

James R. Clifford, Sr. (MD, VA, PA)  
James J. Debelius (MD)  
Lynn Caudle Boynton (MD, DC)  
Jerry W. Hyatt (MD, DC)



316 East Diamond Avenue  
Gaithersburg, MD 20877  
(301) 840-2232 tel  
(301) 975-9829 fax

## ESTATE PLANNING QUESTIONNAIRE

*Please complete this questionnaire to the best of your ability. Clifford, Debelius, Boynton & Hyatt asks you these questions in order to draft the most complete and appropriate estate plan that best reflects your wishes and needs. If you update this questionnaire once a year, your survivors will be sure to easily find all assets that you have at the time of your passing.*

### PERSONAL INFORMATION

**Full Legal Name** \_\_\_\_\_  
**Signature Name** \_\_\_\_\_  
**Nickname** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Social Security #** \_\_\_\_\_  
**Home Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Home Telephone** \_\_\_\_\_ **County of Residence** \_\_\_\_\_  
**Mobile Telephone** \_\_\_\_\_ **Business Telephone** \_\_\_\_\_  
**Employer** \_\_\_\_\_ **Position** \_\_\_\_\_  
**Business Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Married: Date of Marriage** \_\_\_\_\_  **Divorced**  **Widowed**  **Single**

**Spouse's Full Legal Name** \_\_\_\_\_  
**Signature Name** \_\_\_\_\_  
**Nickname** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Social Security #** \_\_\_\_\_  
**Home Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Home Telephone** \_\_\_\_\_ **County of Residence** \_\_\_\_\_  
**Mobile Telephone** \_\_\_\_\_ **Business Telephone** \_\_\_\_\_  
**Employer** \_\_\_\_\_ **Position** \_\_\_\_\_  
**Business Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**CHILDREN**

*(Use full legal name. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if you are a single parent.)*

<b>Name</b>	<b>Parent(s)</b>	<b>Birth Date</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OTHER DEPENDENTS**

*(Friends or relatives who are dependents. Use full legal name.)*

<b>Name</b>	<b>Relationship</b>
_____	_____
_____	_____
_____	_____

**ADVISORS**

<b>Name</b>	<b>Telephone #</b>
<b>Attorney</b> _____	_____
<b>Accountant</b> _____	_____
<b>Financial Advisor</b> _____	_____
<b>Primary Personal Bank</b> _____	_____
<b>Life Insurance Agent</b> _____	_____
<b>Stock Broker</b> _____	_____

## IMPORTANT FAMILY QUESTIONS

*(Please check "Yes" or "No" for your answer.)*

Yes    No

1. Do you have a child with a learning disability?
2. Do any of your children receive governmental support or benefits?
3. Do you have adopted children?
4. Do any of your children have special educational, medical, or physical needs?
5. Are any of your children institutionalized?
6. Are you or your spouse receiving social security, disability, or other governmental benefits?
7. Do you provide primary or other major financial support to adult children?
8. Have either you or your spouse been divorced?
9. Are you making payments pursuant to a divorce or property settlement agreement? *(Please furnish a copy.)*
10. Have you or your spouse been widowed?  
*(If a federal estate tax return or a state death tax return was filed, please furnish a copy.)*
11. Have you or your spouse ever filed federal or state gift tax returns?  
*(Please furnish copies of these returns.)*
12. Have you or your spouse completed previous will, trust, or estate planning?
13. Are both you and your spouse United States citizens?  
If you answered "No", are either you or your spouse a resident or a nonresident alien?
14. Whom do you wish to be the contingent guardians if your primary guardians are unavailable?
15. In what states have you lived while married to your current spouse? During what periods of time did you reside there?

### THE INSTRUCTIONS FOR COMPLETING THE *PERSONAL INFORMATION* CHECKLIST

#### General Headings

This Personal Information Checklist is designed to help you list all of the property you own, how it is titled, and what it is worth. You may own more property than can be listed on this checklist. If so, use extra sheets of paper to list your additional property.

