

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

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## ESTATE PLANNING INFORMATION

FULL LEGAL NAME: _____	U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO
ALSO KNOWN AS: _____	
ADDRESS: _____	COUNTY: _____
CITY/STATE/ZIP: _____	
PHONE NUMBER: _____	EMAIL: _____
PLACE OF BIRTH: _____	DATE OF BIRTH: _____
MARITAL STATUS: _____	DATE OF MARRIAGE: _____
DOMESTIC PARTNERSHIP: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, REGISTERED IN MD <input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL SECURITY NUMBER: _____	

### IF MARRIED OR IN A DOMESTIC PARTNERSHIP, COMPLETE THE FOLLOWING:

FULL LEGAL NAME: _____	U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO
ALSO KNOWN AS: _____	
ADDRESS: _____	COUNTY: _____
CITY/STATE/ZIP: _____	
PHONE NUMBER: _____	EMAIL: _____
PLACE OF BIRTH: _____	DATE OF BIRTH: _____
MARITAL STATUS: _____	DATE OF MARRIAGE: _____
DOMESTIC PARTNERSHIP: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, REGISTERED IN MD <input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL SECURITY NUMBER: _____	

### IF MARRIED PREVIOUSLY, COMPLETE THE FOLLOWING:

PRIOR MARRIAGE ENDED IN DIVORCE: <input type="checkbox"/> YES <input type="checkbox"/> NO
PRIOR MARRIAGE ENDED IN DEATH OF SPOUSE: <input type="checkbox"/> YES <input type="checkbox"/> NO
DIVORCE SETTLEMENT/COURT ORDER EFFECTS ESTATE PLAN: <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE A PRENUPTIAL/POSTNUPTUAL AGREEMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO

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

FULL LEGAL NAME: _____		DATE OF BIRTH: _____
ADDRESS: _____		MARRIED: __Y__N
PHONE NUMBER: _____		EMAIL: _____
U.S. CITIZEN: __Y__N	DISABLED: __Y__N	BIOLOGICAL CHILD: __Y__N
CHILD OF PRIOR MARRIAGE: __Y__N	STEP CHILD: __Y__N	
BIOLOGICAL PARENTS (if different than above): _____		
<u>CHILDREN OF CHILD:</u>		
NAME	DATE OF BIRTH	MARRIED
_____	_____	__Y__N

FULL LEGAL NAME: _____		DATE OF BIRTH: _____
ADDRESS: _____		MARRIED: __Y__N
PHONE NUMBER: _____		EMAIL: _____
U.S. CITIZEN: __Y__N	DISABLED: __Y__N	BIOLOGICAL CHILD: __Y__N
CHILD OF PRIOR MARRIAGE: __Y__N	STEP CHILD: __Y__N	
BIOLOGICAL PARENTS (if different than above): _____		
<u>CHILDREN OF CHILD:</u>		
NAME	DATE OF BIRTH	MARRIED
_____	_____	__Y__N

**CHILDREN (Continued):**

FULL LEGAL NAME: _____			DATE OF BIRTH: _____					
ADDRESS: _____			MARRIED: __Y__N					
PHONE NUMBER: _____			EMAIL: _____					
U.S. CITIZEN: __Y__N			DISABLED: __Y__N			BIOLOGICAL CHILD: __Y__N		
CHILD OF PRIOR MARRIAGE: __Y__N			STEP CHILD: __Y__N					
BIOLOGICAL PARENTS (if different than above): _____								
<u>CHILDREN OF CHILD:</u>								
NAME		DATE OF BIRTH		MARRIED				
_____		_____		__Y__N				
_____		_____		__Y__N				
_____		_____		__Y__N				
_____		_____		__Y__N				

FULL LEGAL NAME: _____			DATE OF BIRTH: _____					
ADDRESS: _____			MARRIED: __Y__N					
PHONE NUMBER: _____			EMAIL: _____					
U.S. CITIZEN: __Y__N			DISABLED: __Y__N			BIOLOGICAL CHILD: __Y__N		
CHILD OF PRIOR MARRIAGE: __Y__N			STEP CHILD: __Y__N					
BIOLOGICAL PARENTS (if different than above): _____								
<u>CHILDREN OF CHILD:</u>								
NAME		DATE OF BIRTH		MARRIED				
_____		_____		__Y__N				
_____		_____		__Y__N				
_____		_____		__Y__N				
_____		_____		__Y__N				

PLEASE PROVIDE DETAILS FOR ANY CHILD OR GRANDCHILD WITH SPECIAL NEEDS OR DISABILITIES: \_\_\_\_\_

\_\_\_\_\_

PLEASE PROVIDE DETAILS FOR ANY CHILD OR GRANDCHILD WITH SUBSTANCE ABUSE PROBLEMS, CREDITOR PROBLEMS, PROBLEMS MANAGING FINANCES, OR MARITAL ISSUES THAT COULD AFFECT THEIR RECEIVING AN INHERINACE AND/OR PROPERTY OUTRIGHT: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU COMPLETED A PREVIOUS WILL, TRUST, POWER OF ATTORNEY OR OTHER ESTATE PLANNING?  Y  N (If yes, please provide or bring to initial meeting)

