

TYRRELL, MASON & PILLOTE, P.C.  
Attorneys at Law  
6116 Executive Boulevard, Suite 500  
North Bethesda, Maryland 20852  
(301) 984-4790  
FAX(301)770-5202  
www.tmplawfirm.com

ESTATE PLANNING INFORMATION FORM

Thank you for selecting our firm to assist you with the preparation of your Will and/or your estate planning needs. The following form is designed to obtain from you the information we will need to formulate an appropriate Will and estate plan for your needs. Please complete as much of the form as possible and return it to us, or bring it with you to your initial conference. If you have any questions about any of the information requested, please give us a call.

I. PERSONAL INFORMATION. This information helps us get to know you and acquaint ourselves with your family situation.

A. Client.

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. E-mail Address \_\_\_\_\_
4. Telephone Numbers (Home) \_\_\_\_\_  
(Office) \_\_\_\_\_ (Mobile) \_\_\_\_\_
5. State of Residency \_\_\_\_\_
6. Date of Birth \_\_\_\_\_
7. Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_
8. Social Security Number \_\_\_\_\_
9. Veteran's Service Number (if applicable) \_\_\_\_\_
10. Occupation \_\_\_\_\_ Retired ? \_\_\_\_\_
11. Employer \_\_\_\_\_

B. Spouse.

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. E-mail Address \_\_\_\_\_
4. Telephone Numbers (Home) \_\_\_\_\_  
(Office) \_\_\_\_\_ (Mobile) \_\_\_\_\_
5. State of Residency \_\_\_\_\_
6. Date of Birth \_\_\_\_\_
7. Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_
8. Social Security Number \_\_\_\_\_
9. Veteran's Service Number (if applicable) \_\_\_\_\_
10. Occupation \_\_\_\_\_ Retired ? \_\_\_\_\_
11. Employer \_\_\_\_\_

C. Children.

Name	Date of Birth	Address and Tel. No. (if different)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please indicate if any of the above children are adopted.)

D. Other Relatives or Friends.

Sometimes people will include their relatives or friends in their Wills for specific bequests or as alternate beneficiaries. If you think this may apply to you, please provide the appropriate names, addresses and relationships. (Use back of page if additional space is needed.)

Name	<u>Address</u>	Relationship
_____	_____	_____
	_____	
_____	_____	_____
	_____	

E. Testamentary Preferences.

1. On the death of the first spouse to die, do you prefer all of your assets to pass to the surviving spouse? If your answer is "no" please outline your preference on the back of this page.

2. If the two spouses should perish simultaneously, do you prefer that all of your assets should pass in equal shares to or for the benefit of your children? If your answer is "no" please outline your preference on the back of this page.

II. FIDUCIARIES.

A. Personal Representative(s). This is the person(s) who will act as your executor and administer your estate. If you are married, you will usually name your spouse as the primary Personal Representative.

Primary Personal Representative(s):

Name, Address: \_\_\_\_\_  
\_\_\_\_\_

Alternate(s) or Successor(s):

Name, Address: \_\_\_\_\_  
\_\_\_\_\_

B. Trustee(s). If you create a trust in your Will, this is the person who will be responsible for the continuing management of the assets. It may be, but does not have to be, the same as your Personal Representative.

Primary Trustee(s):

Name, Address: \_\_\_\_\_  
\_\_\_\_\_

Alternate(s) or Successor(s):

Name, Address: \_\_\_\_\_  
\_\_\_\_\_

C. Guardian(s). In the event both parents should die leaving a minor child or children, you should designate a guardian to care for the minor children. Again, the guardian may be, but does not have to be, the same as the other fiduciaries.

Primary Guardian(s):

Name, Address: \_\_\_\_\_  
\_\_\_\_\_

Alternate(s) or Successor(s):

Name, Address: \_\_\_\_\_  
\_\_\_\_\_

D. Power of Attorney. A Power of Attorney is a document that authorizes someone else to act on your behalf during your lifetime if you become incapacitated. You should designate a primary agent (usually your spouse, if you are married) and at least one alternate.