**Type** Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

**Evidence of Title** This indicates the document or documents you will need as evidence of title to your property. Please understand that having these documents is essential in transferring property to your living trust. By collecting this documentation yourself, you will save substantial professional fees.

**“Owner of Property”** How you own your property is extremely important for purposes of properly designing and implementing your living trust-centered plan. For each property category, there is a column titled “Owner”. When filling in this column, please use the following abbreviations:

<b><u>For Property Owned In:</u></b>	<b><u>With:</u></b>	<b><u>Use:</u></b>
<b>Single</b>	<b>If you are single and you own property in your name only</b>	<b>I</b>
<b>Husband’s Name</b>	<b>No other person</b>	<b>H</b>
<b>Wife’s Name</b>	<b>No other person</b>	<b>W</b>
<b>Joint Tenancy</b>	<b>A spouse Someone other than a Spouse</b>	<b>JTS JTO</b>
<b>Tenancy in Common</b>	<b>A spouse Someone other than a Spouse</b>	<b>TCS TCO</b>
<b>Community Property</b>	<b>(Applicable to spouses only)</b>	<b>CP</b>

Unknown If you cannot determine how ?  
the property is owned

### CASH ACCOUNTS

**TYPE:** Checking Account “CA”, Savings Account “SA”,  
Certificates of Deposit “CD” (*indicate type below.*)

**EVIDENCE OF TITLE:** Signature card or the document you signed to set up  
the account.

Name of Institution	Type	Acct. #	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total</i>				_____

**Note:** If Account is in your [or spouse’s] name for the benefit of a minor, please  
specify and give minor’s name.

### INVESTMENT ACCOUNTS

**TYPE:** Money Market “MM”, Investment “I”, Cash Management “CM”,  
or other account that is in a street name (*indicate type below.*)

**EVIDENCE OF TITLE:** The documents you signed to set up the account,  
account statement.

Name of Brokerage Firm	Type	Acct. #	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total</i>				_____

### STOCKS

**TYPE:** Stock in publicly owned corporations which is traded on an exchange  
over the counter. (Stock owned in family or nonpublicly traded  
companies should be listed under “Corporate Business and Professional

Interests". Stocks held in a street name or investment account should be listed under "Investment Accounts").

**EVIDENCE OF TITLE: Stock certificate.**

Company	Owner	# of Shares	Fair Market Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

**BONDS**

**TYPE: U.S. Savings Bonds, Corporate, Municipal, etc. (indicate each type below).**

**EVIDENCE OF TITLE: Bond instrument.**

Type	Owner	Face Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i>

**PERSONAL EFFECTS**

**TYPE: Major personal effects such as motor vehicles, boats, jewelry, collections, antiques, furs, and all other valuable non-business personal property.(indicate each type below and give a lump sum value for miscellaneous, less valuable items).**

**EVIDENCE OF TITLE:** Registration of title issued by your state, bill of sale, receipt, canceled check, or source of cash to purchase property, gift tax return, or inheritance tax return if you received property by gift or inheritance.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>		_____

**RETIREMENT PLANS**

**TYPE:** Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K) (*indicate type below.*)

**EVIDENCE OF TITLE:** Summary plan description, documents you signed to set up the plan, account statement, beneficiary designation.

Type of Plan	Company	Beneficiary upon Your Death	Percent Vested	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total</i>				_____

**LIFE INSURANCE POLICIES AND ANNUITIES**

**TYPE:** Term, Whole Life, Split Dollar, Group Life, Annuity (*Indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation"*).

