

# SMITH, GILDEA & SCHMIDT<sub>LLC</sub>

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## ESTATE PLANNING INFORMATION – SINGLE PERSON

### PERSONAL DATA

FULL NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ County \_\_\_\_\_

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

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

BUSINESS NAME/PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

### IF MARRIED PREVIOUSLY, INDICATE WHETHER:

PRIOR MARRIAGE ENDED IN DIVORCE

PRIOR MARRIAGE ENDED WITH DEATH OF SPOUSE

### IF YOU HAVE CHILDREN, COMPLETE THE FOLLOWING FOR EACH CHILD:

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Married?  YES  NO

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

#### Children of Child:

Name:	Date of Birth	Married?
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Married?  YES  NO

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

#### Children of Child:

Name:	Date of Birth	Married?
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

**CONTINUED NEXT PAGE**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Married? \_\_\_\_ YES \_\_\_\_ NO  
Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Children of Child:

Name:	Date of Birth	Married?
_____	_____	____ YES ____ NO
_____	_____	____ YES ____ NO
_____	_____	____ YES ____ NO
_____	_____	____ YES ____ NO

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Married? \_\_\_\_ YES \_\_\_\_ NO  
Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Children of Child:

Name:	Date of Birth	Married?
_____	_____	____ YES ____ NO
_____	_____	____ YES ____ NO
_____	_____	____ YES ____ NO
_____	_____	____ YES ____ NO

**ARE YOU AND YOUR CHILDREN CITIZENS OF THE U.S.A.?** \_\_\_\_ YES \_\_\_\_ NO  
**DO ANY OF YOUR CHILDREN HAVE ANY PHYSICAL, MENTAL, OR EMOTIONAL DISABILITY?**  
\_\_\_\_ YES \_\_\_\_ NO

**DESCRIPTION OF ASSETS****Beneficiary**

Savings Accounts \$ \_\_\_\_\_

Checking Accounts \$ \_\_\_\_\_

Certified of Deposit/  
Money Market Accounts/  
U.S. Gov't Securities \$ \_\_\_\_\_

Municipal Bonds \$ \_\_\_\_\_

Marketable Stocks \$ \_\_\_\_\_

Marketable Corporate  
Bonds \$ \_\_\_\_\_

Mutual Funds \$ \_\_\_\_\_

Annuities \$ \_\_\_\_\_

Ground Rents \$ \_\_\_\_\_

Mortgages \$ \_\_\_\_\_

Notes \$ \_\_\_\_\_

Residence \$ \_\_\_\_\_

Vacation Home \$ \_\_\_\_\_

Investment Real Estate \$ \_\_\_\_\_

Interest in Partnership \$ \_\_\_\_\_

Stock or other interest  
In Closely-Held Business \$ \_\_\_\_\_

Automobiles \$ \_\_\_\_\_

Other Tangible Personal Property \$ \_\_\_\_\_

\*IRA's \$ \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_

\*SEP IRA's \$ \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_

\*Retirement Plans \$ \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_

\*Keough Plans \$ \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_

(\*Please provide primary and contingent beneficiary designations)

□



**REAL PROPERTY**

Please bring deeds to your initial meeting.

PROPERTY ADDRESS	TITLE	APPRAISED VALUE	MORTGAGE BALANCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**MISCELLANEOUS DATA**

- (A) Have you ever made a gift of cash or property with a value in excess of \$15,000 to any one person during a single calendar year?  
  
If so, please provide details and copies of any gift tax returns that were filed.
- (B) Do you currently have a Will, Financial Power of Attorney, Health Power of Attorney and/or Advance Directive? If so, please furnish copies.
- (C) If you have ever established a trust, please provide a copy of the trust instrument.
- (D) If you are a present or future beneficiary under any will or trust agreement, please provide copies of any such instruments.
- (E) Please list those persons upon whom you depend for business or financial advice in the following categories:

	NAME	CITY/STATE	PHONE NUMBER
Accountant	_____	_____	_____
Insurance	_____	_____	_____
Financial Advisor	_____	_____	_____