



ROBERT BURKE
LAW FIRM

Personal Information Form

Confidential

Robert Burke Law Firm

Estate Planning and Wealth Protection

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STEP**1****SIMPLE BACKGROUND INFORMATION**

The information you provide in this section provides us with important objective information about you, your age, marital status, where you live, and how best to communicate with you. This section will ensure your names are spelled correctly in your documents.

Client 1 Information:

Full Legal Name: _____
(Name most often used to title property and accounts)

Also Known As: _____ Prefer to be called: _____

Birth Date: _____ Age: _____ Social Security #: Not Needed At This Time

Home Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ County of Residence: _____

Business Telephone: _____ Cell Phone: _____

Employer: _____ Position: _____

E-mail Address: _____ Preferred Method of Contact: _____

Please circle:

Single Married Widowed Divorced: If so, date: _____

United States Citizen? Yes No

Are either of your parents living? Yes No Are either of your grandparents living? Yes No

Client 2 Information:

Full Legal Name: _____
(Name most often used to title property and accounts)

Also Known As: _____ Prefer to be called: _____

Birth Date: _____ Age: _____ Social Security #: Not Needed At This Time

Home Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ County of Residence: _____

Business Telephone: _____ Cell Phone: _____

Employer: _____ Position: _____

E-mail Address: _____ Preferred Method of Contact: _____

Please circle:

Single Married Widowed Divorced: If so, date: _____

United States Citizen? Yes No

Are either of your parents living? Yes No Are either of your grandparents living? Yes No

If married, have you lived in any of the following states while married to each other? *Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington* or *Wisconsin* (Mark all that apply.)

Date of Marriage: _____ Existing Pre- or Postnuptial Agreement: Yes No Date: _____

Firearms Do you own any firearms? Yes No If yes, what type? _____

Pets Do you have any pets? Yes No If yes, what type? _____

Insurance Long-term care? Yes No If yes, Company: _____

Umbrella Ins.? Yes No If yes, Company: _____

STEP**POTENTIAL "INDIVIDUAL" BENEFICIARIES****2**

Identify all potential individual beneficiaries of your estate (e.g. children and grandchildren.) Also identify other individuals who may wish to be a beneficiary of your estate. Please use full legal names. Note: Listing a person in this section is not a firm indication of your decision to provide for a particular individual. Rather, it is simply a means of identifying individuals for a discussion purposes. (Insert additional sheets, if necessary.)

Beneficiary 1: Relationship to Client: _____ Special Needs: Medical Educational Financial

Full Legal Name: _____ DOB: _____ Social Security #: N/A

Home Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Please circle:

Single Married Widowed Divorced Spouse's Name: _____ Date Married: _____

Children: (name and age): _____

Beneficiary 2: Relationship to Client: _____ Special Needs: Medical Educational Financial

Full Legal Name: _____ DOB: _____ Social Security #: N/A

Home Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Please circle:

Single Married Widowed Divorced Spouse's Name: _____ Date Married: _____

Children: (name and age): _____

Beneficiary 3: Relationship to Client: _____ Special Needs: Medical Educational Financial

Full Legal Name: _____ DOB: _____ Social Security #: N/A

Home Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Please circle:

Single Married Widowed Divorced Spouse's Name: _____ Date Married: _____

Children: (name and age): _____

STEP**2****POTENTIAL "INDIVIDUAL" BENEFICIARIES**

Identify all potential individual beneficiaries of your estate (e.g. children and grandchildren.) Also identify other individuals who may wish to be a beneficiary of your estate. Please use full legal names. Note: Listing a person in this section is not a firm indication of your decision to provide for a particular individual. Rather, it is simply a means of identifying individuals for a discussion purposes. (Insert additional sheets, if necessary.)

Beneficiary 4: Relationship to Client: _____ Special Needs: Medical Educational Financial

Full Legal Name: _____ DOB: _____ Social Security #: N/A

Home Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Please circle:

Single Married Widowed Divorced Spouse's Name: _____ Date Married: _____

Children: (name and age): _____

Beneficiary 5: Relationship to Client: _____ Special Needs: Medical Educational Financial

Full Legal Name: _____ DOB: _____ Social Security #: N/A

Home Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Please circle:

Single Married Widowed Divorced Spouse's Name: _____ Date Married: _____

Children: (name and age): _____

Beneficiary 6: Relationship to Client: _____ Special Needs: Medical Educational Financial

Full Legal Name: _____ DOB: _____ Social Security #: N/A

Home Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Please circle:

Single Married Widowed Divorced Spouse's Name: _____ Date Married: _____

Children: (name and age): _____

STEP

POTENTIAL "INDIVIDUAL" BENEFICIARIES

2

Identify all potential individual beneficiaries of your estate (e.g. children and grandchildren.) Also identify other individuals who may wish to be a beneficiary of your estate. Please use full legal names. Note: Listing a person in this section is not a firm indication of your decision to provide for a particular individual. Rather, it is simply a means of identifying individuals for a discussion purposes. (Insert additional sheets, if necessary.)

