

**QUESTIONNAIRE  
for  
WILLS AND TRUSTS**

**PERSONAL INFORMATION:**

**Client #1:**

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

Social Security Number: \_\_\_\_\_

Primary Address: \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Telephone Numbers:

- Home \_\_\_\_\_
- Business \_\_\_\_\_
- Cell \_\_\_\_\_
- Fax \_\_\_\_\_

**Client #2:**

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

Social Security Number: \_\_\_\_\_

Primary Address: \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Telephone Numbers:

- Home \_\_\_\_\_
- Business \_\_\_\_\_
- Cell \_\_\_\_\_
- Fax \_\_\_\_\_

**Relationship of Clients:**

**-married?**

Date of Marriage: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Date of Birth of Spouse: \_\_\_\_\_

Social Security Number of Spouse: \_\_\_\_\_

**-divorced?**

Date of divorce \_\_\_\_\_ State of Divorce: \_\_\_\_\_

Name of Prior Spouse: \_\_\_\_\_

Address of Prior Spouse if Known: \_\_\_\_\_

\_\_\_\_\_

**-separated but not divorced?**

Date of legal separation \_\_\_\_\_

State of residence when separated \_\_\_\_\_

**-living with someone/partner?**

Name of Partner: \_\_\_\_\_

Date of Birth of Partner: \_\_\_\_\_

Social Security Number of Partner: \_\_\_\_\_

Address of Partner : \_\_\_\_\_

\_\_\_\_\_

**-partners-same sex relationship?**

Name of Partner: \_\_\_\_\_

Date of Birth of Partner: \_\_\_\_\_

Social Security Number of Partner: \_\_\_\_\_

Address of Partner : \_\_\_\_\_

\_\_\_\_\_

**-living together and not married?**

Name of Partner: \_\_\_\_\_

Date of Birth of Partner: \_\_\_\_\_

Social Security Number of Partner: \_\_\_\_\_

Address of Partner: \_\_\_\_\_  
\_\_\_\_\_

NAME OF PERSONAL REPRESENTATIVE UNDER THE WILL:

\_\_\_\_\_

NAME OF FALL-BACK REPRESENTATIVE UNDER THE WILL:

\_\_\_\_\_

NAME OF TRUSTEE UNDER THE WILL:

\_\_\_\_\_

NAME OF FALLBACK TRUSTEE UNDER THE WILL:

\_\_\_\_\_

NAME OF GUARDIAN UNDER THE WILL:

\_\_\_\_\_

NAME OF FALL-BACK GUARDIAN:

\_\_\_\_\_

**BENEFICIARIES UNDER THE WILL:**

**Personal property: H to W, W to H, then to:** \_\_\_\_\_.

**OTHER:** \_\_\_\_\_.

**Residuary Estate: H to W, W to H, then to:** \_\_\_\_\_.

**OTHER:** \_\_\_\_\_.

**NOTE: IS PROPERTY TO BE DISTRIBUTED *PER STIRPES* \_\_\_\_\_ *OR PER CAPITA* \_\_\_\_\_?**

Name of Heirs

Relationship

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**-Do you have children?**

Childs' Name

Date of Birth\*\*

Residence

Social Security #

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ARE ANY CHILDREN TO BE EXCLUDED UNDER THE WILL?

IF YES, NAME: \_\_\_\_\_

If age is under 21, use TRUST forms in will.

NAME OF TRUSTEE(S) FOR MINOR AGED CHILDREN OR OTHER BENEFICIARIES:

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NAME OF BACK-UP TRUSTEE(S): \_\_\_\_\_

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**TERMS OF THE TRUST:**

AGE OF DISTRIBUTION OF PRINCIPAL:

