

# APG CLIENT SERVICES ESTATE PLANNING PERSONAL AND FINANCIAL QUESTIONNAIRE

**TO BE COMPLETED BY MARRIED INDIVIDUALS WITH NO CHILDREN OR ONLY ADULT CHILDREN**  
 (\*Note- If you and your spouse have different estate plans, you must each complete a separate worksheet.)

**PERSONAL INFORMATION**

DATE: \_\_\_\_\_

1. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated or about to divorce		
2. Your Name (First, Middle, Last)	Soc. Sec. No. (Last 4)	Date of Birth
3. Spouse's Name (First, Middle, Last)	Soc. Sec. No. (Last 4)	Date of Birth
4. Child's Name(s) (If Applicable)	Age(s)	T= This Marriage P= Previous Marriage
5. Home Address (Number, Street)	City	State    Zip
6. Home Phone	Your Work Phone	Spouse's Work Phone
7. Your Command/Employer	Your Rank/Grade	Your Occupation
8. Spouse's Command/Employer	Spouses Rank/Grade	Spouse's Occupation
<b>Fill in the appropriate answer</b>	<b>You</b>	<b>Your Spouse</b>
9. Are you a U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you have a will or trust now? **	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are you expecting to receive property or money from gift/inheritance/lawsuit? If so, approximately how much?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. In which state do you vote?		
13. Which state issued your driver's license ?		
14. In which state is your car registered?		
15. In which state(s) do you own real estate?		
16. Do you pay state income tax? If yes to which state?		
17. In which state do you plan to retire/live permanently?		
18. Have you ever lived in a Community Property State? (AZ,CA,ID,LA,NV,NM,TX,WA,WI & PR)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Do you have a pre-nuptial or post-nuptial agreement? **	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Do you have a divorce decree affecting your pension or other property rights? **	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>** If "yes" to questions 10, 19 or 20, you must bring these documents to your appointment</b>		

## CHOOSING THE PEOPLE THAT WILL TAKE CARE OF THINGS AFTER YOU ARE GONE

**Personal Representative/Executor:** This person manages the probate and settlement of your estate. It may be your spouse, adult children, trusted friends, and/or a bank, trust company or other corporate fiduciary.

If you would like to appoint your spouse as your primary personal representative, check here  and skip to the 1<sup>st</sup> successor representative box below.<sup>1</sup>

In Your Will	In Spouse's Will
Name:	Name:
Relationship:	Relationship:
State of Residency:	State of Residency:

**Successor Personal Representative:** Back-up Manager-Steps in after your first personal representative dies/resigns. Try to choose 2 successors now, rather than delay the settlement of your affairs because the court must do it later .

In Your Will - 1 <sup>st</sup> Successor	In Spouse's Will - 1 <sup>st</sup> Successor
Name:	Name:
Relationship:	Relationship:
State of Residency:	State of Residency:
In Your Will – 2 <sup>nd</sup> Successor	In Spouse's Will – 2 <sup>nd</sup> Successor
Name:	Name:
Relationship:	Relationship:
State of Residency:	State of Residency:

## YOUR PLAN OF DISTRIBUTION

In the following section you will tell us how you want your property distributed upon your demise. You may list an alternate person to receive the bequest if the first choice dies before you.

**Specific Bequests** - Do you want to make specific gifts of cash, real estate, or personal property to specific people or charities in your will? (If not, all of your probate property will be distributed to the beneficiaries listed in your residuary estate.) **You**  Yes  No **Your Spouse**  Yes  No

Name of Person(s)	Description of Gift or Amount	Alternate Beneficiary
<i>Example: My Daughter Sally My Daughter Emily</i>	<i>Diamond wedding band Diamond tennis bracelet</i>	<i>My Daughter Emily My Daughter Sally</i>

<sup>1</sup> If your spouse's agent is the same, simply write "SAME" in his/her "Name" section

**Disinheriting** - Is there anyone that you specifically do not want to receive anything from your estate?

**You**  Yes  No    **Your Spouse**  Yes  No

Name of Person(s)	Relationship

**Distributing the Rest (Residuary Estate)**

Do you want your spouse to get your entire estate when you die? **You**  Yes  No    **Your Spouse**  Yes  No

If your spouse dies *before* you **or** you do not want your spouse to receive your entire estate, who do you want to receive your residuary estate?

**You**

Name of Person(s)/Organization	Amount/Percentage	Alternate Beneficiary
<i>Example 1: My Children</i>	<i>Equal Shares</i>	<i>Grandchildren</i>
<i>Example 2: My Brother-In-Law Dave Smith</i>	<i>50%</i>	<i>My Sister Julie Jones</i>
<i>My Sister Julie Jones</i>	<i>50%</i>	<i>My Sister's Children In Equal Shares</i>

**Your Spouse**

Name of Person(s)/Organization	Amount/Percentage	Alternate Beneficiary
<i>Example 1: My Children</i>	<i>Equal Shares</i>	<i>Grandchildren</i>
<i>Example 2: My Brother Dave Smith</i>	<i>50%</i>	<i>My Sister-In-Law Julie Jones</i>
<i>: My Sister-In-Law Julie Jones</i>	<i>50%</i>	<i>My Sister-In-Law's Children In Equal Shares</i>

## GENERAL POWER OF ATTORNEY

A General Power of Attorney appoints an agent to manage your money and property for you. It can be effective while you are still of sound mind and continues to be effective even if you become incapacitated (“durable”). It can also become effective only if you become physically or mentally incapacitated (“springing durable”). It can be indefinite, or it can terminate on a date or event of your choosing. You can revoke it at any time. Remember that your agent must be trustworthy, as this document gives your agent a great deal of power.

