

# JDKATZ

ATTORNEYS AT LAW

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## ESTATE PLANNING QUESTIONNAIRE

Date \_\_\_\_\_ File Number \_\_\_\_\_

Cell Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_

E-mail address \_\_\_\_\_ Fax No. \_\_\_\_\_

Cell Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_

E-mail address \_\_\_\_\_ Fax No. \_\_\_\_\_

**This form is extremely important. Your accuracy and completeness in responding will help me best represent you.**

**Please print single sided, or E-mail completed form to us in advance of your appointment.**

### A. PERSONAL DATA

**(Partner 1)**

**(Partner 2)**

Full Name \_\_\_\_\_ Full Name \_\_\_\_\_  
(print name as shown on your checks) (print name as shown on your checks)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security No. \_\_\_\_\_ Social Security No. \_\_\_\_\_  
U.S. Citizen?  Yes  No U.S. Citizen?  Yes  No

Permanent Resident ?  G4  A-1/A2 Other  \_\_\_\_\_

Permanent Resident ?  G4  A-1/A2 Other  \_\_\_\_\_

Annual Income \$ \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

**B. REFERRAL**

By whom were you referred to this office?

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Referral is a:             Attorney  
                                  Financial Planner  
                                  Legal Plan  
                                  Previous Client  
                                  Other \_\_\_\_\_

**C. CHILDREN (if applicable)**

**Name of Child** \_\_\_\_\_ Gender  Male  Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to Partner 1:     Natural Child             Adopted  
    Stepchild                     Child born out of wedlock

Relationship to Partner 2:     Natural Child             Adopted  
    Stepchild                     Child born out of wedlock

**Name of Child** \_\_\_\_\_ Gender  Male  Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to Partner 1:     Natural Child             Adopted  
    Stepchild                     Child born out of wedlock

Relationship to Partner 2:     Natural Child             Adopted  
    Stepchild                     Child born out of wedlock

**Name of Child** \_\_\_\_\_ Gender  Male     Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to Partner 1:     Natural Child             Adopted  
    Stepchild                     Child born out of wedlock

Relationship to Partner 2:     Natural Child             Adopted  
    Stepchild                     Child born out of wedlock

**Name of Child** \_\_\_\_\_ Gender  Male     Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to Partner 1:     Natural Child             Adopted  
    Stepchild                     Child born out of wedlock

Relationship to Partner 2:     Natural Child             Adopted  
    Stepchild                     Child born out of wedlock

**D. GRANDCHILDREN** (if applicable)

**Name of Grandchild** \_\_\_\_\_ Gender  Male  Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to your child:  Natural Child  Adopted  
 Stepchild  Child born out of wedlock

**Name of Grandchild** \_\_\_\_\_ Gender  Male  Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to your child:  Natural Child  Adopted  
 Stepchild  Child born out of wedlock

**Name of Grandchild** \_\_\_\_\_ Gender  Male  Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to your child:  Natural Child  Adopted  
 Stepchild  Child born out of wedlock

**Name of Grandchild** \_\_\_\_\_ Gender  Male  Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to your child:  Natural Child  Adopted  
 Stepchild  Child born out of wedlock

**Name of Grandchild** \_\_\_\_\_ Gender  Male  Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to your child:  Natural Child  Adopted  
 Stepchild  Child born out of wedlock

**Name of Grandchild** \_\_\_\_\_ Gender  Male  Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to your child:  Natural Child  Adopted  
 Stepchild  Child born out of wedlock

**E. DISPOSITIVE INTENTIONS**

**1. PARTNER AND CHILDREN**

Do you wish to provide primarily for your partner and secondarily for your children?

Yes  No

Do you wish to treat all of your children equally?

Yes  No

If not, why not? \_\_\_\_\_

After your partner's death, at what age do you want distribution to your children (e.g. a typical plan provides for 1/3 at age 25 and 1/2 at age 30, balance at age 35)? \_\_\_\_\_

**2. OTHER BENEFICIARIES**

Do you want your Will or Trust to benefit anyone other than your partner, children, grandchildren or a charity?

Yes  No

If so, please list:

Name of Beneficiary	Address of Beneficiary	Relationship	Dollar Amount

**F. EXECUTOR**

Whom do you want to serve as your Executor?

**(Partner 1)**

First Choice:  Partner

Other \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

**(Partner 2)**

First Choice:  Partner  
 Other \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

**G. TRUSTEE**

Whom do you want to serve as your Trustee?

**(Partner 1)**

First Choice:  Partner  
 Other \_\_\_\_\_

Second Choice \_\_\_\_\_

**(Partner 2)**

First Choice:  Partner  
 Other \_\_\_\_\_

Second Choice \_\_\_\_\_

**H. GUARDIAN**

If you have **minor** or **disabled** child/children, whom do you want to act as Guardian?

