

PASTERNAK & FIDIS, P.C.

www.pasternakfidis.com

7735 Old Georgetown Road, Suite 1100

Bethesda, MD 20814-6183

301-656-8850 Fax: 301-656-3053

Date: _____

ESTATE PLANNING INFORMATION FORM

THANK YOU FOR COMPLETING THIS FORM BEFORE WE MEET. THE
INFORMATION WILL MAKE OUR INITIAL MEETING MORE
EFFICIENT AND EFFECTIVE FOR YOU.

	<u>PARTNER 1</u>	<u>PARTNER 2</u>
FULL NAME	_____	_____
OTHER NAMES USED	_____	_____
HOME ADDRESS:	_____	_____
	_____	_____
COUNTY:	_____	_____
HOME PHONE:	_____	_____
HOME FAX NO.	_____	_____
HOME EMAIL:	_____	_____
CELL PHONE:	_____	_____
OCCUPATION:	_____	_____
EMPLOYER:	_____	_____
BUSINESS PHONE:	_____	_____
BUSINESS FAX NO.	_____	_____
BUSINESS EMAIL:	_____	_____
DATE OF BIRTH:	_____	_____
PLACE OF BIRTH:	_____	_____

CITIZENSHIP: _____

SOCIAL SECURITY # _____

DATE/PLACE OF ANY DOMESTIC
PARTNERSHIP REGISTRATION: _____

SAFE DEPOSIT BOX LOCATION: _____

CHILDREN AND DECEASED CHILDREN - INDICATE IF ADOPTED OR IF CHILD ONLY OF
ONE PARTNER (attach additional pages, if necessary):

NAME: _____

NICKNAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

S.S.#: _____

ADDRESS (IF
DIFFERENT) _____

SPOUSE'S NAME _____

NAMES/DOB OF
EACH CHILD'S
CHILDREN _____

ACCOUNTANT: _____

INSURANCE AGENT: _____

BROKER/INVESTMENT
ADVISOR: _____

FINANCIAL PLANNER: _____

PRIOR MARRIAGES:

FORMER SPOUSE

MARRIAGE DATE

PLACE

TERMINATED BY

Death

Divorce

Date

Death

Divorce

Date

OBLIGATIONS:

CHILD SUPPORT

ALIMONY

LIFE INSURANCE

OTHER

HAVE YOU EVER SIGNED A MARITAL OR PROPERTY SETTLEMENT AGREEMENT WITH A FORMER SPOUSE OR PARTNER? _____

DO YOU HAVE A DOMESTIC PARTNERSHIP AGREEMENT OR CO-OWNERSHIP AGREEMENT WITH CURRENT PARTNER? _____ IF SO, ATTACH A COPY.

PROVIDE THE NAMES AND ADDRESSES OF INDIVIDUALS OR CHARITABLE ORGANIZATIONS WHOM YOU WISH TO NAME AS BENEFICIARIES:

Name

Address

Age

IS ANY PERSON (OTHER THAN MINOR CHILDREN) PARTIALLY OR WHOLLY DEPENDENT UPON EITHER OF YOU FOR SUPPORT NOW OR POSSIBLY IN THE FUTURE:

IS EITHER OF YOU NAMED AS A BENEFICIARY OF ANY TRUST OR WILL?

DOES EITHER OF YOU HAVE ANY POWER OF APPOINTMENT UNDER ANY WILL OR TRUST?

HAS EITHER OF YOU EVER FILED A GIFT TAX RETURN (IRS FORM 709)? _____.
IF SO, ATTACH A COPY.

LIST ANY SPECIAL BEQUESTS YOU WISH TO MAKE OF ITEMS OF PERSONAL PROPERTY (SUCH AS CARS, JEWELRY, SILVERWARE, FURNITURE, ETC.)

<u>Description of Item</u>	<u>Name of Person to Receive it</u>
<hr/>	<hr/>
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DO YOU HAVE LONG TERM CARE INSURANCE? YES ____ NO ____

ANY ESPECIALLY IMPORTANT OR UNUSUAL ESTATE PLANNING OBJECTIVES:

ASSET SCHEDULE

IMPORTANT:

INDICATE WHETHER JOINT (J), SEPARATE PROPERTY OF PARTNER (1) OR PARTNER (2) AND WHETHER OR NOT THERE IS A NAMED BENEFICIARY FOR ANY POLICY OR ANY PAYABLE ON DEATH ("POD") OR TRANSFERABLE ON DEATH ("TOD") DESIGNATION FOR ANY ACCOUNT.

	Approx. Current Value	Owner P1, P2 or J	Named Beneficiaries POD/TOD
I. REAL PROPERTY			
HOME	\$ _____	_____	_____
Balance Due on Mortgage			
\$ _____			
Year Acquired _____			
VACATION PROPERTY	\$ _____	_____	_____
Balance Due on Mortgage			
\$ _____			
Year Acquired _____			
COMMERCIAL/INVESTMENT PROPERTY	\$ _____	_____	_____
Balance Due on Mortgage			
\$ _____			
Year Acquired _____			
II SECURITIES AND CASH ACCOUNTS			
STOCKS	\$ _____	_____	_____
	\$ _____	_____	_____
BONDS	\$ _____	_____	_____
	\$ _____	_____	_____
MUTUAL FUNDS	\$ _____	_____	_____
	\$ _____	_____	_____
CDs and MONEY MARKET FUNDS	\$ _____	_____	_____
	\$ _____	_____	_____
BANK ACCOUNTS	\$ _____	_____	_____

**III. LIFE INSURANCE (PERSONAL
And BUSINESS)**

ON LIFE OF PARTNER 1	\$ _____	_____	_____
ON LIFE OF PARTNER 2	\$ _____	_____	_____
ON CHILDREN OR OTHERS	\$ _____	_____	_____

Approx.	Owner	Named Beneficiaries
<u>Current Value</u>	<u>P1, P2 or J</u>	<u>POD/TOD</u>

IV. OTHER ASSETS

PENSIONS, PROFIT SHARING, KEOGH and IRA PLANS	\$ _____	_____	_____
	\$ _____	_____	_____
	\$ _____	_____	_____
	\$ _____	_____	_____

OTHER EMPLOYER RETIREMENT PROGRAMS OR BENEFITS	\$ _____	_____	_____
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STOCK OPTIONS	\$ _____	_____	_____
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UNIFORM TRANSFERS TO MINORS ACCOUNTS (CUSTODIAL ACCOUNTS)	\$ _____	_____	_____
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SECTION 529 PLANS	\$ _____	_____	_____
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V. MISCELLANEOUS PROPERTY

FURNITURE and FURNISHINGS	\$ _____	_____	_____
AUTOMOBILES	\$ _____	_____	_____
BOATS	\$ _____	_____	_____
BUSINESS INTEREST	\$ _____	_____	_____
PARTNERSHIP INTEREST	\$ _____	_____	_____

VI. INCOME/EXPENSES

ANNUAL INCOME	(P1) _____	(P2) _____
EXPENSES	(P1) _____	(P2) _____
EXPECTED PENSION INCOME	(P1) _____	(P2) _____

PLEASE SEND OR BRING WITH YOU TO OUR MEETING COPIES OF THE FOLLOWING:

- 1) ANY EXISTING WILLS, TRUSTS, POWERS OF ATTORNEY, LIVING WILLS OR OTHER HEALTH CARE DIRECTIVES.
- 2) RECENT STATEMENTS FOR EACH BANK OR INVESTMENT ACCOUNT.
- 3) DEEDS FOR REAL ESTATE.
- 4) RECENT STATEMENTS FOR ALL RETIREMENT ACCOUNTS.

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