

# MOORE LAW GROUP, P.A.

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**Richard W. Moore**  
**Richard W. Moore, Jr.**

## ESTATE PLANNING QUESTIONNAIRE PERSONAL DATA

1. Today's Date: \_\_\_\_\_
2. Full Name: \_\_\_\_\_
3. Home Address: \_\_\_\_\_  
\_\_\_\_\_
4. Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_
5. Business Address: \_\_\_\_\_  
\_\_\_\_\_
6. Business phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_
7. Prefer to be called at: \_\_\_\_\_ Home \_\_\_\_\_ Office
8. Correspondence sent: \_\_\_\_\_ Home \_\_\_\_\_ Office
9. Place of Birth: \_\_\_\_\_
10. Date of Birth: \_\_\_\_\_
11. Social Security No.: \_\_\_\_\_
12. Married: \_\_\_\_\_ Yes \_\_\_\_\_ No
13. Spouse's Full Name: \_\_\_\_\_

14. Spouse's Business Address: \_\_\_\_\_  
\_\_\_\_\_

15. Spouse's Business Phone: \_\_\_\_\_

16. Spouse's Place of Birth: \_\_\_\_\_

17. Spouse's Date of Birth: \_\_\_\_\_

18. Spouse's Social Security Number: \_\_\_\_\_

19. If presently unmarried, indicate whether:

\_\_\_\_\_ Never married

\_\_\_\_\_ previously married

20. If married previously, indicate whether:

\_\_\_\_\_ Prior marriage ended in divorce

\_\_\_\_\_ Prior marriage ended with death of spouse

21. If spouse was previously married, indicate whether that marriage ended by:

\_\_\_\_\_ Death

\_\_\_\_\_ Divorce

22. Complete the following for each child:

Name	Date of Birth	Residence, if Not Living at Home
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

23. Are you, your spouse, and children citizens of the U.S.A.? \_\_\_\_\_ Yes \_\_\_\_\_ No
24. Do you or your spouse have any children by a previous marriage (or any illegitimate children)?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No
25. Does your spouse or children have any physical, mental, or emotional problems?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please describe the condition: \_\_\_\_\_

**DESCRIPTION OF INCOME AND ASSETS**

**Income**

	Husband	Wife	Joint
Salary, Commissions & Bonus	\$ _____	\$ _____	\$ _____
Dividends and Interest	\$ _____	\$ _____	\$ _____
Net Real Estate Income	\$ _____	\$ _____	\$ _____
Partnership Income	\$ _____	\$ _____	\$ _____
Other Income	\$ _____	\$ _____	\$ _____

**Assets**

	Husband	Wife	Joint
Savings Accounts	\$ _____	\$ _____	\$ _____
Checking Accounts	\$ _____	\$ _____	\$ _____
Certificates of Deposit Money Market Accounts	\$ _____	\$ _____	\$ _____
U.S. Government Securities	\$ _____	\$ _____	\$ _____
Municipal Bonds	\$ _____	\$ _____	\$ _____
Marketable Stocks	\$ _____	\$ _____	\$ _____

Marketable Corporate Bonds	\$ _____	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____	\$ _____
Annuities	\$ _____	\$ _____	\$ _____
Ground Rents	\$ _____	\$ _____	\$ _____
<b><u>Other Assets:</u></b>	Husband	Wife	Joint
Residence	\$ _____	\$ _____	\$ _____
Vacation Home	\$ _____	\$ _____	\$ _____
Interest in Business Partnership	\$ _____	\$ _____	\$ _____
Stock or Other Interest in Closely-held Business	\$ _____	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____	\$ _____
Other Tangible Personal Property	\$ _____	\$ _____	\$ _____

**Liabilities**

	Husband	Wife	Joint
Current Accounts	\$ _____	\$ _____	\$ _____
Unsecured Notes Payable to Banks	\$ _____	\$ _____	\$ _____
Notes Payable to Others	\$ _____	\$ _____	\$ _____
Unpaid Taxes	\$ _____	\$ _____	\$ _____
Mortgage on Residence	\$ _____	\$ _____	\$ _____
Other Mortgages	\$ _____	\$ _____	\$ _____

