



McDONALD LAW FIRM, LLC

Helping Preserve Your Family's Legacy

Unmarried Estate Planning Worksheet

Using this organizer will assist us in designing an estate plan that meets your goals. All information provided is strictly confidential. If possible, please return the completed worksheet to our office prior to your appointment via mail or fax.

PLEASE READ BEFORE COMPLETING THIS FORM!!

This is a fillable PDF which means that you can type directly into the form. You may also print the form and complete it by hand. Please follow the instructions below based on how you will complete the form.

IF COMPLETING THE FORM ON A COMPUTER:

NOTE: Please download the form onto your computer prior to completing the form. Once the form is downloaded onto your computer, you may complete the form (to the best of your ability) in one session or you may save the form and complete the form at your convenience. After completing the form, you may print the form as if you are printing any other document from your computer.

IF COMPLETING THE FORM BY HAND:

NOTE: Please download the form onto your computer and print the form. Once the form is printed, please complete the form, to the best of your ability, with either a blue or black ink pen.

MAILING ADDRESS:

10500 Little Patuxent Parkway
Suite 420
Columbia, MD 21044

Fax:

(443) 977-6977

Personal Information

Client's Full Legal Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# Last 4 Digits _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via my E-mail address.

Divorced Widowed Single

Children and Other Family Members

Use full legal name:

Name	Birth date	Relationship
_____	_____	_____
Comments: _____	_____	_____
_____	_____	_____
Comments: _____	_____	_____
_____	_____	_____
Comments: _____	_____	_____
_____	_____	_____
Comments: _____	_____	_____
_____	_____	_____
Comments: _____	_____	_____

Advisors

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

Your Concerns

Please rate the following as to how important they are to you:
(*H* high concern, *S* some concerned, *L* low concern, *N/A* no concern or not applicable)

Description **Level of Concern**

Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability. _____

Providing for and protecting children. _____

Providing for and protecting grandchildren. _____

Disinheriting a family member. _____

Providing for charities at the time of death. _____

Plan for the transfer and survival of a family business. _____

Avoiding or reducing your estate taxes. _____

Avoiding probate. _____

Reduce administration costs at time of your death. _____

Avoiding a conservatorship (“living probate”) in case of a disability. _____

Avoiding will contests or other disputes upon death. _____

Protecting assets from lawsuits or creditors. _____

Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers. _____

Plan for a child with disabilities or special needs, such as medical or learning disabilities. _____

Protecting children’s inheritance from the possibility of failed marriages. _____

Provide that your death shall not be unnecessarily prolonged by artificial means or measures. _____

Other Concerns (Please list below): _____

Important Family Questions

(Please check "Yes" or "No" for your answer)	Yes	No
Are you receiving Social Security, disability, or other governmental benefits? <i>Describe</i> _____		
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
Have you been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

Additional Information

Part II

Property Information

Instructions for Completing the Property Information checklist:

General Headings

This *Property Information* checklist is to help you list all the property you own and what it is worth. You probably won't own property under all the headings; if not, just leave those blank. Under certain headings you may own more property than can be listed on this checklist. If so, attach **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.

“Owner” of Property

How you own your property is **extremely important** for purposes of properly designing and implementing your estate plan. For each property, please indicate how the property is titled using the following abbreviations:

Owner of Property	Use
If own property in your name only	I
Joint Tenancy with someone other than a spouse, i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

Real Property

TYPE: Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

Furniture and Personal Effects

TYPE: List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*).

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

Automobiles, Boats, and RVs

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

Bank Accounts

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*).
Do not include IRAs or 401(k)s here

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

Business Interests

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Money Owed to You

Total _____

TYPE: Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

Anticipated Inheritance, Gift, or Lawsuit Judgment

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description _____

Total estimated value _____

Other Assets

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

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

Summary of Values

Assets	Amount*		Total Value
	Client	Other's	
Real Property			
Furniture and Personal Effects			
Automobiles, Boats and RV's			
Bank and Savings Accounts			
Stocks and Bonds			
Life Insurance and Annuities			
Retirement Plans			
Business Interests			
Money owed to you			
Anticipated Inheritance, Etc.			
Other Assets			
Total Assets:			

* Values for property owned with other put your percentage in client's column and other's percentage in other's column.

Design Information

PERSONS TO ACT FOR YOU:

GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference who you wish to be guardian.

