PASTERNAK & FIDIS

Preserving wealth...
and relationships

PASTERNAK & FIDIS, P.C.

7101 Wisconsin Avenue | Suite 1025
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T 301.656.8850
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Thank you for choosing Pasternak & Fidis, P.C. for your estate planning. At Pasternak & Fidis, we strive to provide the highest level of service with the personal attention you deserve.

As the first step in your estate planning, please review the attached form and complete the form to the best of your abilities. Please note that the information requested in Part I is essential to your estate planning and will save substantial time at our initial meeting. Please note that, in lieu of completing the asset inventory (beginning on page 5 of our form), you may provide us with a detailed financial statement in another format. Although it would be helpful if you would complete Part II, we can review these items at our initial meeting.

Please complete and return this form prior to your initial scheduled meeting. Please also note the items requested on page 8 of the form and either send in advance or bring with you to the meeting those items which are applicable to your planning.

We look forward to working with you.

Sincerely yours,
The Estate Planning Group

Mikyla Abdul-Azim
Anne W. Coventry
Blaise S. Hill
Stephanie Perry
Christina K. Scopin
Micah G. Snitzer
Adam P. Swaim

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DATE: _____

PART I

I. FAMILY INFORMATION

A. CLIENTS	CLIENT 1	CLIENT 2 (SPOUSE/PARTNER)
1. LEGAL NAME	_____	_____
2. NICKNAME (or other name used)	_____	_____
3. HOME ADDRESS	_____	_____
	_____	_____
	_____	_____
4. COUNTY	_____	_____
5. HOME PHONE	_____	_____
6. HOME FAX	_____	_____
7. MOBILE PHONE	_____	_____
8. EMPLOYER	_____	_____
9. PRESENT OCCUPATION	_____	_____
10. BUSINESS ADDRESS	_____	_____
	_____	_____
	_____	_____
11. BUSINESS PHONE	_____	_____
12. BUSINESS FAX	_____	_____

	CLIENT 1	CLIENT 2 (SPOUSE/PARTNER)

CLIENTS

13. EMAIL ADDRESS _____ _____

14. DATE OF BIRTH _____ _____

15. PLACE OF BIRTH _____ _____

16. SOCIAL SECURITY # _____ _____

17. ARE YOU A U.S. CITIZEN? _____ _____
(IF NOT, WHAT IS YOUR COUNTRY OF CITIZENSHIP?)

18. DATE AND PLACE OF MARRIAGE: _____
(OR DATE AND PLACE OF CIVIL UNION OR DOMESTIC PARTNERSHIP REGISTRATION)

19. DO YOU HAVE A PRE- OR POST-MARITAL AGREEMENT (OR ANY OTHER AGREEMENT RELATING TO OWNERSHIP OF PROPERTY) WITH EACH OTHER? YES ☐ NO ☐

20. PRIOR MARRIAGE(S), IF ANY

    a. FORMER SPOUSE _____ _____

    b. TERMINATED BY DEATH ☐ DIVORCE ☐ DEATH ☐ DIVORCE ☐

    c. DATE TERMINATED: _____ _____

    d. DIVORCE OBLIGATIONS TO OR FROM FORMER SPOUSE: YES ☐ NO ☐

21. ALL CORRESPONDENCE, DOCUMENTS AND BILLING STATEMENTS* WILL BE SENT VIA EMAIL TO THE PREFERRED ADDRESS(ES) SELECTED ABOVE UNLESS OTHERWISE INDICATED BELOW:

CORRESPONDENCE:	EMAIL ☐	REGULAR MAIL ☐
DOCUMENTS:	EMAIL ☐	REGULAR MAIL ☐
BILLING STATEMENTS:	EMAIL ☐	REGULAR MAIL ☐

* *PAYMENTS MADE BY CREDIT CARD WILL INCUR A 2.5% SURCHARGE.*

22. WHO REFERRED YOU TO THE FIRM? _____

23. Have you made gifts to individuals which exceeded the annual gift tax exclusion?[1] If so, please list the date(s) of such gift(s), the recipient, the value of the gift(s). This question may be answered simply by providing copies of gift tax returns you have filed.

