

# ESTATE PLANNING QUESTIONNAIRE

(PLEASE FILL OUT USING PENCIL : MAKE A COPY FOR YOUR RECORDS)

Note for married couples. Each of you may retain your own attorney. If you retain separate attorneys, all discussions with your separate attorney would be confidential and your attorney would be an advocate for your position on any matter that differs from your spouse's position. If I represent both of you, then all information received from either of you will be disclosed to the other and I will not be an advocate for either of you against the other. As the attorney for both of you, I will help you to develop a coordinated estate plan and to encourage the resolution of any differences in an equitable manner that will be to your mutual best interests.

	CLIENT (C)	SPOUSE (S)
Last Name		
First Name		
Middle Name		
Soc. Sec. #		
Birthdate	Blind <input type="checkbox"/>	Blind <input type="checkbox"/>
Address	<input type="checkbox"/>	<input type="checkbox"/>
	City:	State: Zip:
State Residency	USA citizen <input type="checkbox"/>	USA citizen <input type="checkbox"/>
Home Phone		
Work Phone		
Cell Phone		
Email		

(For office use only)

County:

## CHILDREN of "C" and "S"

If deceased, write "D" followed by date of decease under "Birthdate".

(Note: children and grandchildren from a prior marriage will be listed on the following page)

	NAME	Soc. Sec. #	Birthdate	Spouse Name	Address & Phone #

## GRANDCHILDREN of "C" and "S"


Please identify any child / grandchild that is adopted, divorced, widowed. Also, Please identify any children / grandchildren that have a disability, are receiving SSI or other form of government entitlement or have any of the following (i) a significant health problem, (ii) drug addiction, (iii) alcoholism, (iv) marital problems, (v) spendthrift, (v) any other condition / situation you deem important.

**PRIOR MARRIAGES**

Prior Marriages: (C) Yes \_\_\_\_ No \_\_\_\_ (S) Yes \_\_\_\_ No \_\_\_\_

If yes, how many: (C) \_\_\_\_\_ (S) \_\_\_\_\_

For each prior marriage, please list the name of spouse, place and date of marriage, place and date of prior spouse's death or divorce, and whether there are any required continuing financial obligations (if so, please furnish details including documents such as property settlements or court decrees). Please add additional sheets if necessary.

**CHILDREN of "C" or "S" and former spouse**

If deceased, write "D" followed by date of death under "Birthdate".  
 (Under "Comments" list name of parents, for example "C" & Mary Doe or "S" & John Doe)

NAME	Soc. Sec. #	Birthdate	Spouse Name	Address & Phone #

Comments:

**GRANDCHILDREN of "C" or "S" and former spouse**


Please identify any child / grandchild that is adopted, divorced, widowed. Also, Please identify any children / grandchildren that have a disability, are receiving SSI or other form of government entitlement or have any of the following (i) a significant health problem, (ii) drug addiction, (iii) alcoholism, (iv) marital problems, (v) spendthrift, (v) any other condition / situation you deem important.

**CLIENT (C) - IMMEDIATE FAMILY: (List parents, brothers, and sisters)**

If deceased, write "D" followed by date of decease under "Birthdate".

NAME	Relation	Birthdate	Spouse Name	# Chldrn	Address
	Father				
	Mother				

**SPOUSE (S) - IMMEDIATE FAMILY: (List parents, brothers, and sisters)**

If deceased, write "D" followed by date of decease under "Birthdate".

NAME	Relation	Birthdate	Spouse Name	# Chldrn	Address
	Father				
	Mother				

**OTHER RELATIVES:** List relatives that you wish to include as beneficiaries (e.g., nieces, nephews, great grandchildren).

Next to "Name", please indicate whether the person is related to "C" or "S".

NAME	Relation	Birthdate	Spouse Name	# Chldrn	Address

**UNRELATED PERSONS:** If you wish to name any unrelated persons as beneficiaries, please enter their name under "OTHER RELATIVES" and in the "Relation" column, write "unrelated". Next to "Name", indicate if such person is a beneficiary of "C" or "S" or "J" (both).

**CHARITABLE and EDUCATIONAL INSTITUTIONS**

List any that you wish to name as beneficiary. Next to "Institution", indicate if a beneficiary of "C" or "S" or "J" (both).

