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I. Preliminary Information Needed for Estate Planning

GENERAL INFORMATION - DOMESTIC PARTNERS

Date: _____

Permanent Home Address: _____

City	State	Zip	Home Telephone Number
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Your Accountant or C.P.A. _____ Phone Number: _____

Address: _____

City State Zip

How did you hear about us? _____

PARTNER A'S PERSONAL INFORMATION

Name (First, Middle, Last)	Social Security No.	Date of Birth
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Have you ever been known by any other names? If so, what names? _____

Mobile Phone: _____ Work Phone: _____

E-mail Address(es): _____

Occupation and Employer: _____

Business Address: _____

City State Zip

Are you a U.S. Citizen? Yes or No

PARTNER B'S PERSONAL INFORMATION

Name (First, Middle, Last)	Social Security No.	Date of Birth
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Have you ever been known by any other names? If so, what names? _____

Mobile Phone: _____ Work Phone: _____

E-mail Address(es): _____

Occupation and Employer: _____

Business Address: _____

City State Zip

Are you a U.S. Citizen? Yes or No

FAMILY INFORMATION

PARENTS/SIBLINGS

Partner A

Partner B

Parent's Name and Age	_____	_____
Parent's Name and Age	_____	_____
Sibling's Name and Age	_____	_____
Sibling's Name and Age	_____	_____
Sibling's Name and Age	_____	_____
Sibling's Name and Age	_____	_____

CHILDREN

	<u>Full Legal Name</u>	<u>Date of Birth/Age</u>	<u>Married?</u>	<u>City & State of Residence</u>	<u>Children? If Yes, Names & Ages</u>
1.			Y/N		
2.			Y/N		
3.			Y/N		
4.			Y/N		
5.			Y/N		

Please write "Yes" or "No" for each of the following questions.

A. Are all of your children born from your present relationship? _____

B. Any stepchildren? _____

C. Any adopted children? _____

D. Any deceased children? _____ If so, did they leave children now living? _____

E. Does any child or other family member have a physical or mental condition requiring special treatment? _____ If yes, please explain:

F. Any prior marriages? Partner A: _____ Partner B: _____

If yes, date of divorce: Partner A: _____ Partner B: _____

If you are a widow/er, date and place of Spouse's death: Partner A: _____ Partner B: _____

G. Please explain any alimony and/or support payments made in accordance with either a Court Order or separation agreement.

H. Do you have any existing estate planning documents, such as a Will, Trust, Advance Medical Directive or Power of Attorney? Partner A: _____ Partner B: _____

II. Last Will & Testament

A. Personal Representative or Executor

Who do you want to act as your Personal Representative or Executor? This person is the person who will wind up your affairs upon your death.

	Partner A	Partner B
Primary Personal Representative Name, Phone Number and Address	<u>My Partner: Yes or No</u> _____ _____ _____	<u>My Partner: Yes or No</u> _____ _____ _____

	Partner A	Partner B
Alternate Personal Representative Name, Phone Number and Address	_____ _____ _____	_____ _____ _____

B. Distribution

1. Who do you want to receive the majority of your assets upon your death?

- ___ All to Partner, then equally to descendants
___ Other (please explain)

2. Do you own an asset(s) that should be specifically given to a particular beneficiary? For example: your grandfather's pocket watch.

3. Do any of your intended beneficiaries have any special needs that will require a sensitive distribution arrangement?

4. Would you like to make any specific gifts to any religious, charitable or educational institutions?

5. In the event you and your immediate family die in a common disaster, who should receive your assets?

Split equally between Partner A's and Partner B's heirs
 Other (please explain below)

Partner A

Partner B

C. Trust for Descendants

1. Do you want your assets left to your heirs to be held in trust? _____

2. If yes, at what age or ages do you want your heirs to get your assets? For example, your children could receive 1/2 at 25 and 1/2 at 30, or 1/4 at 30 and the rest at 35.

3. Who would be the Trustee(s) for your Child/Children's Trusts?

Partner A

Partner B

Primary Trustee(s)
 for Child(ren)
 Name, Phone Number
 and Address

Partner A

Partner B

Alternate Trustee(s)
 for Child(ren)
 Name, Phone Number
 and Address

D. Pets

1. Would you like to include any pets in your Will? Yes or No
2. Who would you like to take care of your pets? _____
3. If you want to provide financial assistance for the caretaker, what amount would you like to provide? _____

III. Guardianship for Minor Children

A. If you have minor children, who do you want to raise them if you cannot? This person is the Guardian of your children.