_____

_____

B. CHILDREN (AND DECEASED CHILDREN)

PLEASE ATTACH ADDITIONAL PAGE(S) IF YOU HAVE MORE THAN THREE (3) CHILDREN

NAME OF CHILD 1 (INCLUDE ANY NICKNAME)		CHILD 1'S DATE OF BIRTH (OR DATE OF DEATH)	
CHILD'S SPOUSE/PARTNER		CHILD 1'S SSN	
CHILD OF	CLIENT 1 ☐ CLIENT 2 ☐ BOTH ☐	CHILDREN OF CHILD 1 NAME	DATE OF BIRTH
CHILD'S CURRENT ADDRESS			
PHONE #			

NAME OF CHILD 2 (INCLUDE ANY NICKNAME)		CHILD 2'S DATE OF BIRTH (OR DATE OF DEATH)	
CHILD'S SPOUSE/PARTNER		CHILD 2'S SSN	
CHILD OF	CLIENT 1 ☐ CLIENT 2 ☐ BOTH ☐	CHILDREN OF CHILD 2 NAME	DATE OF BIRTH
CHILD'S CURRENT ADDRESS			
PHONE #			

[1] The gift tax annual exclusion is the amount that an individual may give in any year without using a portion of his or her lifetime gift tax exemption amount. Before 1981, the annual exclusion was $3,000. Beginning in 1981, it was $10,000, and has periodically increased since. Currently, it is $19,000. (The amount is doubled in each year if you and your spouse made the gifts together.)

NAME OF CHILD 3 (INCLUDE ANY NICKNAME)		CHILD 3'S DATE OF BIRTH	
CHILD'S SPOUSE/PARTNER		CHILD 3'S SSN	
CHILD OF	CLIENT 1 ☐ CLIENT 2 ☐ BOTH ☐	CHILDREN OF CHILD 3 NAME	DATE OF BIRTH
CHILD'S CURRENT ADDRESS			
PHONE #			

ADDITIONAL FAMILY INFORMATION

1. Identify any persons who (a) have special needs or (b) are, or who may become wholly or partially dependent upon you for support:
   (a) _____
   _____
   (b) _____
   _____

2. Are you (or your children) beneficiaries of any trust or estate? If so, please describe the nature and extent of such interest(s).
   _____
   _____.

3. Do you have any power of appointment under any will or trust? If so, please describe.
   _____
   _____.

4. Any especially important estate planning objectives or problems which you wish to discuss?
   _____
   _____.

5. Have you or any descendant of yours (to your knowledge) preserved any genetic material?
   YES ☐ NO ☐

II. ADVISOR INFORMATION

Please provide name(s), address(es), telephone number(s), and additional contact information (if any) for your advisor(s).

1. Stockbroker/Investment advisor _____

   _____

2. Life insurance advisor _____

   _____

3. Financial planner _____

   _____

4. Other attorney _____

   _____

5. Accountant _____

   _____

III. ASSET INVENTORY

In the name of	**CLIENT 1**	**CLIENT 2**	**JOINT** (specify joint tenants with rights of survivorship or tenants by the entireties)
1. Real property			
a. Principal Residence	$_____	$_____	$_____
b. Second Residence	$_____	$_____	$_____
c. Commercial/Investment Property	$_____	$_____	$_____
2. Life Insurance	$_____	$_____	$_____
3. Business interests	$_____	$_____	$_____
4. Checking accounts	$_____	$_____	$_____
5. Savings accounts (CDs and money market accounts)	$_____	$_____	$_____
6. Marketable securities (non-retirement)	$_____	$_____	$_____

			Is this an inherited IRA?
7. Employee & Retirement Benefits (or provide statements)			
a. IRA(s)	$_____	$_____	YES ☐ NO ☐
b. Roth IRA(s)	$_____	$_____	YES ☐ NO ☐
c. SEP IRA(s)	$_____	$_____	YES ☐ NO ☐
d. 401(k) plan(s)	$_____	$_____	
e. Profit-sharing plan(s)	$_____	$_____	
f. Pension plan(s)	$_____	$_____	
g. Deferred compensation plan(s)	$_____	$_____	
h. Post-death salary continuation plan(s)	$_____	$_____	
i. Stock option plan(s)	$_____	$_____	
j. Restricted stock plan(s)	$_____	$_____	
k. TSP	$_____	$_____	
l. FERS	$_____	$_____	
m. CSRS	$_____	$_____	
n. Other government or military retirement benefit plan(s)	$_____	$_____	
o. Other benefit plan(s)	$_____	$_____	
8. Tangible Personal Property	$_____	$_____	$_____
9. Other assets (please describe)			
_____	$_____	$_____	$_____
_____	$_____	$_____	$_____
TOTALS	$ 0 **CLIENT 1**	$ 0 **CLIENT 2**	$ 0 **JOINT**
10. Annual income	$_____	$_____	$_____
11. Annual expenses	$_____	$_____	$_____

12. Do you expect to inherit property, or receive life insurance on another person's life, in the near future, which should be taken into account in planning your estate? YES ☐ NO ☐

If yes, please describe briefly.