Primary Power of Attorney:

Name, Address, Telephone Number(s): \_\_\_\_\_  
\_\_\_\_\_

Alternate(s) or Successor(s):

Name, Address: \_\_\_\_\_  
\_\_\_\_\_

E. Health Care Agent (Power of Attorney). Your Health Care Agent is authorized to make health care decisions for you if you are unable to do so yourself. Again, you should designate a primary agent (usually your spouse, if you are married) and at least one alternate.

Primary Health Care Agent:

Name, Address, Telephone Number(s): \_\_\_\_\_  
\_\_\_\_\_

Alternate(s) or Successor(s):

Name, Address: \_\_\_\_\_  
\_\_\_\_\_

III. FINANCIAL INFORMATION. This information allows us to properly advise you regarding the disposition of your property and obtain the least possible estate and inheritance taxes. In this regard, it is important that we have a general idea of the value of your assets and how title to the assets is held (by the husband, by the wife, or in joint names).

A. Real Property

1. Personal Residence

Address \_\_\_\_\_  
\_\_\_\_\_

Fair Market Value(estimate) \_\_\_\_\_

Mortgage Balance (approximate) \_\_\_\_\_

How is the property owned?

By Client \_\_\_\_\_ By Spouse \_\_\_\_\_ Joint \_\_\_\_\_

2. Other Real Property. (If you own more than one additional property, please use the back of this page to provide the above information with respect to any other real property you may own.)

Address \_\_\_\_\_

\_\_\_\_\_

Fair Market Value(estimate) \_\_\_\_\_

Mortgage Balance (approximate) \_\_\_\_\_

How is the property owned?

By Client \_\_\_\_\_ By Spouse \_\_\_\_\_ Joint \_\_\_\_\_

B. Cash on Deposit.

<u>Institution</u>	Client	Spouse	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

C. Stocks, Bonds, Other Securities. You may list these by company, or provide a total figure for your portfolio.

Company	Client	Spouse	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

D. Other Investments.

Type or Name	Client	Spouse	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

E. Life Insurance. With respect to life insurance, we need to know who owns the policy, who is insured by the policy, who is the beneficiary of the policy, the death benefit payable and the cash value, if any.

Policy	Owner	Insured	Beneficiary	Benefit	Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

F. Tangible Personal Property. If you own any antiques or collectibles, please describe the items and give an approximate value.

Item(s)	Approximate Value
_____	_____
_____	_____
_____	_____

G. Debts. Other than mortgages on real property listed above, do you have any debts (other than routine charge account balances)? If so, are the debts secured (i.e., auto loan)?

<u>Holder</u>	<u>Security</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

IV. OTHER INFORMATION. We will need some additional information to complete your estate plan.

A. Gifts. Have you made any lifetime gifts for which a gift tax return was required (generally, more than (\$15,000.00 to one person in one year)? If so, provide copies of the gift tax returns.

B. Special Bequests or Instructions.

1. Do you have any property you wish to leave to one or more specific people? If so, indicate the items and name of the recipient.

<u>Item (s)</u>	<u>Name</u>
_____	_____
_____	_____
_____	_____

2. Do you have any particular burial instructions (i.e., cremation)? \_\_\_\_\_

3. Are there any other special provisions you wish to include? \_\_\_\_\_



C. Financial Advisors. We may need to contact your financial advisors to obtain additional information. This would only be done with your express permission. If you have a stock broker/insurance agent/financial advisor, please provide the name, address and telephone number for each. We will consult with you before obtaining any information.

Name	Address	<u>Tel. No.</u>	<u>Position</u>
_____	_____	_____	_____
	_____		
_____	_____	_____	_____
	_____		

D. Miscellaneous.

1. If you have been married previously we will need to see your divorce decree or property settlement agreement to make sure your estate plan is in compliance with any support provisions.

2. If you have a previous Will or other estate planning documents (Powers of Attorney, Living Wills, etc.), it would be helpful for us to review them.

3. If you anticipate receiving an inheritance which may be of sufficient size to affect your estate plan, please provide a brief description.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When you have completed this form, please give us a call to arrange an appointment to discuss your estate plan, or return the form to us by mail and we will contact you. We would be happy to help you complete the form if necessary, so please give us a call if you need assistance.

It is a good idea to keep a copy of this form with your Will or other important documents, both as a reference for yourself and for your heirs.