Beneficiary 7: Relationship to Client: _____ Special Needs: Medical Educational Financial

Full Legal Name: _____ DOB: _____ Social Security #: N/A

Home Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Please circle:

Single Married Widowed Divorced Spouse's Name: _____ Date Married: _____

Children: (name and age): _____

Beneficiary 8: Relationship to Client: _____ Special Needs: Medical Educational Financial

Full Legal Name: _____ DOB: _____ Social Security #: N/A

Home Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Please circle:

Single Married Widowed Divorced Spouse's Name: _____ Date Married: _____

Children: (name and age): _____

Beneficiary 9: Relationship to Client: _____ Special Needs: Medical Educational Financial

Full Legal Name: _____ DOB: _____ Social Security #: N/A

Home Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Please circle:

Single Married Widowed Divorced Spouse's Name: _____ Date Married: _____

Children: (name and age): _____

STEP 3	<p>POTENTIAL “CHARITABLE” BENEFICIARIES</p> <p>Many, but not all, of our clients desire to direct a portion of their estate toward charities or other non-profit organizations. Whether it is your church, college, social club, or favorite philanthropy, you may have the same desires. Take a moment and contemplate whether you would ever include such a bequest within your legacy plan. Note: Listing a particular organization in this section is not a firm indication of your decision to make a bequest. Rather, it is simply a means of identifying charities or non-profit organizations for discussion purposes.</p>
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	NAME OF CHARITY OR NON-PROFIT ORGANIZATION	ADDRESS
1.	_____	_____

2.	_____	_____

3.	_____	_____

4.	_____	_____

STEP 4	<p>PEOPLE WHO ADVISE YOU</p> <p>Your various advisors play a key role in the establishment of your estate plan. By way of example, your financial advisor and life insurance agent may need to be contacted to confirm and/or change beneficiary designations and titling of accounts. Your accountant may need to be consulted relative to income tax matters.</p>
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	Name	Telephone
Auto/Home Insurance Agent:	_____	_____
Tax Advisor (CPA, EA, etc.):	_____	_____
Family Attorney:	_____	_____
Life Insurance Agent:	_____	_____
Financial Advisor:	_____	_____
Stock Broker:	_____	_____
Banker:	_____	_____
Other Advisor:	_____	_____

STEP**5****CONCERNS & ANXIETIES**

Our Objective is to assist clients in identifying their concerns and anxieties. All too often in the planning process, a client will discover that there are other, more pressing concerns than the one that caused them to being the planning process. Please review the following risks that we frequently hear from clients, identify those risks which concern you, and provide us with some sense about how concerned you are with that particular risk. This information will assist us in focusing our conversations toward the issues that are most pressing to you.

If the responses in this section are different as to Client 1 and 2, please indicate those differences.

Level of Concern (if any)**Tax Concerns**

	None	Low	Medium	High
Risk of the IRS “inheriting” half of the state when we die.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of capital gain taxes paid on the sale of property.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of Unnecessary income taxes being paid on investment assets.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Concerns

Risk that assets left to your spouse (whether by virtue of joint tenancy or by will) might not pass to your intended heirs as a result of your spouse remarrying.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of a child or other beneficiary losing his or her inheritance to creditors, lawsuits or to a divorcing spouse or to mismanagement of the money.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that an inheritance passing to a minor child or grandchild might be squandered or stolen by the person in charge of managing the money for the grandchild.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that an inheritance received by a child or other beneficiary who has a disability would render them ineligible for governmental benefits.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unnecessary litigation for heirs who receive less than they think they are entitled to.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that parents, who may need financial assistance, are not provided for.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Disability Concerns

Risk of loss of control over your assets in the event of your disability.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unwanted efforts made to save your life if you feel that it's best to cease such efforts and die peaceably and without pain.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unnecessary conservatorship over an incapacitated adult child in order to make health care decisions for that child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Creditor Claims

Risk of lawsuits against you.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of loss of your assets to a nursing home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that a co-owner's creditor may seize the property you co-own jointly, in order to satisfy the debt of the co-owner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Post-Death Concerns

Risk of unnecessary costs and delays associated with the estate passing through probate....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of having to sell assets in a “fire sale” in order to create the liquidity needed to pay any taxes and expenses.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that person(s) charged with managing your affairs after you've passed will innocently make mistakes because he or she is unaware of what is required and is unaware of the personal liability for those mistakes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of private matters unnecessarily being made public.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 6	APPOINTMENTS – PEOPLE TO ASSIST YOU One of the most important aspects of any estate plan is the “appointment” of various persons to assist you and your family in times of need – particularly when death or disability strikes. These appointed “helpers” are called by different names depending on the type of estate plan you elect to implement. In this Section, we try to avoid labels. Instead, we focus on the roles these helpers play in protecting your family and your estate.
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Successors to You ***

Who do you nominate to serve as guardian for your minor children (if any)?