**EVIDENCE OF TITLE: The policy itself, including all endorsements and amendments, and the original application you signed.**

Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Type \_\_\_\_\_  
Insured \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_  
Secondary Beneficiary \_\_\_\_\_  
Owner \_\_\_\_\_ Who Pays Premium \_\_\_\_\_  
Face Amount \_\_\_\_\_ Cash Value \_\_\_\_\_  
Amount of Loans on Policy \_\_\_\_\_

\* \* \*

Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Type \_\_\_\_\_  
Insured \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_  
Secondary Beneficiary \_\_\_\_\_  
Owner \_\_\_\_\_ Who Pays Premium \_\_\_\_\_  
Face Amount \_\_\_\_\_ Cash Value \_\_\_\_\_  
Amount of Loans on Policy \_\_\_\_\_

Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Type \_\_\_\_\_  
Insured \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_  
Secondary Beneficiary \_\_\_\_\_  
Owner \_\_\_\_\_ Who Pays Premium \_\_\_\_\_  
Face Amount \_\_\_\_\_ Cash Value \_\_\_\_\_  
Amount of Loans on Policy \_\_\_\_\_

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Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Type \_\_\_\_\_  
Insured \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_  
Secondary Beneficiary \_\_\_\_\_  
Owner \_\_\_\_\_ Who Pays Premium \_\_\_\_\_  
Face Amount \_\_\_\_\_ Cash Value \_\_\_\_\_  
Amount of Loans on Policy \_\_\_\_\_

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Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Type \_\_\_\_\_  
Insured \_\_\_\_\_



Primary Beneficiary \_\_\_\_\_  
Secondary Beneficiary \_\_\_\_\_  
Owner \_\_\_\_\_ Who Pays Premium \_\_\_\_\_  
Face Amount \_\_\_\_\_ Cash Value \_\_\_\_\_  
Amount of Loans on Policy \_\_\_\_\_

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Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Type \_\_\_\_\_  
Insured \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_  
Secondary Beneficiary \_\_\_\_\_  
Owner \_\_\_\_\_ Who Pays Premium \_\_\_\_\_  
Face Amount \_\_\_\_\_ Cash Value \_\_\_\_\_  
Amount of Loans on Policy \_\_\_\_\_

Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Type \_\_\_\_\_  
Insured \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_  
Secondary Beneficiary \_\_\_\_\_  
Owner \_\_\_\_\_ Who Pays Premium \_\_\_\_\_  
Face Amount \_\_\_\_\_ Cash Value \_\_\_\_\_  
Amount of Loans on Policy \_\_\_\_\_

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Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Type \_\_\_\_\_  
Insured \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_  
Secondary Beneficiary \_\_\_\_\_  
Owner \_\_\_\_\_ Who Pays Premium \_\_\_\_\_  
Face Amount \_\_\_\_\_ Cash Value \_\_\_\_\_  
Amount of Loans on Policy \_\_\_\_\_

## MORTGAGES, NOTES, AND OTHER RECEIVABLES

**TYPE: Mortgages or promissory notes payable to you; other monies owed to you.**

**EVIDENCE OF TITLE: Promissory note, written contract, or other documents creating right to receive payment.**

Name of Debtor	Date of Note	Date Note Due	Owed To	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

**PARTNERSHIP INTERESTS**

**TYPE: General and Limited Partnerships. Please state the percentage interest you have in the partnership when you list your interest as a general or limited partner.**

**EVIDENCE OF TITLE: Partnership Agreement, Certificate of Partnership, or any documents you signed when purchasing the partnership interest. Include any buy/sell agreements.**

Percentage of Partnership Interest

Partnership Name	General Partner	Limited Partner	Owner	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

**CORPORATE BUSINESS AND PROFESSIONAL INTERESTS**

**TYPE:** Privately owned (nonpublicly traded) stock. *(Please put X if a Buy/Sell Agreement exists and, if stock is owned either JT or TC with someone other than spouse, please furnish name and relationship.)*

**EVIDENCE OF TITLE:** Stock Certificate, Minute Book.

<b>Company</b>	<b># of Shares</b>	<b>Buy/Sell Agreement</b>	<b>% Ownership</b>	<b>Owner</b>	<b>Value</b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<i>Total</i>					_____

**REAL PROPERTY**

**TYPE:** Land, Buildings, Homes. Where you have either a deeded or land contract interest (land or buildings) that you own in partnership with someone else you should list those under the "Partnership Interests" section. If two or more names are on a deed or a contract that does not state the type of ownership, please use "?".