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

**I. LIVING WILL**

**(Partner 1)**

Do you want your Living Will to provide for withdrawal of artificial food and fluid?  
 Yes  No

Do you want to donate your eyes or organs?  
 Yes  No

Do you want your Health Care Agent to consult with any other person prior to acting?  
 Yes  No

If yes, with whom? \_\_\_\_\_

Name of Proposed Health Care Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Proposed Alternate Health Care Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

What is the name and address of your primary care physician?

Full Name of Physician \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**(Partner 2)**

Do you want your Living Will to provide for withdrawal of artificial food and fluid?  
 Yes  No

Do you want to donate your eyes or organs?  
 Yes  No

Do you want your Health Care Agent to consult with any other person prior to acting?  
 Yes  No

If yes, with whom? \_\_\_\_\_

Name of Proposed Health Care Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_



Name of Proposed Alternate Health Care Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

What is the name and address of your primary care physician?

Full Name of Physician \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**J. POWER OF ATTORNEY**

**(Partner 1)**

Name of Proposed Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Proposed Alternate Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**(Partner 2)**

Name of Proposed Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Proposed Alternate Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**K. MISCELLANEOUS**

Do you have any other legal issues which I should be aware of?  Yes  No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

What is the location of your important papers? \_\_\_\_\_

Do you have a Safe Deposit Box?  Yes  No

If yes, please indicate the name and address of the location \_\_\_\_\_

\_\_\_\_\_

Have you ever made gifts to any one person in excess of \$15,000.00 in any one calendar year?  Yes  No

Have you ever filed a Federal Gift Tax Return?  Yes  No

**L. FINANCIAL SUMMARY (Round to nearest thousand)**

	<u>ASSETS</u>			<u>LIABILITIES</u>
	Partner 1	Partner 2	Joint	
Bank Accounts [attach copies of statements]	\$_____	\$_____	\$_____	\$_____
Real Estate (residence) [attach copy of deed]	\$_____	\$_____	\$_____	\$_____
Interest Rate /Term _____				
Real Estate (other) [attach copies of all deeds]	\$_____	\$_____	\$_____	\$_____
Interest Rate /Term _____				
Savings Certificates (CDS) [attach copies of statements]	\$_____	\$_____	\$_____	\$_____
	—	—	—	
Stocks - Non Mutual Funds (Not Held by Broker) [attach copies of all certificates]	\$_____	\$_____	\$_____	\$_____
Stocks - Non Mutual Funds (Held by Broker) [attach copies of brokerage statements]	\$_____	\$_____	\$_____	\$_____
Bonds - Non Mutual Funds (Not Held by Broker) [attach copies of all bonds]	\$_____	\$_____	\$_____	\$_____
Bonds - Non-Mutual Funds (Held by Broker) [attach copies of brokerage statements]	\$_____	\$_____	\$_____	\$_____
Mutual Funds [attach copies of statements]	\$_____	\$_____	\$_____	\$_____
Note and Mortgages Receivables [attach copies of Notes & Mortgages]	\$_____	\$_____	\$_____	\$_____

Business Interests [attach copies of stock certificates, partnership agreement and/or other documentation]	\$ _____	\$ _____	\$ _____	\$ _____
Inheritance, etc.	\$ _____	\$ _____	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____	\$ _____	\$ _____
Jewelry & Collections Tangible Personal Property	\$ _____	\$ _____	\$ _____	\$ _____
Non-IRA Tax Qualified Retirement Plans (e.g. 401K/403B.TSP) [attach copies of statements]	\$ _____	\$ _____	\$ _____	\$ _____
IRAs [attach copies of statements]	\$ _____	\$ _____	\$ _____	\$ _____
Life Insurance [attach copies of all policies]	\$ _____	\$ _____	\$ _____	\$ _____
Annuities [attach copies of all policies]	\$ _____	\$ _____	\$ _____	\$ _____
Other Assets [attach copies of documentation pertaining to such assets]	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
<b>TOTALS</b>	\$ _____	\$ _____	\$ _____	\$ _____

Are you a contributor to a 529 Plan?

Yes

No

If yes, please attach a statement of the 529 account.

**Personal Residence:**

Tax Block # \_\_\_\_\_ Lot # \_\_\_\_\_ (Can be obtained from Tax Bill)

**Addresses of real property other than personal residence:**

(1) Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax Block # \_\_\_\_\_ Lot # \_\_\_\_\_ (Can be obtained from Tax Bill)

(2) Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax Block # \_\_\_\_\_ Lot # \_\_\_\_\_ (Can be obtained from Tax Bill)

**CERTIFICATION**

The undersigned hereby represents that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client or Client Representative:

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