**Do you want a General Power of Attorney?**    **You**    Yes    No    **Your Spouse**    Yes    No

**Do you want it to be effective immediately or only upon your incapacity?**   **You**    Immediately    Incapacity  
**Your Spouse**    Immediately    Incapacity

*If you would like to appoint your spouse as your primary personal representative, check here  and skip to the 1<sup>st</sup> successor representative box below.*

Your Primary Agent	Your Spouse's Primary Agent <sup>2</sup>
Name:	Name:
Relationship:	Relationship:
Address & Telephone:	Address & Telephone:

Your 1 <sup>st</sup> Successor	Your Spouse's 1 <sup>st</sup> Successor
Name:	Name:
Relationship:	Relationship:
Address:	Address:
Your 2 <sup>nd</sup> Successor	Your Spouse's 2 <sup>nd</sup> Successor
Name:	Name:
Relationship:	Relationship:
Address & Telephone:	Address & Telephone:

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<sup>2</sup> If your spouse's agent is the same, simply write “same” in his/her “Name” line.

## ADVANCE MEDICAL DIRECTIVE & HEALTH CARE POWER OF ATTORNEY

An advance medical directive states your wishes to your doctors and family members regarding the administration and/or withdrawal of life sustaining procedures if you cannot communicate your desires when you have a terminal condition, you are in a persistent vegetative state, or you have an end-state condition.

Do you want an advance medical directive?    **You**    Yes    No    **Your Spouse**    Yes    No

Do you want to have the administration of life sustaining treatment to be withheld/withdrawn in the event of one of three scenarios listed above?    **You**    Yes    No    **Your Spouse**    Yes    No

Do you want to donate your organs for transplantation?    **You**    Yes    No    **Your Spouse**    Yes    No

Do you want to authorize organ donation for medical, educational, or scientific purposes?    **You**    Yes    No  
**Your Spouse**    Yes    No

Do you have a strong desire to die at home rather than in a hospital?    **You**    Yes    No  
**Your Spouse**    Yes    No

Do you want to appoint an agent to make your health care decisions if you cannot do so yourself?    **You**    Yes    No  
**Your Spouse**    Yes    No

*If you would like to appoint your spouse as your primary health care agent, check here  and skip to the 1<sup>st</sup> successor representative box below.*

Your Primary Health Care Agent	Your Spouse's Primary Health Care Agent <sup>3</sup>
Name:	Name:
Relationship:	Relationship:
Address & Telephone:	Address & Telephone:

Your 1 <sup>st</sup> Successor	Your Spouse's 1 <sup>st</sup> Successor
Name:	Name:
Relationship:	Relationship:
Address:	Address:
Your 2 <sup>nd</sup> Successor	Your Spouse's 2 <sup>nd</sup> Successor
Name:	Name:
Relationship:	Relationship:
Address & Telephone:	Address & Telephone:

<sup>3</sup> If your spouse's health care agent is the same, simply write "same" in his/her "Name" line.

**YOUR PROPERTY, CALLED THE ASSET MIX, OR "WHAT DO WE HAVE IN THE POT?"**

Many people don't realize that all of their property is part of the estate, and it is all taxable, even insurance. If you have enough property, over \$1,000,000, there may be federal and state estate taxes.

When we assist you in planning your estate, it is important that we know what kind of property you own, and exactly how you own it, or how it is titled. We know that it's important to you that your loved ones receive the share that you want them to have with the least amount of red tape and cost.

Each state has different rules as to how property passes and we can only help you and your family if you take the time to gather the necessary information. For example, if you are a resident of the State of Maryland, there are potential estate tax implications if your estate exceeds \$1,000,000.

The next section of the questionnaire asks you to inventory all of your property. Please complete it to the best of your ability. If you run out of spaces, please use an additional sheet. Failure to complete this section at all may result in you not being able to see the attorney, which will result in your appointment being declared a NO SHOW.

*If you don't have any of the assets listed just print "NONE" in the spaces and move on!*

**FINANCIAL INFORMATION**

1. Do you own a home or any other real estate? Indicate which is your residence/homestead.

Description and Location	Titled	Purchase Price	Market Value	(-) Mortgage(=)	Equity
Total Net Value					

2. Do you own any other titled property such as a car, boat, etc.?

Description	Titled	Market Value	(-) Loan Amount(=)	Equity
Total Net Value				

3. Do you have any checking accounts?

Name of Bank/Financial Institution	Titled	Beneficiary? If so, whom?	Approx. Balance
Total Value			

4. Do you have any interest bearing accounts (savings, money market) and/or CD's?

Name of Bank/Financial Institution	Titled	Beneficiary? If so, whom?	Approx. Balance
Total Value			

5. Do you own any stocks, bonds, or mutual funds (including company stock)?

Type of Security	Titled	Beneficiary? If so, whom?	Approx. Balance
Total Value			

6. Do you have any profit sharing, IRAs, pension plans, or Survivor Benefit Plan?

Name of Bank/Financial Institution	Titled	Beneficiary ? If so, whom?	Approx. Balance
Total Value			

7. Do you have any life insurance policies and/or annuities?

Name of Company	Insured	Policy Owner	Primary Beneficiary	Contingent Beneficiary	Death Benefit
SGLI					
Total Value					

8. What is the approximate total value of all your remaining personal property--whatever you own that has not been included above? (clothes, furniture, etc.) Just estimate \$ \_\_\_\_\_

9. Do you have any debts other than mortgage(s) and loans listed above (credit cards, personal loans, etc.)?

Description	Amount Owned
Total Debt	

10. Total value of everything you and your spouse own (add totals of line 1 thru line 8 above) \$ \_\_\_\_\_

11. Total amount you and your spouse owe (total of line 9 above) \$ \_\_\_\_\_

12. Subtract line 11 from line 10. **TOTAL NET ESTATE VALUE** \$ \_\_\_\_\_