**EVIDENCE OF TITLE:** Deed or land contract (do not use mortgage or tax assessment).

<b>General Description and/or Address</b>	<b>Owner</b>	<b>Value</b>	<b>Mortgage</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total</i>			_____

**ANTICIPATED INHERITANCE, GIFT,**

**OR LAWSUIT JUDGMENT**

**TYPE:** Gifts or inheritances that you expect to receive at sometime in the future; or monies that you anticipate receiving through a lawsuit judgment.

**EVIDENCE OF TITLE:** Copies of Wills or Trusts, copy of lawsuits or judgments, or any other document that evidences your anticipated interest.

**Description**

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*Total Estimated Value* \_\_\_\_\_

**OTHER ASSETS**

**TYPE:** Other property is any property that you have that does not fit into any previously listed category.

**EVIDENCE OF TITLE:** Documents that you signed to purchase the property, documents you received when you received that property, or any other document you have that shows you own the property.

<b>Description</b>	<b>Owner</b>	<b>Value</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Total* \_\_\_\_\_

## SOLE PROPRIETORSHIP BUSINESS AND PROFESSIONAL INTERESTS

**TYPE:** All of the assets used by you in a sole proprietorship type of business ownership.

**EVIDENCE OF TITLE:** Balance sheet, depreciation schedule, registration or title issues by your state, bills of state, bills of sale, fictitious name or trade name affidavit. Since a sole Proprietorship is an amalgamation of assets, each asset must have an evidence of title.

Name of Business	Description of Business	Owner	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total</i>			_____

## FARM AND RANCH INTERESTS

**TYPE:** Livestock, machinery, leases, etc.

**EVIDENCE OF TITLE:** If your farm or ranch is not owned by a corporation or partnership, you need to treat it as a sole proprietorship. Describe each asset.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>		_____

## OIL, GAS, AND MINERAL INTERESTS

**TYPE:** Lease overriding royalty, fee mineral estate, working interest, pooling agreement, etc.

**EVIDENCE OF TITLE:** Lease Agreement, Deed, Royalty Agreement, Farmout Agreement, Polling Agreement, or other agreement you signed to create your oil, gas, or mineral interest.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

## SUMMARY OF VALUES

ASSETS	Amount*		
	Husband	Wife	Single Person
Cash Accounts	_____	_____	_____
Investment Accounts	_____	_____	_____
Stocks	_____	_____	_____
Bonds	_____	_____	_____
Personal Effects	_____	_____	_____
Retirement Plans	_____	_____	_____
Life Insurance Policies and Annuities	_____	_____	_____
Mortgages, Notes, and Other Receivables	_____	_____	_____
Partnership Interests	_____	_____	_____
Corporate Business and Professional Interests	_____	_____	_____
Farm and Ranch Interests	_____	_____	_____
Oil, Gas, and Mineral Interests	_____	_____	_____
Real Property	_____	_____	_____
Anticipated Inheritance, Gift, or Lawsuit Judgment	_____	_____	_____
Other Assets	_____	_____	_____
<b>Total Assets:</b>	_____	_____	_____

LIABILITIES	Amount*		
	Husband	Wife	Single Person
Loans Payable	_____	_____	_____
Accounts Payable	_____	_____	_____
Real Estate Mortgages Payable	_____	_____	_____
Contingent liabilities	_____	_____	_____
Loans Against Life Insurance	_____	_____	_____
Unpaid Taxes	_____	_____	_____
Other Obligations:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total Liabilities:</b>	_____	_____	_____
<b>NET ESTATE:</b>	_____	_____	_____

*\* Joint Tenancy (JT), Tenancy In Common (TC) and Community Property (CP) values go in 1/2 husband's column, 1/2 in wife's column.*