_____

_____

_____.

13. Do you have any liabilities? YES ☐ NO ☐

If yes, please briefly describe the liability and the approximate balance due.

_____

_____

_____.

14. Do you have a safe deposit box? YES ☐ NO ☐ If yes, please provide the following

(a) Name of bank: _____

(b) Branch location: _____

(c) Box number: _____

(d) In name of: _____

(e) Other person(s) with access (and contact information if not provided herein):

_____

15. Do you own any intellectual property rights (patents, copyrights, trademarks, etc.)? YES ☐ NO ☐

If yes, please describe briefly.

_____

_____

_____

IV. 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. Please note the location of the originals of your existing documents:

   _____

2. Recent statement for each bank, investment and retirement account.
3. List of primary and contingent beneficiaries of each account.
4. Deeds for all real estate.
5. Last premium notice for each life insurance policy.
6. All partnership agreements and LLC operating agreements.
7. By-laws, buy-sell agreements and/or other contracts affecting your interests in closely held corporations.
8. Financial statements for any closely held businesses.
9. Information about any intellectual property you own or have created.
10. Any gift tax returns filed (Form 709).
11. Pre-marital, post-marital and domestic partnership agreements with current spouse or partner.
12. Property settlement agreement with former spouse or partner.
13. All wills or trusts under which you have a power of appointment.
14. Promissory notes and/or mortgages payable to you.

PART II

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR EXTENDED FAMILY:

	CLIENT 1	CLIENT 2 (SPOUSE/PARTNER)
PARENTS & SIBLINGS		
PARENTS		
NAME	_____	_____
ADDRESS	_____	_____
	_____	_____
TELEPHONE	_____	_____
AGE (OR DATE OF DEATH)	_____	_____
SIBLINGS		
NAME	_____	_____
ADDRESS	_____	_____
	_____	_____
TELEPHONE	_____	_____
AGE (OR DATE OF DEATH)	_____	_____
SPOUSE	_____	_____
CHILDREN (NAME/AGE)	_____	_____
	_____	_____
	_____	_____

	CLIENT 1	CLIENT 2 (SPOUSE/PARTNER)

SIBLINGS (CONTINUED)

NAME	_____	_____
ADDRESS	_____	_____
	_____	_____
TELEPHONE	_____	_____
AGE (OR DATE OF DEATH)	_____	_____
SPOUSE	_____	_____
CHILDREN (NAME/AGE)	_____	_____
	_____	_____
	_____	_____

NAME	_____	_____
ADDRESS	_____	_____
	_____	_____
TELEPHONE	_____	_____
AGE (OR DATE OF DEATH)	_____	_____
SPOUSE	_____	_____
CHILDREN (NAME/AGE)	_____	_____
	_____	_____
	_____	_____

SPECIAL PROVISIONS FOR YOUR ESTATE PLAN

1. Do you wish to make any charitable gifts? During life? YES ☐ NO ☐

   At death? YES ☐ NO ☐

   Only if other beneficiaries are not living? YES ☐ NO ☐

2. If you have minor children (under age 18), whom do you wish to nominate as their guardian?

	Name	Relationship	Address	Phone Number
i.	_____	_____	_____	_____
ii.	_____	_____	_____	_____

3. Do you plan to omit (or are you considering omitting) from your estate plan any person, such as a child, who ordinarily might expect to receive some benefit from your estate?
   YES ☐ NO ☐ If yes, please explain:

   _____

   _____

   _____

4. Are you interested in providing specifically for the distribution of certain items of tangible personal property (i.e., jewelry, artwork, heirlooms) in your estate plan?
   YES ☐ NO ☐ If yes, please describe the items and intended recipient:

   _____

   _____

   _____

   _____

5. Does any person have access to your passwords and PINs in the event of your incapacity or death (i.e., email, PayPal®, online banking, social networking, online media storage sites, etc.)? Please note it is important that you provide this information to a person other than your spouse/partner. YES ☐ NO ☐ If yes, please provide the name of that person and contact information:

   _____

   _____

6. Do you have any long-term care insurance? YES ☐ NO ☐
   If yes, please specify insured: _____