

PERSONAL AND CONFIDENTIAL

# ESTATE PLANNING ORGANIZER

Date Completed: \_\_\_\_\_

BAGLEY | RHODY

ESTATE AND BUSINESS LAW



1788 Forest Drive  
Annapolis, Maryland 21401  
Telephone: (410) 573-1626  
Fax: (410) 269-8086

**PART I – CLIENT DATA**

Client 1 Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Client 2 Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cell (1): \_\_\_\_\_ SSN: \_\_\_\_\_ Email (1): \_\_\_\_\_

Cell (2): \_\_\_\_\_ SSN: \_\_\_\_\_ Email (2): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Are you both US citizens? \_\_\_\_\_

Do you currently have estate planning documents in place? \_\_\_\_\_ (If possible, please bring copies of your current estate planning documents with you to our meeting).

Have either of you previously been married? Are there any continuing obligations to a former spouse or child? \_\_\_\_\_

**PART II – FAMILY DATA**

**A. CHILDREN**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

If married, spouse's name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Social Security # (if minor child): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Names of Grandchildren: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

If married, spouse's name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Social Security # (if minor child): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Names of Grandchildren: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

If married, spouse's name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Social Security # (if minor child): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Names of Grandchildren: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

If married, spouse's name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Social Security # (if minor child): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Names of Grandchildren: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
If married, spouse's name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Social Security # (if minor child): \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Names of Grandchildren: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
If married, spouse's name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Social Security # (if minor child): \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Names of Grandchildren: \_\_\_\_\_

Do any of your children, grandchildren, other family members or beneficiaries have any special needs (i.e., minority or disability) that might require holding their distribution in trust?

\_\_\_\_\_  
\_\_\_\_\_

**B. PROFESSIONAL ADVISORS (i.e., Accountant, Financial Advisor, Insurance Broker, etc.)**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Other: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Other: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Other: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Other: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Other: \_\_\_\_\_

**PART III – ASSETS AND LIABILITIES**

Our recommendations for estate planning vary depending on the value of your estate and the types of assets included in your estate. To allow us to make these recommendations, please fill in the below asset statement to the best of your ability by providing a general description of the asset, indicating how it is owned and the **approximate current value**. If an asset has a beneficiary designation, please provide the name(s) of each beneficiary in the last column. Please also provide the outstanding balance of any mortgages or other liabilities. **Please do not provide account numbers.**

ASSET	Individually Owned		Jointly Owned		Comments/Beneficiary Designations
	Client 1	Client 2	Both Spouses	With Another	
<u>Real Estate</u>					
<u>Banking</u>					
<u>Investment Accounts</u>					
<u>Retirement Accounts</u>					

ASSET	Individually Owned		Jointly Owned		Comments/Beneficiary Designations
	Client 1	Client 2	Both Spouses	With Another	
<u>Closely Held Business Interests</u>					
<u>Life Insurance</u>					
<u>Personal Property/Other</u>					
<u>Liabilities</u>					
<b>TOTAL</b>	\$	\$	\$	\$	

**NOTES/OTHER INTERESTS (I.E., BENEFICIARY OF EXISTING TRUST, POD ASSETS, ETC.):**

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**PART IV – APPOINTMENTS**

**A. LAST WILL AND TESTAMENT.**

- a. **Personal Representative.** Your Personal Representative (sometimes referred to as an Executor) will be responsible for administering your estate by gathering your assets, paying any debts or liabilities, filing the appropriate paperwork with the Register of Wills and distributing your assets to your beneficiaries according to the terms of your Last Will and Testament. Traditionally your spouse, if applicable, would serve as primary Personal Representative of your estate.

Who would you appoint to act in this capacity?

Client 1 – Primary: \_\_\_\_\_  
Address/Tel #: \_\_\_\_\_  
Alternate(s): \_\_\_\_\_  
Address/Tel #: \_\_\_\_\_

Client 2 – Primary: \_\_\_\_\_  
Address/Tel #: \_\_\_\_\_  
Alternate(s): \_\_\_\_\_  
Address/Tel #: \_\_\_\_\_

- b. **Guardian of Minor Children.** In the event that you (and the surviving parent of your child, if applicable) are unable to care for your minor child(ren), who should be appointed as legal guardian of your child(ren)? This person will be given authority to make decisions and give consent for school and health care.

In making this selection, keep in mind that it is the responsibility of the guardian(s) to raise and care for your children, while it is the responsibility of the Trustee or Personal Representative to administer the funds of your estate. It may be preferable to name different individuals in these capacities as they may require different capabilities.

Please provide the following information for a primary guardian and for one or more alternate guardians for your minor child(ren) (if not already provided above).

Primary Guardian Full Name: \_\_\_\_\_  
Add/Tel: \_\_\_\_\_

Alternate Guardian Full Name: \_\_\_\_\_  
Add/Tel: \_\_\_\_\_

**B. GENERAL AND DURABLE POWER OF ATTORNEY AND DESIGNATION OF GUARDIAN.** This document appoints an individual to make financial decisions for you in the event of your disability and to act as guardian of your property if the appointment of a guardian is necessary. Traditionally your spouse, if applicable, would serve as your primary attorney-in-fact and/or guardian.

Please provide the following information for a primary attorney-in-fact and for one or more alternate attorneys-in-fact (if not already provided above).

**CLIENT 1:**

Primary Agent's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternate Agent's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**CLIENT 2:**

Primary Agent's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternate Agent's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**C. ADVANCE MEDICAL DIRECTIVE.** This document appoints an individual to make health related decisions for you and gives instructions as to the type of care you wish to receive in the event you are unable to make these decisions for yourself. Traditionally your spouse, if applicable, would serve as your primary health care agent.

Please provide the following information for a primary health care agent and for one or more alternate health care agents (if not already provided above).

**CLIENT 1:**

Primary Agent's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternate Agent's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**CLIENT 2:**

Primary Agent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternate Agent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If you wish to be cremated or would like to give other instructions for funeral arrangements, please state your intentions here. \_\_\_\_\_

\_\_\_\_\_

**PART V – PLANS FOR DISTRIBUTION**

1. Are there any monetary bequests or specific items in your estate (i.e., jewelry, furniture or other household furnishings) which you would like to specifically bequeath to one or more individuals or charities? If you anticipate a dispute as to the distribution of a particular item you should include this distribution in your Will. Otherwise you may leave a memorandum addressed to your Personal Representative with instructions for the disposition of such personal property.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If applicable, do you have a succession plan in place (i.e., Buy-Sell Agreements, Stockholders Agreements or Operating Agreements) for your business(es)? Should your Personal Representative be authorized to continue to operate your business(es) upon your passing?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you expect to receive an inheritance from a family member or friend or are you a beneficiary of any existing trusts? Are there any assets over which you have a power of appointment? If so, please bring copies of the documents creating this power to our meeting.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you made any taxable gifts in the past requiring the filing of a Federal Gift Tax Return? If so, please provide copies of such returns (if possible).

\_\_\_\_\_  
\_\_\_\_\_