APG CLIENT SERVICES ESTATE PLANNING
PERSONAL AND FINANCIAL QUESTIONNAIRE

If you and you spouse will have different estate plans, then each must complete a separate questionnaire

PERSONAL INFORMATION **DATE:** _____

EMAIL ADDRESS:

1. Marital Status ☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Separated or about to divorce			
2. Your Name (First, Middle, Last)	Soc. Sec. No.	Date of Birth	
3. Spouse's Name (First, Middle, Last)	Soc. Sec. No.	Date of Birth	
4. Home Address (Number, Street)	City	State	Zip
5. Mailing Address If Different From Above (Number, Street)	City	State	Zip
6. Home Phone ( )	Your Cell Phone ( )	Spouse's Cell Phone ( )	
7. Your Command/Employer	Your Rank/Grade	Your Occupation	
8. Spouse's Command/Employer	Spouses Rank/Grade	Spouse's Occupation	

Circle or fill in your answers	**You**	**Your Spouse**
1. Are you a U.S. citizen?	Yes No	Yes No
2. Do you have a will or trust now?**	Yes No	Yes No
3. Are you expecting to receive property or money from (circle all that apply): If so, approximately how much?	Gift Inheritance Lawsuit - Other $	Gift Inheritance Lawsuit - Other $
4. How many living children do you have?		
5. Are all your children legally yours (natural or legally adopted)?	Yes No	Yes No
6. How many stepchildren do you have?		
7. In which state do you vote?		
8. Which state issued your driver's license?		
9. In which state(s) is/are your car(s) registered?		
10. In which state(s) do you own real estate?		
11. Do you pay state income tax? If yes to which state?		
12. In which state do you plan to retire/live permanently?		
13. Have you ever lived in a Community Property State? (AZ,CA,ID,LA,NV,NM,TX,WA,WI & PR)	Yes No	Yes No
14. Do you have a pre-nuptial or post-nuptial agreement?**	Yes No	Yes No
15. Do you have a divorce decree affecting your pension or other property rights? **	Yes No	Yes No
***** If "yes' to questions 2, 14 or 15, you must bring these documents to your appointment***		

YOUR CHILDREN*

Full Name	Address (If different than your address)	Age	T=This Marriage P= PreviousMarriage	Married? Y or N	Number of Grandchildren

SERVICEMEN'S/VETERAN'S/FEDERAL EMPLOYEE GROUP LIFE INSURANCE (SGLI/VGLI/FEGLI).

If you have SGLI/VGLI/FEGLI, this is a large part of your estate and must be considered in the estate planning process, especially if you are to create a testamentary trust. Therefore, you must bring in a copy of your beneficiary designation form with you to your appointment. Failure to do so *may* result in you having to reschedule your appointment.

YOUR PLAN OF DISTRIBUTION

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

If you want to make the gift *only* to the first choice print "ONLY"; if you want the gift to go to the first choice's children, or others, print that in the "alternate" column.

BENEFICIARIES

1. **Specific Bequests**

In your will, you can make ***specific*** gifts of cash, real estate, or personal property to specific people or charities in your will? For example, I would like my diamond engagement ring to go to my daughter and my baseball card collection to go to my son upon my death or I would like my house located in New Jersey to go to my sister and my house located in Georgia to go to my cousin. If you make no *specific* bequests, all of your probate property will pass according to the beneficiaries listed in your residuary estate as provided in the next section. Do you want to make a specific bequest? **You** Yes ☐ No ☐
Your Spouse Yes ☐ No ☐ If yes, please list you them below.

Name of Person	Description of Gift or Amount	Alternate Beneficiary

2. **Distributing the Rest (Residuary Estate)**

Who do you want to receive the rest of your estate after these special gifts (*if any*) have been distributed? You can designate a dollar amount or a percentage, however the percentages are easier, and must add up to 100 per cent. ***If you want your spouse to get it all, and if your spouse dies then to your children, as represented in the sample below, check here _____***

Name of Person/Organization	Amount/Percentage	Alternate Beneficiary
MY WIFE/HUSBAND	**100%**	**ALL OF MY CHILDREN EQUALLY**

If you are single, **or wish to have a different distribution plan, complete the designation election at the top of the next page.

