTS (IRA, 401(K), 403(B), TSP, etc.)

OWNER IS (circle one)	NAME OF BROKERAGE ACCOUNT OR COMPANY	BENEFICIARY Primary Secondary	MARKET VALUE
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE			
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE			
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE			

<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE			
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE			

STOCKS AND BONDS NOT IN RETIREMENT PLAN ACCOUNT (including brokerage accounts, stock options, etc.)

OWNER IS (check one)	NAME OF BROKERAGE COMPANY OR STOCK	MARKET VALUE
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT		
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT		
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT		
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT		
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT		
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT		
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT		
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT		

ANNUITIES

OWNER IS (check one)	NAME OF COMPANY	BENEFICIARY	MARKET VALUE
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT			
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT			
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT			
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT			
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT			
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT			
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT			
<input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> JOINT			

BUSINESS INTERESTS (including S Corps, C Corps, LLCs, Partnerships, etc.)

TYPE OF INTEREST	NAME (e.g., Smith Land, Inc.; Smith Land, LLC)	NAME OF OWNERS & EACH OWNER'S SHARE	MARKET VALUE
<input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> C Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Other	How many employees? _____		
	Do you have a written agreement with the other owners? <input type="checkbox"/> NO <input type="checkbox"/> YES		
<input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> C Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Other	How many employees? _____		

	Do you have a written agreement with the other owners? <input type="checkbox"/> NO <input type="checkbox"/> YES		
<input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> C Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Other	How many employees? _____		
	Do you have a written agreement with the other owners? <input type="checkbox"/> NO <input type="checkbox"/> YES		

LIFE INSURANCE

OWNER IS (check one)	NAME OF LIFE INSURANCE COMPANY	BENEFICIARY Primary Secondary	DEATH BENEFIT
1. <input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> OTHER			
	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life/Universal/Variable <input type="checkbox"/> Group Plan		
	Is the owner also the insured? <input type="checkbox"/> NO <input type="checkbox"/> YES		
2. <input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> OTHER			
	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life/Universal/Variable <input type="checkbox"/> Group Plan		
	Is the owner also the insured? <input type="checkbox"/> NO <input type="checkbox"/> YES		
3. <input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> OTHER			
	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life/Universal/Variable <input type="checkbox"/> Group Plan		
	Is the owner also the insured? <input type="checkbox"/> NO <input type="checkbox"/> YES		
4. <input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> OTHER			
	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life/Universal/Variable <input type="checkbox"/> Group Plan		
	Is the owner also the insured? <input type="checkbox"/> NO <input type="checkbox"/> YES		
5. <input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> OTHER			
	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life/Universal/Variable <input type="checkbox"/> Group Plan		
	Is the owner also the insured? <input type="checkbox"/> NO <input type="checkbox"/> YES		
6. <input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> OTHER			
	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life/Universal/Variable <input type="checkbox"/> Group Plan		
	Is the owner also the insured? <input type="checkbox"/> NO <input type="checkbox"/> YES		
7. <input type="checkbox"/> ME <input type="checkbox"/> MY SPOUSE <input type="checkbox"/> OTHER			
	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life/Universal/Variable <input type="checkbox"/> Group Plan		
	Is the owner also the insured? <input type="checkbox"/> NO <input type="checkbox"/> YES		

MISCELLANEOUS

			NOTES
1.	Are you the beneficiary of any trust, whether or not you are presently receiving any income from the trust?	<input type="checkbox"/> NO <input type="checkbox"/> YES	
2.	If applicable, is your spouse the beneficiary of any trust, whether or not you are presently receiving any income from the trust?	<input type="checkbox"/> NO <input type="checkbox"/> YES	
3.	Have you made any gifts exceeding \$13,000 in any one calendar year?	<input type="checkbox"/> NO <input type="checkbox"/> YES	
4.	If applicable, has your spouse made any gifts exceeding \$13,000 in any one calendar year?	<input type="checkbox"/> NO <input type="checkbox"/> YES	
5.	Do you have long term care insurance coverage?	<input type="checkbox"/> NO <input type="checkbox"/> YES	
6.	If applicable, does your spouse have long term care insurance coverage?	<input type="checkbox"/> NO <input type="checkbox"/> YES	