		Client 1 Responses	Client 2 Responses
Guardians	Initial Choice		
	Back Up #1		
	Back Up #2		

If you were incapacitated for any period of time, who would you choose to handle your financial affairs?

		Client 1 Responses	Client 2 Responses
Financial Agents/ “Helpers”	Initial Choice		
	Back Up #1		
	Back Up #2		

If you were incapacitated for any period of time, who would you choose to make health care decisions for you?

		Client 1 Responses	Client 2 Responses
Health Care Agents/ “Helpers”	Initial Choice		
	Back Up #1		
	Back Up #2		

If you were deceased, who would you choose to administrate and distribute your estate?

		Client 1 Responses	Client 2 Responses
Estate Fiduciary/ “Helpers” Personal Representative	Initial Choice		
	Back Up #1		
	Back Up #2		

*** Ultimately we will need the addresses and telephone numbers of the persons identified above. Please consider providing this information on a separate sheet as you complete this form.

STEP

7

ASSET ASSESSMENT

Determining the ownership, value, and character of you assets is important to your estate and legacy plan. The title “ownership” is important for tax and transfer matters. The “value” will be significant in determining potential tax liability. The “character” is relevant in assessing the manner by which the asset can transfer. (If necessary, approximate current total values.)

Assets	Client 1		Client 2		Joint Ownership	
	# of Assets	Total Value	# of Assets	Total Value	# of Assets	Total Value
Cash Accounts (i.e. checking savings, CD, Money Market)						
Investment Accounts (i.e. brokerage accounts)						
Bonds (not held in an investment account)						
Stocks (not held in an investment account)						
Company Stock Options						
Personal Effects (i.e. jewelry, household items, art, vehicles, boats, planes, RV's, other “toys”, etc.)						
Retirement Plans (401k, IRAs, etc.)						
Pension Plans						
Life Insurance Policies (death value)						
Annuities						
Partnership & LLC Interests						
Corp. Business Interests						
Sole Proprietorship Interests						
Oil, Gas, and Mineral Interests						
Monies Owed to You (promissory notes)						
Personal Residence						
Other Maryland Real Property						
Other Out-of-State Real Property						
Other Assets						
Anticipated Inheritance, Gift, or Judgment						
TOTAL ASSET VALUE						

Liabilities						
Loans Payable						
Accounts Payable						
Real Estate Mortgages						
TOTAL LIABILITIES (\$\$\$)						

NET ESTATE (\$\$\$) (Total Assets minus Total Liabilities)						
--	--	--	--	--	--	--

COMBINED NET ESTATE (\$\$\$)
(Client 1 Net + Client 2 Net + Joint Net)

= _____

STEP 8	<p>ABOUT YOUR GOALS & OBJECTIVES</p> <p>Before we meet, it is important to us to better understand what prompted you to schedule this appointment. Don't focus on the tools to be used but rather on the outcomes to be achieved.</p>
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About Your Goals & Objectives

Goals	Consequences if Goal Isn't Accomplished
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Affirmation: We understand that Robert M. Burke, P.A. (the "Firm") will need to rely on the information we supply to develop an estate plan. We also understand that inaccurate or incomplete information could negatively impact our estate plan. Consequently, if we retain the Firm, we will provide the Firm accurate and complete information prior to signing our estate plan documents.

Client 1: _____ **DATE:** _____

Client 2: _____ **DATE:** _____

Additional Documentation

General Document Request. In some instances, it is necessary for us to review other documents before we can make planning recommendations. **These documents are not needed for the initial consultation** but may be requested for review when formulating a specific estate plan for you:

1. Copies of existing planning documents, including wills, trusts, power of attorney, health care directives, etc.
2. Copies of all deeds to real estate owned by you.
3. Copies of the most recent statements evidencing your ownership of bank accounts, investment accounts, retirement accounts, and annuities.
4. Copies of any stock or bond certificates.
5. Pre or Postnuptial Agreement (if applicable).
6. Long-term care policies (if any).
7. Divorce Decree or Property Settlement Agreement for divorce under which continued obligations exist.
8. Last 3 years of personal income tax returns.
9. Last 3 years of any corporate, partnership, gift tax, estate tax, or trust tax returns.

Congratulations on completing this questionnaire.
We appreciate the opportunity to work with you on your estate plan.