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* *If any of your children have special needs, please let the attorney know.*

Distributing the Rest (Residuary Estate)

Name of Person/Organization	Amount/Percentage	Alternate Beneficiary(ies)

3. **Alternative Beneficiaries**

Who do you want to receive your estate if you (and your spouse, children, grandchildren, etc) outlive the beneficiaries you've named above? Many married couples decide to leave one-half to the husband's parents or family, and one-half to the wife's parents or family. However, you may choose any person or persons you wish. If you do not name an alternate beneficiary, then your estate will pass according to your state's respective intestacy statute.

Name of Person/Organization	Amount/Percentage

4. **Disinheriting**

Are there any relatives that you specifically do not want to receive anything from your estate?

Name of Person	Relationship

IMPORTANT DECISION CONCERNING YOUR CHILDREN'S FUTURE

Your children's inheritance can be held in trust and managed for them until they are at any age you chose (21, 25, 30, etc.) and used for their education (for example, college tuition) and other needs until that time. This method waits until the children are mature enough to handle money.

Do you want your children to receive their inheritance in installments, at certain ages, or all at once? In other words, would you like the money managed until your children are older and more mature via trust? If you select "no", then the assets will be turned over to your child when your child turns 21 (or an earlier age, in some states.) Yes No

At what age would you like your children to receive the trust assets outright? __ 21 __ 25 __ 30 __ Other (Specify) _____

*****Be sure to ask your attorney to explain the difference between a single trust and separate trusts***

If a child dies, do you want that child's share to go to that child's children, (Per Stirpes) ☐, or do you want that child's share to be divided among *only* your other living children, thereby leaving ***nothing*** to your grandchild. (Per Capita) ☐

	You	Your Spouse
Do you want to *ensure* that your children from *another* relationship receive a share of your estate?	Yes ☐ No ☐	Yes ☐ No ☐

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

1. **Personal Representative/Executor:** This person manages the probate and settlement of your estate. It may be your spouse, children *over 18*, trusted friends *over 18*, and/or a bank, trust company or other corporate fiduciary.*

In Your Will	In Spouse's Will
Name:	Name:
Relationship	Relationship
Address:	Address:

2. **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 - 1st Successor	In Spouse's Will - 1st Successor
Name:	Name:
Relationship	Relationship
Address:	Address:
In Your Will - 2nd Successor	**In Spouse's Will - 2nd Successor**
Name:	Name:
Relationship	Relationship
Address:	Address:

3. **Trustee:** *If* you have decided to manage your children's inheritance in a trust, you must now choose the trustee or manager. This person should be someone with financial responsibility and experience, and it can be a professional, like a bank or trust company. To avoid conflicts, it is usually best for a husband and wife to appoint the same primary and successor trustee.

In Your Will – Primary Trustee	In Spouse's Will – Primary Trustee
Name:	Name:
Relationship	Relationship
Address:	Address:
In Your Will – 1st Successor	**In Spouse's Will – 1st Successor**
Name:	Name:
Relationship	Relationship
Address:	Address:

* As provided by your state's law.

4. **Guardians for Minor Children:** This person(s) will raise your children if something happens to you and your spouse. The guardian(s) that cares for the child and with whom they live is called the *guardian of the person,* and does not have to be the same person that manages the child's money, or the *guardian of the property.* Usually, husband and wife should appoint same primary/successor guardian for shared children. If you are divorced and your children live with your ex-spouse you may want to appoint a separate guardian for the child's property that they will receive from you. If applicable, please discuss this option with the attorney.

In Your Will – Primary Guardian/Co-Guardians	**In Spouse's Will – Primary Guardian/Co-Guardians**
Name:	Name:
Relationship	Relationship
Address & Telephone Number:	Address & Telephone Number:
In Your Will – 1st Successor	**In Spouse's Will - 1st Successor**
Name:	Name:
Relationship	Relationship
Address & Telephone Number:	Address & Telephone Number:

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 continue to be effective if you become incapacitated ("durable"). It can also become effective only if you become incapacitated ("springing" and "durable"). It can be indefinite, or it can terminate on a date or event of your choosing. You can also 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 effective immediately or *only* upon your incapacity? (Please circle) **You** (Immediately) (Incapacity)
Your Spouse (Immediately) (Incapacity)

