

## ESTATE PLANNING QUESTIONNAIRE

*The information requested below is necessary so that we can provide an informed analysis of your assets and estate planning needs. Please rest assured that the contents will remain strictly confidential. We know it will take you considerable time to complete this form and we appreciate your cooperation.*

### **Part I: Personal Information:**

1. \_\_\_\_\_

Your Name	Social Security #	Home Telephone
Date of Birth	Work Telephone	Cell Phone
Mailing Address		Zip Code
City or County of Residence	Email Address	

2. Have you ever been married or do you currently have a life partner?  
 Never Married    Currently married    Divorced    Widowed    Partner

Spouse/partner Name	Social Security #	Telephone
Date of Birth	Work Telephone	Cell Phone
Mailing Address		Zip Code
City or County of Residence	Email Address	

3. Names and ages of all children. Please list all children, whether now living or deceased, and indicate whether any are adopted or are children from a prior marriage, etc.

Name	Date of Birth	Address
Name	Date of Birth	Address
Name	Date of Birth	Address
Name	Date of Birth	Address
Name	Date of Birth	Address
Name	Date of Birth	Address
Name	Date of Birth	Address

(Continue with additional names on reverse side.)

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

4. Names and relationships of all other family members, living or deceased:

Parents: \_\_\_\_\_

Address(es): \_\_\_\_\_

Siblings:

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

(Continue with additional names on reverse side.)

Please include names, ages and addresses of grandchildren, nieces and nephews below or on reverse:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do any of your potential beneficiaries have physical or mental disabilities that could make them eligible for public assistance? If so, please describe the beneficiary, his or her relationship to you, and the nature of the disability(ies) on the reverse.

6. Do you or your spouse/partner have medical concerns or diagnoses (dementia, Parkinson's Disease, etc.) that could become important for planning purposes? If so, please describe this fully on the reverse.

7. Are you now, or do you foresee yourself as a caregiver for any of the family members listed on pages 1 or 2? \_\_\_ yes \_\_\_ no

If yes, who? \_\_\_\_\_

8. Do you have long term care insurance? \_\_\_ yes \_\_\_ no

9. Are you presently employed? If so, please provide the name and address of your employer and your occupation or title: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Part II: Your Assets:**

1. Do you own any real estate or personal property located outside Virginia? If so, please provide legal description and location.
2. If you have ever been married, did you live in any of the following states during your marriage: in Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington, or Wisconsin?
3. Do you have any trusts for yourself or other family members? Are you a party to any Buy-Sell Agreement, Stock Purchase Agreement or partnership? Do you have a power of appointment under anyone else's Will or other document? If so, please bring a copy of the trust or other document to our appointment.
4. Please provide a summary of your assets on the chart on page 4. Indicate how property is owned (your name, spouse's name, or joint names). Please include both cash and face values of life insurance, as well as beneficiary designations and **the approximate value of all your assets**. You may substitute a recent financial statement if you have one. We will discuss the impact of form of ownership of your assets (sole, joint, survivorship) and beneficiary designations, so please bring copies of statements or ownership documents such as deeds, stock certificates, etc.
5. Do you have living wills (advance medical directives) or powers of attorney? If so, please bring copies of them with you to the appointment.
6. How do you want your estate distributed in the event of your death? Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Have you considered making charitable contributions upon your death? If so, please bring with you a list of the charities and their addresses, or list them below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. What is your current monthly **earned income**? \_\_\_\_\_  
\_\_\_\_\_
9. What is your current monthly **retirement income** and source?  
Social Security: \_\_\_\_\_  
Pension: \_\_\_\_\_  
IRA/SIMPLE/TSP: \_\_\_\_\_  
Other: \_\_\_\_\_

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Part II: Your Assets (Continued): Asset Summary with Approximate Values:**

<b>How Titled?</b>	<b>Self</b>	<b>Joint (with whom?)</b>	<b>Spouse</b>
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Primary Residence:

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Other Real Property  
(include location):

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Bank Accounts:

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Marketable Securities:

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Tangible Personal Property:  
(Approximate value)

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Other Substantial Assets  
(Including Retirement Accounts):

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Subtotal:	\$ _____	\$ _____	\$ _____
Less Debts:	\$ _____	\$ _____	\$ _____
Estimated Net Worth:	\$ _____	\$ _____	\$ _____

**Life Insurance Policies**

Company	Policy Number	Face Amount	Owner	Insured	Bene- ficiary	Annual Premium	Cash Value	Type: (group, term, whole life, etc.)

