



VIRGINIA ESTATE
& TRUST LAW

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Confidential Estate Planning Information

Names:

Date:

Attorney Name:

Before you begin:

The information you provide in this questionnaire is the foundation of your estate plan. Your plan will only be as good as the completeness and accuracy of the information. Therefore, please do your best to be thorough. Your information will be kept in the strictest confidence.

Your appointment will be most productive if we have the questionnaire prior to the meeting. Please e-mail, mail, or fax a copy to the attorney with whom you are working or the attorney's assistant. Our fax number is (804) 497-5916. Your information will be kept in the strictest confidence.

If you type in your answers to this questionnaire, you should save this document as a PDF to your computer before e-mailing or printing it.

Directions to our Richmond office:

From I-64: Take the Glenside South exit off I-64. Turn right on Forest Avenue. Turn right on Bayberry Court (first light.) Take the first left into our parking lot. Handicap entrance in rear.

I. CLIENT CONTACT INFORMATION

Home Address	Street		
	City	State	Zip

City or County

Mailing Address (if different)	Street		
	City	State	Zip

Who referred you?

Enter the way you would like your name to appear in your legal documents:

Your Name: _____ Your Spouse' Name: _____

You

Your Spouse

	You	Your Spouse
Full Legal Name		
Date of Birth		
Cell Phone		
Home Phone		
Office Phone		
Occupation		
Employer		
Home E-Mail		
Office E-Mail		
SSN (please provide during our meeting or by phone)		

II. YOUR CHILDREN

Full Legal Name*	Whose Child? <small>(one spouse or both)</small>	Date of Birth	Marital Status	# of Children	Address
1					
Phone:	E-mail:				
2					
Phone:	E-mail:				
3					
Phone:	E-mail:				
4					
Phone:	E-mail:				
5					
Phone:	E-mail:				
6					
Phone:	E-mail:				
7					
Phone:	E-mail:				

Special facts regarding any family members (i.e., blended family, adoption, disabilities, etc.): _____

* Enter the way in which you would like your child(ren)'s name(s) to appear in your documents.

III. YOUR FINANCIAL SUMMARY

Please estimate current fair market value. Provide additional details in riders or Section X.

ASSETS	Jointly Titled	Owned by You	Owned by Your Spouse
Primary Residence			
Second Residence			
Other Real Estate			
Cash & Equivalents ⁽¹⁾			
Marketable Securities ⁽²⁾			
Retirement Accounts ⁽³⁾			
Business Interests ⁽⁴⁾ <small>(Corporations, Partnerships, LLCs, etc.)</small>			
Profit Sharing/RSUs/Stock Bonus			
Annuities			
Cryptocurrency			
Vehicles & Boats			
Other Tangibles/Collectibles <small>(Art, Jewelry, Furnishings, Antiques, etc.)</small>			
Other Notable Assets ⁽⁵⁾			
Net Death Benefits (Insurance)			
TOTAL ASSETS			
LIABILITIES			
Mortgage, Residence			
Mortgage, 2nd Residence			
Other Debts			
TOTAL DEBTS			
TOTAL NET ASSETS			

- (1) Include all bank accounts, money market accounts, certificates of deposit, credit union accounts, and other cash.
- (2) Include all stocks, bonds, partnerships, etc., that are publicly traded other than those held in retirement plan accounts.
- (3) Include all retirement plan accounts, including 401ks, IRAs, Roth IRAs, SEP IRAs, etc. Complete Section IV - "Retirement Plan Account Information."
- (4) Include all interests in a business whether you are actively involved in the operation of the business or not, and interests in limited or general partnerships and limited liability companies that are NOT publicly traded. Complete Section V - "Closely-Held Business Information."
- (5) Include any other asset that has not been listed above, e.g., 529 plans, UTMA accounts, promissory notes, copyrights, patents, royalties, firearms, mineral rights, precious metals, etc. Provide details in Section X.