List any contingent liabilities below:

a. \_\_\_\_\_ \$ \_\_\_\_\_

b. \_\_\_\_\_ \$ \_\_\_\_\_

**NATURE AND VALUE OF CLOSELY-HELD BUSINESS INTERESTS**

**Business No. 1**

(a) Type of Interest:

\_\_\_\_\_ LLC    \_\_\_\_\_ Sole Owner    \_\_\_\_\_ Partnership    \_\_\_\_\_ Corporation

(b) Name of Business: \_\_\_\_\_

(c) Percentage of Ownership: \_\_\_\_\_

(d) Fair Market Value: \_\_\_\_\_

(e) Description of Product or Service: \_\_\_\_\_  
\_\_\_\_\_

(f) Is there a buy/sell agreement?                    \_\_\_\_\_ Yes    \_\_\_\_\_ No

**Business No. 2**

(a) Type of Interest:

\_\_\_\_\_ LLC    \_\_\_\_\_ Sole Owner    \_\_\_\_\_ Partnership    \_\_\_\_\_ Corporation

(b) Name of Business: \_\_\_\_\_

(c) Percentage of Ownership: \_\_\_\_\_

(d) Fair Market Value: \_\_\_\_\_

(e) Description of Product or Service: \_\_\_\_\_  
\_\_\_\_\_

(f) Is there a buy/sell agreement?                    \_\_\_\_\_ Yes    \_\_\_\_\_ No

What Type?    \_\_\_\_\_ Stock Redemption    \_\_\_\_\_ Cross Purchase

**Pension, 401 K, and IRA Plans:**

Husband

Wife

1. Current Value:

a. Qualified Pension/  
Profit Sharing Plan                    \$ \_\_\_\_\_    \$ \_\_\_\_\_

b. 401 K plan                                    \$ \_\_\_\_\_    \$ \_\_\_\_\_

- c. IRA Plan    \$ \_\_\_\_\_ \$ \_\_\_\_\_
- d. Social Security                                      \$ \_\_\_\_\_ \$ \_\_\_\_\_

2. Beneficiary:

- a. Pension \_\_\_\_\_
- b. 401 K Plan \_\_\_\_\_
- c. IRA \_\_\_\_\_
- d. Social Security \_\_\_\_\_

<u>Life Insurance</u>	Policy No. 1	Policy No. 2	Policy No. 3
(a) Insured:	_____	_____	_____
(b) Company:	_____	_____	_____
(c) Policy Number:	_____	_____	_____
(d) Whole-Life or Term:	_____	_____	_____
(e) Owner:	_____	_____	_____
(f) Beneficiary:	_____	_____	_____
(g) Cash Value:	_____	_____	_____
(h) Face Amount:	_____	_____	_____
(i) Outstanding Loans:	_____	_____	_____

**MISCELLANEOUS DATA**

(a) Prior to **January 1, 1982**, have you ever made a gift of cash or property with a value in excess of \$3,000.00 to any one person during a single calendar year?     Yes     No

On or after **January 1, 1982**, have you made such gift in excess of \$10,000.00?  
 Yes     No

(b) Do you have a Last Will & Testament?     Yes     No (If yes, attach a copy)

(c) If you are present or future beneficiary under any Will or Trust Agreement, please provide copies of any such instruments.

(d) If you have ever established a trust, please provide a copy of the trust instrument.

(e) Please list the location and contents of any safe deposit box to which you have access. If the contents do not belong to you, please identify such items.

(f) Are you contemplating the purchase of additional life insurance policies? If so, describe amounts and type of policies.

(g) Do you have a Medical Power of Attorney?      \_\_\_ Yes    \_\_\_ No

(h) Do you have a Living Will?                      \_\_\_ Yes    \_\_\_ No

(i) Do you have a General Power of Attorney?    \_\_\_ Yes    \_\_\_ No

The information you have furnished will be relied upon by us in making recommendations for the revision and or establishment of your estate plan, and if the information is either incomplete or incorrect, our recommendations may be inappropriate, or worse, harmful. We, therefore, rely upon you, as we must, to take the necessary time and diligence to place into our hands data, which can and will be used by us with competence in helping you meet your objections. We obviously cannot be responsible for recommendations made or conclusions reached which later prove to be erroneous because of incorrect or incomplete data.

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We hereby certify that the information provided in this Questionnaire is true and accurate to the best of our information and belief.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date