In Your General POA - Primary	**In Spouse's General POA - Primary**
Name:	Name:
Relationship	Relationship
Address & Telephone Number:	Address & Telephone Number:
1st Successor	**1st Successor**
Name:	Name:
Relationship	Relationship
Address & Telephone Number:	Address & Telephone Number:

ADVANCE MEDICAL DIRECTIVE OR LIVING WILL

An advance medical directive ("living will") states your wishes regarding life support to your doctors if you cannot communicate your desires in the event that you have a terminal, incurable medical condition and your life is only being prolonged by means of artificially provided life support. Do you want an advance medical directive? **You** Yes ☐ No ☐ **Your Spouse** Yes ☐ No ☐

If yes, do you desire that life sustaining treatment be withheld and withdrawn in the medical situation described above? **You** Yes ☐ No ☐ **Your Spouse** Yes ☐ No ☐

Do you want to authorize organ donation for transplants? **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 want to place any restrictions on organ donation? **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 ☐

SPECIAL POWER OF ATTORNEY FOR HEALTH CARE

You may execute this in addition to, or instead of, an advance medical directive. It appoints someone you name to make medical care decision for you if you cannot do so yourself. It applies to *more* situations than an advance medical directive, which addresses continued life support if you have a terminal condition or are in a persistent vegetative state. The power of attorney for medical care gives the person you name as your agent the authority and access to your medical information to make a wide range of medical decisions on your behalf.

Do you want a Health Care Power of Attorney? **You** Yes ☐ No ☐ **Your Spouse** Yes ☐ No ☐

If yes, please provide the name, relationship, address, and phone number(s) of your agent.

In Your Health Care POA - Primary	**In Spouse's Health Care POA - Primary**
Name:	Name:
Relationship	Relationship
Address & Telephone Number:	Address & Telephone Number:
1st Successor	**1st Successor**
Name:	Name:
Relationship	Relationship
Address & Telephone Number:	Address & Telephone Number:
2nd Successor	**2nd Successor**
Name:	Name:
Relationship	Relationship
Address & Telephone Number:	Address & Telephone Number:

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 $2,000,000.00 in 2008 or over 3,500,000.00 in 2009, there may be federal 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 $1,000,000.00.

The next section of the questionnaire asks you to inventory all of your property. Please complete it to the best of your ability. Failure to complete this section at all *may* result in you not being able to see the attorney, which will result in you having to reschedule your appointment at the next available opening.

If you are a young, single person or married, without children, and all you have is your stereo, a car and SGLI, just finish those questions. If you do not have any of the assets listed just print "NONE" in the spaces and move on!

Please be patient and complete the following so we can work together as a team.

FINANCIAL INFORMATION

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

Description and Location	Titled in whose name Indicate if Joint or Beneficiary and name	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 in whose name Indicate if Joint or Beneficiary and name	Market Value	(-) Mortgage (=)	Equity
			Total Net Value	

3. Do you have any checking accounts?

Name of Bank	Titled in whose name Indicate if Joint or Beneficiary and name	Approx. Balance
	Total Value	

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

Name of Bank	Titled in whose name Indicate if Joint or Beneficiary and name	Approx. Balance
	Total Value	

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

Number Shares	Name of Security	Titled in Whose Name Indicate if Joint or Beneficiary and name	Purchase Price	Current Value
			Total Value	

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

Description/Location	Beneficiary	Current Value
	Total Value	

7. Do you have any life insurance policies and/or annuities (to include SGLI/VEGLI/FEGLI)?

Name of Company	Insured	Policy Owner	1st Beneficiary	2nd Beneficiary	Death Benefit
				Total Value	

8. Does anyone owe you money?

Description	Approx. Value
Total Net Value	

9. Do you have any special items of value such as coin collections, antiques, jewelry, etc.?

Description	Approx. Value
Total Net Value	

10. 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..... $ _____

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

Description	Amount Owed
Total Debt	

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

13. Total amount you (and your spouse) owe (total of line 11 above) $ _____

14. Subtract line 13 from line 12. **TOTAL NET ESTATE VALUE** [ ]