

**WILLS FOR HEROES®**

**MARYLAND ESTATE PLANNING QUESTIONNAIRE**

**DO NOT COMPLETE UNLESS YOU ARE A MARYLAND RESIDENT**

*Please print clearly*

Today's date: \_\_\_\_\_

1. Your full legal name: \_\_\_\_\_  
(First) (Middle) (Last)

2. Home address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. County you live in: \_\_\_\_\_

4. Gender: M or F (circle)

5. Currently married (including partners)? Y or N (circle)

6. If married, spouse's or partner's full legal name: \_\_\_\_\_  
(First) (Middle) (Last)

7. Full legal names of your biological and adopted children (do not list step-children unless you have legally adopted them):


8. Please list the value of your (and your spouse's/partner's if applicable) assets:

Real estate (include your home if you own it and any other real estate you own)	\$
Vehicles (automobiles, boats, etc.)	\$
Other tangible personal property	\$
Retirement accounts (including 401(k), 403(b), 457, and IRA)	\$
Non-retirement accounts and CDs (savings, checking, brokerage, money market)	\$
Stocks & bonds not held in any account	\$
Money others owe to you	\$
Value of your business(es)	\$
Life insurance death benefits (including life insurance through your employer)	\$
Other money or property	\$

TOTAL

\$

9. Please list any amounts you (or your spouse/partner if applicable) owe to others:

Mortgage(s) on real estate	\$
Credit card debts	\$
Other	\$

TOTAL

\$

10. What is the total in #8 above minus the total in #9 above? \$ \_\_\_\_\_

**If the answer to #10 above is more than \$1,000,000, we cannot prepare a Will for you – please go to page 7 below.**

11. Are there any special circumstances we should know about? Yes or No (circle)

12. For questions #13 and #14 below, if you want to treat a step-child or any other person who is not your biological or adopted child the same as your child(ren), list the full legal name(s) here:


13. How do you want your tangible personal property distributed?

*Please complete the Personal Property Memorandum prior to your appointment.*

14. How do you want the rest of your property ("residue") distributed?

Select from A through C:

A. 100% to my spouse, but if he/she does not survive me, then 100% to my children in equal shares (the descendants of a deceased child take the share of the deceased child).

B. 100% to my children in equal shares (the descendants of a deceased child take the share of the deceased child).

C. 100% to the following individual or individuals [please select from one of the options in **bold**]:

**100% to one individual**

List full legal name and relationship to you:

Name

Relationship

**100% in equal shares to the following individuals:**

List full legal names and relationship to you:

Name

Relationship

**100% to the following charity or charities:**

15. If the individuals or entities named in #14 do not survive me, I want the rest of my property distributed as follows;

100% to one individual

List full legal names and relationship to you:

Name

Relationship

100% in equal shares to the following individuals:

List full legal names and relationship to you:

Name

Relationship

100% to the following charity or charities:

**Note:** Persons you name below as Personal Representative must be at least 18 years old

16. Who do you want to name as Personal Representative of your Estate?

Full legal name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (Apt.)

\_\_\_\_\_  
(City) (State) (Zip code)

Phone Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

17. If the individual named in #16 above is able or unwilling to serve as Personal Representative, who do you want to name as Personal Representative?

Full legal name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (Apt.)

\_\_\_\_\_  
(City) (State) (Zip code)

Phone Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

18. Do you want the person(s) you name above to be entitled to reasonable compensation for serving as Personal Representative? Yes or No (circle)

19. Do you have a child who is under 18 years old?

No; please go to page 6.

Yes; please go to #20 below.

20. If you answered #19 "Yes," and you want to designate a guardian, list the full legal name and relationship of the person you wish to designate as guardian:

Primary: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(Apt.)

\_\_\_\_\_  
(City)

(State)

(Zip code)

Phone Number: \_\_\_\_\_

Alternate: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(Apt.)

\_\_\_\_\_  
(City)

(State)

(Zip code)

Phone Number: \_\_\_\_\_

21. If you named a person in #20 above, please select one of the following:

All of my minor children are also the children of my spouse.

I have a minor child or minor children who are not also my spouse's.

I have a minor child or minor children and I am currently unmarried.

**DURABLE FINANCIAL POWER OF ATTORNEY**

1. Would you like a Durable Financial Power of Attorney? Yes or No (circle)  
If No, skip to page 7.

**Note:** Persons you name below as agent must be at least 18 years old

2. Please enter the following information concerning the person you would like to appoint as your agent:

Full legal name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (Apt.)

\_\_\_\_\_  
(City) (State) (Zip code)

Phone Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

3. If a person named in # 3 above is unable or unwilling to serve as agent, do you want to name a person in his or her place? Yes or No (circle)

If yes, who?

Full legal name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (Apt.)

\_\_\_\_\_  
(City) (State) (Zip code)

Phone Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

5. Do you want the person(s) you name above to be entitled to reasonable compensation for serving as your agent? Yes or No (circle)

**HEALTH CARE POWER OF ATTORNEY AND LIVING WILL**

**Note:** Persons you name below as agent must be at least 18 years old

1. Would you like a Health Care Power of Attorney? Yes or No (circle)

If No, go to question #4. If Yes, continue with the next question.

2. Please enter the following information concerning the person you would like to appoint as your agent:

Full legal name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (Apt.)

\_\_\_\_\_ (City) (State) (Zip code)

Phone Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

3. If a person named in #2 above is unable or unwilling to serve as agent, do you want to name a person in his or her place? Yes or No (circle)

If yes, who?

Full legal name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (Apt.)

\_\_\_\_\_ (City) (State) (Zip code)

Phone Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

4. Would you like a Living Will? Yes or No (circle)

5. Choose one of the following:

I consent to donate my organs and tissues at the time of my death for the purpose of transplant, and I consent to donate my entire body at the time of my death (except for such organs and tissues taken for transplant) for the purpose of medical study or education.

I consent to donate my organs and tissues at the time of my death for the purpose of transplant, medical study or education.

I consent to donate my organs and tissues at the time of my death for the purpose of transplant only.

I consent to donate my organs and tissues at the time of my death for the purpose of transplant only, subject to the following limitations:

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I do not consent to donate my organs, tissues or any other part or all of my body at the time of my death, for any purpose