INSTITUTION	ADDRESS	AMOUNT

**ADDITIONAL PERSONAL INFORMATION**

Have you ever lived in any of the following community property states:

AZ \_\_\_ CA \_\_\_ ID \_\_\_ LA \_\_\_ NV \_\_\_ NM \_\_\_ TX \_\_\_ WA \_\_\_ WI \_\_\_

**IDENTIFICATION OF IMPORTANT PERSONS**

(List name, address, and phone # for each)

ATTORNEY	ACCOUNTANT	BANKER / TRUST OFFICER	INSURANCE AGENT

**LOCATION OF IMPORTANT DOCUMENTS**

WILL	
LETTER TO EXECUTOR	
LIVING WILL (Natural Death Declaration)	
HEALTHCARE POWER OF ATTORNEY	
TRUST PAPERS	
FINANCIAL POWER OF ATTORNEY	
LOCK BOX (Safe Deposit Box)	
LOCK BOX KEY	
BANK BOOKS	
STOCKS, BONDS, BROKERAGE, ETC.	
DEEDS	
INSURANCE POLICIES	
NOTES / MORTGAGES	
TAX RETURNS	
EMPLOYER BENEFIT INFORMATION	
MILITARY DOCUMENTS	
BIRTH CERTIFICATES	
ADOPTION PAPERS	
MARRIAGE CERTIFICATE	
PRENUPTIAL AGREEMENT	
DIVORCE PAPERS	
CEMETERY PLOT	
FUNERAL DIRECTIONS	
Other:	

**LIST OF ASSETS**

Under the "Owner" column, indicate "C" for client, "S" for spouse, or "J" for Joint. If any property is held jointly with other than your spouse, then list the name of the joint owner, the amount of contribution of each joint owner and any information regarding a Gift Tax Return in the space for "Comments" at the bottom of this page.

**REAL ESTATE: (Please bring copies of all deeds, if available)**

Description / Address	Owner	Date Acq.	Tax Cost Basis	Fair Mkt Value	Mortgage Bal.

**CASH, BANK ACCOUNTS, CDs, MONEY MKT. ACCOUNTS**

Institution / Company	Owner	Type of Account Chk, Sav, CD, MMkt	Account Number	Balance on / /

**IRAs, ROTH IRAs, 401(a) Plans, 401(k) Plans, 403(b) Plans, other Tax Sheltered / Deferred Annuities**

Institution / Company	Owner	Type of Account IRA, RothIRA, etc.	Account Number	Fair Mkt Value / /

**COMMENTS:**

**MUTUAL FUNDS** (List Money Mkt. Funds on page 5 under "CASH")

Description	Owner	Cost Basis	Fair Mkt Value / /	Comments (Bring most recent statement)

**STOCKS** (If held by broker, bring most recent statement)

Company	Owner	# Shares	Date Acq.	Cost Basis	Fair Mkt Value / /	Broker / Location / or CUSIP

**BONDS** (If held by broker, bring most recent statement)

Description	Owner	# Shares	Date Acq.	Cost Basis	Face Amount	Fair Mkt Val / /	Broker / Location / or CUSIP

**COMMENTS:**

**TANGIBLE PERSONAL PROPERTY**

( List valuable items, such as jewelry, antiques, auto, boat, paintings, stamp / coin collections )

Description	Owner	Date Acq.	Cost Basis	Location	Fair Mkt Value / /	Security (Outstanding loan bal.)

**INSURANCE:**

List employer provided insurance policies under "Employment Benefits" on page 8. Please bring copies of policies, if available. Most insurance policies are either Whole Life, Universal Life, or Term insurance purchased from insurance companies. However, many persons have other types of insurance. Remember to include accidental death policies that may be included with credit cards, any credit life policies associated with loans, and any insurance benefits with Credit Unions.

Company	Policy Type	Policy #	Whose Life	Owner	Face Amount	Cash value	Loan Bal.	Beneficiary

**COMMENTS:**

**OTHER ASSETS:**

(Sec 529 Plans, Annuities, Limited Partnerships, Notes / Mortgages Receivable, Patents, Copyrights, Royalties, etc.)

Description	Owner	Date Acq.	Cost basis	Fair Mkt Value / /	Comments

## EMPLOYMENT BENEFITS

Employment benefits included in your estate generally are various pension plans (such as 401k plans, ESOPs, Profit Sharing plans, Money Purchase plans, Defined Benefit plans, CSRS, FERS, Govt TSP, etc.), stock options, and life insurance benefits. If your employer will furnish you with a printout of your current benefit status, please bring a copy to our conference. Please list benefits for all employers (past and present); total value of each account, policy, etc. whether or not vested; and benefits currently being paid.