**Part III: Your Fiduciaries:**

*Please consider who you want to appoint to serve in the following positions. We will discuss with you the roles these individuals play in greater detail.*

**Executor and/or Trustee:** *(to administer your estate or trust after your death)*

Complete Name: \_\_\_\_\_  
Address: \_\_\_\_\_

**Successor Executor and/or Trustee:** \_\_\_\_\_  
Address: \_\_\_\_\_

**Successor Executor and/or Trustee:** \_\_\_\_\_  
Address: \_\_\_\_\_

**Attorney in Fact (Financial):** *(to make financial decisions if needed)* \_\_\_\_\_  
Address: \_\_\_\_\_

**Successor Attorney in Fact:** \_\_\_\_\_  
Address: \_\_\_\_\_

**Health Care Agent:** *(to make health care decisions for you if you are not able do so)* \_\_\_\_\_  
Address: \_\_\_\_\_  
**Telephone Numbers:** \_\_\_\_\_

**Successor Health Care Agent:** \_\_\_\_\_  
Address: \_\_\_\_\_  
**Telephone Numbers:** \_\_\_\_\_

**For Minor Children:**

**Guardian(s):** \_\_\_\_\_  
Address and Phone Number(s): \_\_\_\_\_

**Substitute or Successor Guardian(s):** \_\_\_\_\_  
Address and Phone Number(s): \_\_\_\_\_

**Trustee(s):** \_\_\_\_\_  
Address and Phone Number(s): \_\_\_\_\_

**Substitute or Successor Trustees:** \_\_\_\_\_  
Address and Phone Number(s): \_\_\_\_\_

**Part IV: Biographical Information:**

(Please complete a separate sheet for each person.)

Complete Name: \_\_\_\_\_  
*First Middle Last*

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Your Social Security #: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Race: \_\_\_\_\_

Years of Education: \_\_\_\_\_  
*Primary/Secondary Post Secondary*

Have you served in the Armed Services? \_\_\_ Yes \_\_\_ No

Usual Occupation? \_\_\_\_\_ Retired? \_\_\_\_\_

**Part V: Final Matters:**

- 1) Have you made or considered funeral arrangements? If so, please list them below (or on reverse):
- 2) Do you wish to be cremated? \_\_\_ Yes \_\_\_ No
- 3) Do you wish to be an organ donor? \_\_\_ Yes \_\_\_ No (If yes, do you have any specific requests or instructions?)
- 4) Have you discussed these matters with your family? \_\_\_ Yes \_\_\_ No
- 5) Do you have a pet? If so, have you considered care for your pet if you become incapacitated or pass away?

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Part IV: Biographical Information:**

(Please complete a separate sheet for each person.)

Complete Name: \_\_\_\_\_  
*First Middle Last*

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Your Social Security #: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Race: \_\_\_\_\_

Years of Education: \_\_\_\_\_  
*Primary/Secondary Post Secondary*

Have you served in the Armed Services? \_\_\_ Yes \_\_\_ No

Usual Occupation? \_\_\_\_\_ Retired? \_\_\_\_\_

**Part V: Final Matters:**

- 1) Have you made or considered funeral arrangements? If so, please list them below (or on reverse):
- 2) Do you wish to be cremated? \_\_\_ Yes \_\_\_ No
- 3) Do you wish to be an organ donor? \_\_\_ Yes \_\_\_ No (If yes, do you have any specific requests or instructions?)
- 4) Have you discussed these matters with your family? \_\_\_ Yes \_\_\_ No
- 5) Do you have a pet? If so, have you considered care for your pet if you become incapacitated or pass away?

Initials: \_\_\_\_\_ Date: \_\_\_\_\_