% OF DISTRIBUTION OF PRINCIPAL: \_\_\_\_\_% AT AGE \_\_\_\_\_  
 \_\_\_\_\_% AT AGE \_\_\_\_\_

**-Do you have stepchildren?**

Childs' Name	Date of Birth	Residence	Social Security #

ARE ANY STEPCHILDREN TO BE EXCLUDED UNDER THE WILL?  
IF YES, NAME: \_\_\_\_\_

**-Do you have grandchildren?**

Childs' Name	Date of Birth	Residence	Social Security #

**ARE THERE ANY GRANDCHILDREN TO BE EXCLUDED UNDER THE WILL?**  
**IF YES, NAMES:**

\_\_\_\_\_

\_\_\_\_\_

**FUNERAL PLANS:**

**Burial or cremation?**

**Specific plans TO BE INSERTED IN THE WILL:**

**SURVIVORSHIP PROVISIONS:**

**IF BOTH HUSBAND AND WIFE DIE AT SAME TIME, WHO IS TO BE DESIGNATED AS THE SURVIVOR? H:**

**W:** \_\_\_\_\_

**PRIOR WILLS:**

Do you have a will? Yes\_\_\_\_ No\_\_\_\_

Date of Will: \_\_\_\_\_

Name/Address of Attorney who prepared Will:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your spouse or partner have a will? Yes\_\_\_\_ No\_\_\_\_

Date of Will: \_\_\_\_\_

Name/Address of Attorney who prepared Will:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE FOLLOWING QUESTIONS RELATE TO THE TYPE OF WILL TO BE PREPARED. GUIDELINES FOR NET WORTH ARE:**

**2008-2009: PER PERSON, FEDERAL \$3.5 MILLION; MARYLAND STATE \$1 MILLION**

**2010: NO TAX**

**2011: PER PERSON, FEDERAL AND MARYLAND STATE \$1 MILLION.**

**GENERAL FINANCIAL INFORMATION RELATING TO NET WORTH UNDER THE WILL:**

Name of Primary Bank/Depository:

How is the Account Titled: \_\_\_\_\_

Name of Primary Bank: \_\_\_\_\_

Address of Primary Bank: \_\_\_\_\_

\_\_\_\_\_

Type of Account

Number

Current Balance

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Broker(s)/Investment Advisor:

How is the Account Titled: \_\_\_\_\_

Address of Broker/Account:

\_\_\_\_\_  
\_\_\_\_\_

Type of Account

Number

Current Balance

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REAL PROPERTY:**

**Primary Residence:**

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

**How Titled:** \_\_\_\_\_

**Market Value: \$** \_\_\_\_\_

**Current Mortgages/Liens: \$** \_\_\_\_\_

**Net Value: \$** \_\_\_\_\_

**Secondary Residence/Rental or Investment Property:**

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

**How Titled:** \_\_\_\_\_

**Market Value: \$** \_\_\_\_\_

**Current Mortgages/Liens: \$** \_\_\_\_\_

**Net Value: \$** \_\_\_\_\_

**Automobiles:**

**Identify type, market value, how titled:**

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**Pension Benefits:**

**Identify type of benefit, how titled, employer if applicable:**

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**Identify total amount in pension account and/or monthly estimated benefit:**  
\$ \_\_\_\_\_

**Identify BENEFICIARY:** \_\_\_\_\_

**How current is the beneficiary designation?** \_\_\_\_\_

**LIFE INSURANCE:**

**CLIENT #1:**

**VALUE:** \$ \_\_\_\_\_

**TYPE:** \_\_\_\_\_

**BENEFICIARY:** \_\_\_\_\_

**CLIENT #2:**

**VALUE:** \$ \_\_\_\_\_

**TYPE:** \_\_\_\_\_

**BENEFICIARY:** \_\_\_\_\_

**Do you own a business entity?**

If yes, what is the legal form of the entity?

- corporation
- LLC
- partnership
- sole proprietorship

**IF BUSINESS IS A SUBCHAPTER S CORPORATION, INSERT SUBCHAPTER S TRUST PROVISIONS IN THE WILL.**

Identify Name of Business/Address:

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Estimated value of business interest: \$\_\_\_\_\_

Any buy-out provisions or business succession plans?      YES or NO

Heirs to business/stockholdings:

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**Other sources of income:**

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**Outstanding Debt and other Obligations:**

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