	Partner A	Partner B
Primary Guardian(s) of Minor Child(ren) Name, Phone Number and Address	_____ _____ _____	_____ _____ _____
	Partner A	Partner B
Alternate Guardian(s) of Minor Child(ren) Name, Phone Number and Address	_____ _____ _____	_____ _____ _____

B. Would you like to provide financial assistance to your Guardian(s) to defray the costs of caring for your minor children? Yes or No

IV. Financial Power of Attorney

Who do you want to manage and invest your assets for you if you are unable to do so? This person is your financial agent or power of attorney and you give this person the power to handle your affairs and to represent your financial interests. By granting someone power of attorney over your affairs, you give a written authorization for the agent to represent or act on your behalf in private affairs, business, or other legal matters.

	Partner A	Partner B
Primary Financial Agent(s) Name, Phone Number and Address	<u>My Partner: Yes or No</u> _____ _____ _____	<u>My Partner: Yes or No</u> _____ _____ _____

	Partner A	Partner B
Alternate Financial Agent(s) Name,	_____	_____
Phone Number and	_____	_____
Address	_____	_____

V. Advance Medical Directive

A. Who do you want to make medical decisions for you if you are unable to communicate your desires? This person is your health care agent or proxy under your Advance Medical Directive.

	Partner A	Partner B
Primary Agent(s) for Advance Medical Directive Name,	<u>My Partner: Yes or No</u>	<u>My Partner: Yes or No</u>
Phone Number and	_____	_____
Address	_____	_____

	Partner A	Partner B
Alternate Agent(s) for Advance Medical Directive Name,	_____	_____
Phone Number and	_____	_____
Address	_____	_____

B. Do you want to be an organ donor? Partner A: _____ Partner B: _____

VI. HIPAA Authorization

The HIPAA Release and Authorization is a detailed document that gives covered entities permission to use protected health information for specified purposes, which are generally other than treatment, payment, or health care operations, or to disclose protected health information to a third party specified by this individual you name on your HIPAA Release and Authorization.

	Partner A	Partner B
Authorized Person(s) for HIPAA Name(s)	<u>My Partner: Yes or No</u>	<u>My Partner: Yes or No</u>
Address(es) and	_____	_____
Phone Number(s)	_____	_____
	_____	_____
	_____	_____
	_____	_____

VII. Burial Instructions

A. Do you want to be cremated or buried? Please circle one.

Partner A: Buried or Cremated Partner B: Buried or Cremated

B. Who do you want to make burial decisions for you?

	Partner A	Partner B
Name of Person(s)	<u>My Partner: Yes or No</u>	<u>My Partner: Yes or No</u>
Phone number and	_____	_____
Address	_____	_____

VIII. Referral Requests

A. We would like a referral for an accountant. Yes or No

B. We would like a referral for a financial advisor. Yes or No

C. We would like a referral for a life insurance broker. Yes or No

D. If you would like any additional referrals or information, please list here: _____

IX. Additional Information

Please provide any additional information you would like us to know or any specific questions you have: For example: Do you expect to receive a significant inheritance? Do you own a business or medical/law practice? _____

X. Real Estate

A. Primary Residence

- 1. Do you rent or own your home? _____
- 2. If you own, what is the fair market value? _____
- 3. What is your approximate mortgage balance? _____

B. Vacation Property

- 1. Do you own any vacation property? _____
- 2. If so, where is it located? _____
- 3. What is the fair market value of this property? _____
- 4. What is your approximate mortgage balance? _____

C. Other Real Estate Holdings

- 1. Do you own any other real estate holdings? _____
- 2. If so, please explain below:

- 3. What is the fair market value of this property _____
- 4. What is your approximate mortgage balance? _____

XI. Summary of Assets & Liabilities

ASSETS	Partner A (separate)	Partner B (separate)	Jointly Owned
A. Cash and Bank Accounts			
B. Salary			
C. Anticipated Bonus			
D. Notes or Accounts Receivable Payable to You			
E. Closely-Held Business Interests			
F. Miscellaneous (e.g., personal effects, collections, patents, trademarks, etc.)			
G. Bonds			
H. Stocks and Mutual Funds <i>*not retirement accounts</i>			
I. Employee and Retirement Benefits 1 st Beneficiary: _____ 2 nd Beneficiary: _____			
J. Insurance/Life Insurance 1 st Beneficiary: _____ 2 nd Beneficiary: _____			
TOTAL ASSETS			
LIABILITIES			
A. Real Estate Mortgages			
B. Notes to Financial Institutions			
C. Other Obligations			
D. Charitable Pledges			
E. Tax Liabilities			
TOTAL LIABILITIES			
NET WORTH			