Table with 2 columns: Name and Address, Relationship. Includes horizontal lines for input.

INITIAL TRUSTEE(S): Usually you will be the Trustee of your own trust. Allows you to control all of your assets as before.

Table with 2 columns: Name and Address, Relationship. Includes horizontal lines for input.

DISABILITY TRUSTEE: If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets?

Table with 2 columns: Name and Address, Relationship. Includes horizontal lines for input.

DEATH TRUSTEE: After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries?

Table with 2 columns: Name and Address, Relationship. Includes horizontal lines for input.

POWER OF ATTORNEY: If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?

Table with 3 columns: Name, Relationship, Instructions or Guidelines. Includes horizontal lines for input.

Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are incapacitated?

Yes No

Gifting Power Details: [Horizontal lines for input]

LIVING WILL:

Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? _____ Do you want to provide that your organs and tissues should be made available for transplant purposes? _____

HEALTH CARE:

If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you want to authorize your Medical Agent to take whatever steps are necessary to keep you in a personal residence rather than nursing home? Yes No

Do you want to provide that upon certification by 2 physicians of need for psychological or substance treatment, Agent may arrange for voluntary admission? Yes No

In making distributions during any period of time the client is incapacitated, the successor Trustee shall give primary consideration to:

- Your needs and then the needs of others dependent upon you.
- Your needs and the needs of others dependent upon you equally.

DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS

USE OF PERSONAL PROPERTY MEMORANDUM: Do you want to provide that your personal property will be distributed pursuant to a written list you may prepare later? Yes No

Any property not listed on the memorandum should be distributed to:

- Children equally.
- To the balance of the trust.
- Other named individuals. List on next line.

SPECIFIC GIFTS: List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities.

Individual or Charity	Amount or Property
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

REMOTE CONTINGENT BENEFICIARY: Who do you want to receive your property in the remote event that no one listed above is alive to receive your property. Determining the remote contingent beneficiary is not so important that it should cause you to delay completion of your entire estate plan. It can always be changed at a later date.

In the remote event no one listed above is alive to receive my property I want my property distributed as follows:

- To my heirs-at-law.
- To the following named individuals and/or charities:

OTHER ITEMS TO INCLUDE OR DISCUSS: Your estate plan should address all of your hopes, fears, and wishes. Please list any other items you want included or want to discuss:

In the course of providing our clients with income tax, estate tax, gift tax, business planning and financial advice, we receive private, non-public information. We collect this information directly from you and from other service providers, when authorized by you to do so. It is our policy that any information, particularly financial information and sensitive personal information provided by you or your agents to us for purposes of our business relationship, is to be disclosed only under the following conditions:

Our Staff. Employees of our office may need such information to conduct or conclude a transaction for which you have engaged our services. Access to client information is strictly limited to the specific items needed to perform that services you may require.

Outside Service Contractors. In the course of providing services that you request, an outside service might be used to evaluate your financial, insurance, investing, or tax options. We insist that any such information needed by outside firms for business purposes must be considered confidential. We notify those outside sources that this business policy must be honored and such service providers are responsible for honoring Federal Trade Commission regulations.

Others, by Client Request. If you ask us to work with one of your advisors, you must expect us to share pertinent information to complete the tasks you require of us.

Security. We maintain physical, electronic and procedural guidelines and safeguards that comply with federal regulations to guard clients' private, personal information (in fact, **all** information you give us is handled in such a manner.)

New provisions from the Federal Trade Commission require is to notify you that this is our policy and that you have the right to keep non-public, personal information private by notifying us that this is your request. Regardless of the FTC requirements and even if you never request us to keep your non-public information private, we will do so, under the conditions listed above. This has always been our policy, not only in respect to Federal Trade Commission requirements, but also to comply with our moral and ethical responsibilities to you. If you have any questions, whatsoever, please do not hesitate to call me or our Director Client Services.

Sincerely,

Andre McDonald

Andre O. McDonald, Esq.

ACKNOWLEDGMENT OF PRIVACY STATEMENT

I have read and understand the explanation titled "Privacy Policy" regarding non-public personal information I may supply and the federal trade commission regulations. By signing this acknowledgment, you agree to the terms stated. You may notify us at any time that you do not want us to disclose your personal information to particular financial advisors or helpers, even though you have previously given us permission to do so. If so, please let us know in writing, and we will honor your request.

Client's- Signature