HAVE YOU EVER FILED A GIFT TAX RETURN?  Y  N (If yes, please provide or bring to initial meeting)

ARE YOU THE BENEFICIARY OF A TRUST?  Y  N WILL/ESTATE?:  Y  N

HAVE ANY OF YOUR CHILDREN PREDECEASED YOU?  Y  N

DOES ANYONE WHO MIGHT INHERIT FROM YOU RECEIVE GOVERNMENT SUPPORT OR BENEFITS?  Y  N

DO YOU PROVIDE PRIMARY OR MAJOR FINANCIAL SUPPORT TO ADULT CHILDREN/GRANDCHILDREN OR OTHERS?  Y  N

ARE YOU RECEIVING SOCIAL SECURITY, DISABILITY, OR OTHER GOVERNMENT BENEFITS?  Y  N DESCRIBE: \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL OR MENTAL DISABILITIES?  Y  N

DESCRIBE: \_\_\_\_\_

DO YOU HAVE ANY PETS?  Y  N

DO YOU HAVE A PREPAID BURIAL PLAN/PLOT?  Y  N

ARE YOU A PARTY TO A LAWSUIT?  Y  N

PLEASE PROVIDE A BRIEF SUMMARY OF WHAT YOU WISH TO ACCOMPLISH BY CREATING/UPDATING YOUR ESTATE PLAN: \_\_\_\_\_

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**PLEASE TELL US ABOUT YOUR ASSETS:**

ASSET TYPE	SPOUSE1	SPOUSE2	JOINT	BENEFICIARY?
BANK ACCOUNTS CDS/MONEY MKTS	\$ _____	\$ _____	\$ _____	_____
U.S. SAVINGS BONDS	\$ _____	\$ _____	\$ _____	_____
BROKERAGE ACCOUNTS	\$ _____	\$ _____	\$ _____	_____
MUTUAL FUNDS	\$ _____	\$ _____	\$ _____	_____
ANNUITIES	\$ _____	\$ _____	\$ _____	_____
IRAs	\$ _____	\$ _____	\$ _____	_____
401k/403b/457/TSP	\$ _____	\$ _____	\$ _____	_____
PRIMARY RESIDENCE	\$ _____	\$ _____	\$ _____	_____
VACATION HOME(s)	\$ _____	\$ _____	\$ _____	_____
INVESTMENT PROPERTIES	\$ _____	\$ _____	\$ _____	_____
AUTOMOBILES	\$ _____	\$ _____	\$ _____	_____
CRYPTO CURRENCIES	\$ _____	\$ _____	\$ _____	_____
OTHER DIGITAL ASSETS	\$ _____	\$ _____	\$ _____	_____
VALUABLE PERSONAL PROPERTY	\$ _____	\$ _____	\$ _____	_____
PERSONAL PROPERTY OF SENTIMENTAL VALUE: _____				

**IF YOU PRESENTLY HOLD AN INTEREST IN A CLOSELY HELD BUSINESS, PLEASE PROVIDE THE FOLLOWING FOR EACH BUSINESS:**

BUSINESS NAME: _____	FAIR MARKET VALUE: \$ _____
<input type="checkbox"/> SOLE OWNER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	
BUY/SELL AGMNT? <input type="checkbox"/> Y <input type="checkbox"/> N	
DESCRIPTION OF PRODUCT/SERVICE: _____	

BUSINESS NAME: _____	FAIR MARKET VALUE: \$ _____
<input type="checkbox"/> SOLE OWNER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	
BUY/SELL AGMNT? <input type="checkbox"/> Y <input type="checkbox"/> N	
DESCRIPTION OF PRODUCT/SERVICE: _____	



**PLEASE TELL US UPON WHOM YOU RELY FOR ADVICE IN THE FOLLOWING CATEGORIES:**

	NAME	CITY/STATE/PHONE NUMBER
TAX ADVISOR	_____	_____
FINANCIAL ADVISOR	_____	_____
INSURANCE AGENT	_____	_____
OTHER:	_____	_____

**ITEMS TO CONSIDER WHEN YOU ARE PREPARING FOR THE MEETING:**

**FOR YOUR POWER OF ATTORNEY:**

Who do you want to name as the Agent on your Power of Attorney?

Primary Agent:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Successor Agent:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

**FOR YOUR HEALTH CARE POWER OF ATTORNEY:**

Who do you want to name as the Agent on your Medical Power of Attorney?

Primary Agent:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Successor Agent:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

**FOR YOUR WILL:**

Who do you want to name as the Executor/Personal Representative under your Will?

Primary Personal Representative:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Successor Personal Representative:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

**FOR YOUR TRUST (if any):**

Who do you want to name as the Trustee for your Trust (if any)?

Primary Trustee:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Successor Trustee:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

**FOR GUARDIAN TO YOUR MINOR CHILDREN (if any):**

Who do you want to name as the Guardian for your minor children (if any)?

Primary Guardian:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Successor Guardian:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

**Do you have specific wishes regarding your health care in the event of your incapacity?**

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**Do you have specific instructions regarding your burial?**

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**Additional items to be sure to discuss:**

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