Barkley Law Office

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Estate Plan Information Form

Please complete and bring with you to our initial meeting.

CLIENT 1

Name:_____

Home Address: _____

_____

Date of Birth: _____ Last 4 Digits of SSN: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email*: _____

U.S. Citizen? Yes ☐ No ☐ Have a will? Yes ☐ No ☐ Trust? Yes ☐ No ☐

Self-employed? Yes ☐ No ☐ Disabled? Yes ☐ No ☐ Retired? Yes ☐ No ☐

Married? Yes ☐ No ☐ To Client 2? Yes ☐ No ☐

Domestic partner? Yes ☐ No ☐ With Client 2? Yes ☐ No ☐ Registered? Yes ☐ No ☐

If not married to or in dom. partnership with Client 2, to/with whom? _____

I need a copy of any existing will, trust, marital agreement, domestic partnership agreement, divorce decree and marital settlement agreement. Thank you!

CLIENT 2 (Detail Information Only If Different)

Name:_____

Home Address: _____

_____

Date of Birth: _____ Last 4 Digits of SSN: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email*: _____

U.S. Citizen? Yes ☐ No ☐ Have a will? Yes ☐ No ☐ Trust? Yes ☐ No ☐

Self-employed? Yes ☐ No ☐ Disabled? Yes ☐ No ☐ Retired? Yes ☐ No ☐

Married? Yes ☐ No ☐ To Client 1? Yes ☐ No ☐

Domestic partner? Yes ☐ No ☐ With Client 1? Yes ☐ No ☐ Registered? Yes ☐ No ☐

If not married to or in dom. partnership with Client 1, to/with whom? _____

I need a copy of any existing will, trust, marital agreement, domestic partnership agreement, divorce decree and marital settlement agreement. Thank you!

*Email where draft documents will be sent.

HEALTH ISSUES

Describe any significant health problems you or anyone depending on you for support have:

CHILDREN

Child's Name: ____

Child of: Client 1 ☐ Client 2 ☐ Both of Us ☐ Special Needs? ☐

Home Address: ____

____

Home Phone: __________________ Date of Birth: ____________

Spouse/Partner's Name: ______________________________________

Names and ages of child's children: N (natural) A (adopted) S (step)

______________________Age:_________Status __________

______________________Age:_________Status __________

______________________Age:_________Status __________

Child's Name: ____

Child of: Client 1 ☐ Client 2 ☐ Both of Us ☐ Special Needs? ☐

Home Address: ____

____

Home Phone: __________________ Date of Birth: ____________

Spouse/Partner's Name: ______________________________________

Names and ages of child's children: N (natural) A (adopted) S (step)

______________________Age:_________Status __________

______________________Age:_________Status __________

______________________Age:_________Status __________

Child's Name: ____

Child of: Client 1 ☐ Client 2 ☐ Both of Us ☐ Special Needs? ☐

Home Address: ____

____

Home Phone: __________________ Date of Birth: ____________

Spouse/Partner's Name: ______________________________________

Names and ages of child's children: N (natural) A (adopted) S (step)

______________________Age:_________Status __________

______________________Age:_________Status __________

______________________Age:_________Status __________

Child's Name: _____

Child of: Client 1 ☐ Client 2 ☐ Both of Us ☐ Special Needs? ☐

Home Address: _____

_____

Home Phone: _____ Date of Birth: _____

Spouse/Partner's Name: _____

Names and ages of child's children: N (natural) A (adopted) S (step)

_____Age:_____Status _____

_____Age:_____Status _____

_____Age:_____Status _____

OTHER DEPENDENTS

Give name, address, age, relationship, and annual cost of support.

DISTRIBUTIONS AFTER YOUR DEATH

Please describe your plan, in general terms:

☐ To children in equal shares (after your death or the death of both of you).

If to children ☐ outright or ☐ in trust (describe below), or

Otherwise, or if you have no children, describe below or attach a sheet:

If one of your beneficiaries dies before you, should his or her share be distributed

☐ to that beneficiary's issue (your grandchildren, if the deceased named beneficiary is your child), or

☐ to your other beneficiaries (your other children, if your beneficiaries are your children), or

☐ otherwise:

Do you wish to make any special gifts of property or cash to any individuals? Yes ☐ No ☐

Please specify the recipient's name, address, and the item or amount:

Do you wish to make any outright gifts to a charitable organization? Yes ☐ No ☐

Please specify the recipient's name, address, and the item or amount:

Under Maryland law, if you are not survived by the beneficiaries named in your will, your estate (everything you own that does not have a living joint owner or beneficiary) will be distributed as if you had no will ("intestacy"). Assuming your spouse or domestic partner and children and their descendants (your grandchildren) have already died, this would be as follows:

1. To your parents or the survivor of them, or, if both are deceased, to their descendants (your siblings, or nieces and nephews), or, if none,
2. To your grandparents (1/2 to each pair) or the survivor of each pair, or, if both of one pair is deceased, to their descendants (your aunts and uncles, or cousins), or, if none, all to the other pair or the one of them who is living, or to their descendants; or, if none,
3. To your stepchildren, or, if any of them predeceased you, to their descendants (children or grandchildren).
4. To the Maryland Department of Health if you were a recipient of long-term care benefits under Maryland Medical Assistance, or, if not, to the Board of Education for the county of your residence.

If none of your named beneficiaries survive you, where should your estate be distributed?

☐ As above (because SOMEBODY in 1-3 is surely going to be alive!)

☐ To charity; please specify:

☐ Otherwise, please specify:

FIDUCIARIES

Choice of "fiduciaries" - people who act for you in the management of your assets, both before and after your death, and care for you and your minor children. If any position is inapplicable, please leave it blank. Multiple positions may be filled by the same person. If two persons are completing this form and you have different fiduciary choices, please make multiple copies of this page and put your names at the top of your respective page.

"Asset management" positions (executor, trustee, agent under power of attorney) can be filled by individuals (usually family members), local professionals (attorneys, accountants, etc.) or corporations (banks, trusts departments, etc.). The positions of Guardian and Medical Agent should be filled by trusted family members or friends.

GUARDIAN

If you have minor or disabled children when you die, who should raise them and be their guardian?

First Choice: _____ Relationship _____

Address _____

If he or she is unable or unwilling to serve, who should serve?

Successor: _____ Relationship _____

Address _____

AGENT UNDER POWER OF ATTORNEY (ASSET MANAGEMENT)

Who do you want to manage your assets and pay your bills if you are unable to do so during life?

First Choice: _____ Relationship _____

Address _____

If he or she is unable or unwilling to serve, who should serve?

Successor: _____ Relationship _____

Address _____

EXECUTOR OF YOUR WILL (ASSET MANAGEMENT)

Who do you want to manage your estate after your death?

First Choice: _____ Relationship _____

Address _____

If he or she is unable or unwilling to serve, who should serve?

Second Choice: _____ Relationship _____

Address _____

TRUSTEE OF YOUR TRUST (IF USED) (ASSET MANAGEMENT)

Who do you want to serve you in the management of any assets held in trust?

First Choice: _____ Relationship _____

Address _____

If he or she is unable or unwilling to serve, who should serve?

Successor: _____ Relationship _____

Address _____

MEDICAL DIRECTIVE – AGENT

Who should make medical decisions for you if you cannot make them for yourself?

First Choice: _____ Relationship _____

Address _____

If he or she is unable or unwilling to serve, who should serve?

Successor: _____ Relationship _____

Address _____