

ESTATE PLANNING AND WILL QUESTIONNAIRE FORM
PERSONAL INFORMATION

The information as per this questionnaire is for confidential use in an attorney-client relationship. The information will not be released, except to others who are parties, without the client's consent, or otherwise as necessitated by law.

This questionnaire should be completed by you per your convenience. The information disclosed will assist us determine your best course of action. **By completing this form, you certify that you are over 18 years of age and of sound mind.** If not, stop filling this form and consult with us by making a special appointment.

Date: _____

Date of Birth: _____

Daytime Phone: _____

Male _____ **Female** _____

U.S. Citizen? **Yes** _____ **No** _____

Services No. (if served in Armed Forces) _____

Are any of your children under a disability?

If there are any reasons to treat your children other than equally? Please state.

Do you anticipate any inheritance _____, if so, please give details.

Information Requested about you:

1. Full Name: _____
 First Middle Last Date of Birth

2. Full Address: _____
 Street

 City and State Zip

3. Marital Status: Married _____ Single _____ Length of Marriage _____

distributed to his or her children (your grandchildren) in equal shares.

7. If you are **unmarried and currently have no children**, list the name(s) and address (es) of the persons you wish to receive your property. If more than one person is named, property will pass in equal shares to all listed who survive you.

FIRST	MIDDLE	LAST

8. The person charged with administering your estate, paying taxes and other debts, marshaling, preserving and managing estate assets and property is called an **Executor** or **Executrix**. State the name and address of the person whom you wish to serve in this capacity. Most married persons designate their spouse as their Executor or Executrix

_____	_____
FULL NAME	Address

	City and State

Phone number _____

9. In the event the person above is unwilling or unable to act as Executor, **PLEASE LIST AN ALTERNATE:**

Name _____ **Address** _____

Phone number _____

10. If your children are under age 18, and you desire a Guardian named for them should they be left without a surviving parent, please state the full name, address and relationship (if any) of the person you wish to act as their Guardian. You should obtain the consent of that person before executing your will.

_____	_____
FULL NAME	Address

Relationship, if any: _____	
	City and State

10B. What is the approximate value of your GROSS estate (includes all assets – life insurance, pension, trust assets, 401 K accounts, IRA accounts, bank accounts & real estate, etc.

Real Estate	\$ _____
Life Insurance (consider beneficiaries)	\$ _____
Pension/IRA//401K(consider beneficiaries)	\$ _____
Cash Accounts	\$ _____
Expected inheritances?:	\$ _____
Trust Assets?: type _____	\$ _____
Miscellaneous Assets:	\$ _____
Other: type: _____ (if need be use extra page)	\$ _____
TOTAL:	\$ _____

Do you want a Revocable Living Trust or Irrevocable Trust? ***This decision is probably based upon your value of gross estate.***

Write your answer _____

Setting up such trusts are subject to additional legal fees.

11. TRUST INFORMATION:

a.) The person charged with managing your trust funds for the benefit of your beneficiaries is called the **TRUSTEE**.

Name of Trustee: _____
Address of Trustee: _____

Name of Alternate Trustee: _____
Address of Alternate Trustee: _____

b.) Those persons who will receive disbursement form a trust are called **BENEFICIARIES**.

Names of Beneficiaries _____

12. If you desire to have a POWER OF ATTORNEY prepared to allow an assigned person to handle your affairs if you become incapacitated. Please check here, and

complete the following information. We will return your Power of Attorney with your Will.

Name of Appointed Person: _____

Their City and State of Residence: _____

13. If you desire to have a **HEALTH CARE DIRECTIVE** prepared to allow for the withholding or withdrawal of life sustaining treatment should you become terminal, please check here. We will return your Health Care Directive with your Will. _____

14. Is there any provision that you would like to make in your will that has not been dealt with on this form? _____

PLEASE COMPLETE QUESTIONNAIRE FULLY AND RETURN TO:

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