



Spouse's full Name: \_\_\_\_\_

First

Middle

Last

**If there are no prior marriages, please move to paragraph 4.**

Prior Marriages \_\_\_\_\_

Did you execute a Premarital Agreement? \_\_\_\_\_

Date and place of Divorce \_\_\_\_\_

Did you execute a Separation and Property Settlement Agreement? \_\_\_\_\_

4. Children:      Yes\_\_\_\_ No\_\_\_\_ If you have step-children and wish them to equally share in your estate, please also list their names here and indicate if they are step-children.

FIRST	MIDDLE	LAST	DATE OF BIRTH

5. If you are married and have children you may provide that upon your death, all your property passes:

- (1) To your surviving spouse;
- (2) If your spouse predeceases you, your property would be divided equally between your living children;
- (3) If your spouse and one or more children predecease you, then that child's share of the estate is distributed to his or her children (your grandchildren) in equal shares.

6. If you are **unmarried and have children** you may provide that upon your death, your property passes:

- (1) In equal shares to all of your living children
- (2) If one or more of the children predecease you, that child's share of your estate is

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.

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FIRST	MIDDLE	LAST
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FIRST	MIDDLE	LAST
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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? \_\_\_\_\_

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PLEASE COMPLETE QUESTIONNAIRE FULLY AND RETURN TO:

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Rockville, MD 20855  
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