Client's occupation \_\_\_\_\_

Current Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Annual Salary \_\_\_\_\_ Expected Salary three years from now \_\_\_\_\_

Employer	Type of Benefit	Fair Mkt Value / /	How Payable (Annuity / Lump sum)	Beneficiary

Spouse's occupation \_\_\_\_\_

Current Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Annual Salary \_\_\_\_\_ Expected Salary three years from now \_\_\_\_\_

Employer	Type of Benefit	Fair Mkt Value / /	How Payable (Annuity / Lump sum)	Beneficiary

**COMMENTS:**



**LIST of UNSECURED DEBTS or SECURED DEBTS not listed elsewhere**

Creditor	Debtor	Date Incurred	Date of Final Payment	Int. Rate	Collateral	Monthly Payment	Balance

**FUTURE EXPECTATIONS / OTHER**

(use separate pages to explain, if necessary)

1. Do you expect to receive substantial gifts or inheritances in the near future?

(C) Yes \_\_\_ No \_\_\_; (S) Yes \_\_\_ No \_\_\_.

If yes, please furnish specific information.

2. Do you have a proprietary interest in any small business (including partnerships and corporations)?

(C) Yes \_\_\_ No \_\_\_; (S) Yes \_\_\_ No \_\_\_.

If yes, please furnish specific information, including fair market value of each interest.

3. Are you the beneficiary of any trusts?

(C) Yes \_\_\_ No \_\_\_; (S) Yes \_\_\_ No \_\_\_.

If yes, please furnish copies of trust documents and list of assets of each trust.

4. Do you have a power of appointment over any assets?

(C) Yes \_\_\_ No \_\_\_; (S) Yes \_\_\_ No \_\_\_.

If yes, please furnish copies of documents granting the power and list of assets subject to the power.

5. Do you have a prenuptial agreement?

(C) Yes \_\_\_ No \_\_\_; (S) Yes \_\_\_ No \_\_\_.

If yes, please furnish a copy of the Agreement.

6. Do you have any other interest or asset of value not listed elsewhere?

(C) Yes \_\_\_ No \_\_\_; (S) Yes \_\_\_ No \_\_\_.

If yes, please furnish specific information, including fair market value of each interest or asset.

**EXECUTOR, GUARDIAN, TRUSTEE (called Fiduciaries)**

**EXECUTOR:** generally responsible for (i) probating your Estate, (ii) identifying and collecting your assets, (iii) paying existing debts, funeral expenses, administration costs of your Estate, taxes, etc., (iv) filing tax returns, and (v) distributing your net probated estate to your beneficiaries.

**GUARDIAN:** generally responsible for raising your children under age 18 and may be responsible for (i) the investment and distribution of assets inherited by your children, or (ii) paying the expenses of your children from funds made available to the Guardian by your Executor or Trustee.

**TRUSTEE:** generally responsible for investment and distribution of all assets placed in Trust (i) during your lifetime, (ii) at your death pursuant to your Will or as a named contract beneficiary (e.g., a life insurance policy or IRA), or (iii) from any other source (e.g., a parent’s Will) for the beneficiaries named in the Trust (e.g., your spouse, children, or others).

These persons (or institutions) are referred to as your **FIDUCIARIES**. The same person or institution can serve as your Executor, Guardian, or Trustee, if you desire. A fiduciary must be an individual or qualifying corporation (e.g., a bank, or registered brokerage) resident in Virginia, unless the fiduciary is a person prescribed by statute, such as, (i) your spouse, (ii) the parent, brother, sister, child or other descendant of the decedent, (iii) spouse of your child, or (iv) anyone who is your sole beneficiary. Your Executor and Trustee under your Will usually should be a Virginia resident. The Trustee of an Inter Vivos Trust (a trust established before your death) may be a nonresident. Your Guardian should be the person you believe best able to raise your children, regardless of residency.

	Selection for “C”	Selection for “S”
<b>EXECUTOR 1</b>		
<b>Address</b>		
<b>EXECUTOR 2</b>		
<b>Address</b>		
<b>GUARDIAN 1</b>		
<b>Address</b>		
<b>GUARDIAN 2</b>		
<b>Address</b>		
<b>TRUSTEE 1</b>		
<b>Address</b>		
<b>TRUSTEE 2</b>		
<b>Address</b>		
<b>Executor, Guardian, Trustee 3</b>		