IV. RETIREMENT PLAN ACCOUNT INFORMATION

Your Retirement Accounts	Account 1	Account 2	Account 3	Account 4
Financial Institution				
Type (e.g., 401k, Traditional or Roth IRA)				
Current Fair Market Value				
Beneficiary	Primary: Secondary:	Primary: Secondary:	Primary: Secondary:	Primary: Secondary:
Loans against Account?				
Net Current Fair Market Value				

Your Total Retirement Account Value:

Your Spouse's Retirement Accounts	Account 1	Account 2	Account 3	Account 4
Financial Institution				
Type (e.g., 401k, Traditional or Roth IRA)				
Current Fair Market Value				
Beneficiary	Primary: Secondary:	Primary: Secondary:	Primary: Secondary:	Primary: Secondary:
Loans against Account?				
Net Current Fair Market Value				

Your Spouse's Total Retirement Account Value:

V. CLOSELY-HELD BUSINESS INFORMATION

Please provide copies of all shareholder/partnership/operating agreements.

Your Business Interests	Business 1	Business 2	Business 3	Business 4
Business Name				
Percentage Owned by you				
Tax Classification (e.g., S-Corp, C-Corp, Partnership, Disregarded Entity)				
Estimated Fair Market Value				
Shareholder/Partnership/Operating Agreement in place?				

Your Spouse's Business Interests	Business 1	Business 2	Business 3	Business 4
Business Name				
Percentage Owned by Your Spouse				
Tax Classification (e.g., S-Corp, C-Corp, Partnership, Disregarded Entity)				
Estimated Fair Market Value				
Shareholder / Partnership / Operating Agreement in place?				

VI. YOUR LIFE INSURANCE

Your Life Insurance Information	Policy 1	Policy 2	Policy 3	Policy 4
Policy Owner				
Insurance Company				
Type (Term, Whole Life, etc.)				
Policy Number				
Beneficiary	Primary: Secondary:	Primary: Secondary:	Primary: Secondary:	Primary: Secondary:
Cash Value				
Death Benefit				
Loans against Policy?				
Net Death Benefit				

Your Total Net Death Benefit:

Your Spouse's Life Insurance Information	Policy 1	Policy 2	Policy 3	Policy 4
Policy Owner				
Insurance Company				
Type (Term, Whole Life, etc.)				
Policy Number				
Beneficiary	Primary: Secondary:	Primary: Secondary:	Primary: Secondary:	Primary: Secondary:
Cash Value				
Death Benefit				
Loans against Policy?				
Net Death Benefit				

Your Spouse's Total Net Death Benefit:

VII. QUESTIONS FOR YOU

Please provide a copy of all existing estate planning documents you may have and any documents relevant to any of the following questions to which you answer “yes.” (e.g., trust agreements, gift tax returns, marital agreements, etc.) Please select your answer and provide detailed explanations in Section X to all questions to which you answer “yes.”

#	Questions	Yes	No
1	Do you have a pre-marital or post-marital agreement?		
2	During your marriage, have you ever lived in Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington or Wisconsin?		
3	Is either of you the citizen of a country other than the United States?		
4	Has either of you been previously married? If yes, do you have post-death obligations under a settlement agreement?		
5	Does either of you have a deceased child?		
6	Do either of you own real property outside of Virginia?		
7	Do either of you own assets jointly with any person other than each other?		
8	Do either of you own any insurance on the life of another person?		
9	Is either of you the current beneficiary of a trust created by someone else?		
10	Have you ever created an irrevocable trust for the benefit of yourself or another person?		
11	Are you an UTMA or 529 custodian, or trustee of any property, for your children or another person?		
12	Do either of you anticipate any significant change in your assets, liabilities or income, e.g., from an inheritance or retirement, etc.?		
13	Do either of you have anyone who is financially dependent on you other than your minor children?		
14	Do either of you or does any family member have any significant health issues or disabilities?		
15	Do you have any concerns about a beneficiary's situation, e.g., marital instability, substance abuse, creditor problems or eligibility for public benefits, etc.?		
16	Has either of you made gifts in excess of \$10,000 in value to any one person in any year after 1981?		
17	Has either of you filed a gift tax return?		
18	Do either of you have a safe deposit box? If yes, location:		
19	Have you or a family member participated in any assisted reproductive technology procedure that resulted in the storage of gametes or embryos?		
20	Do either of you have an interest in making charitable gifts at death?		
21	Do either of you have any special requests regarding funeral, burial or cremation, or donation of body or organs?		
22	Is there any additional information or concerns which you think we should know about?		

VIII. YOUR OTHER ADVISORS

Accountant		
Firm		
E-mail		
Phone		City/State
Investment Advisor		
Firm		
E-mail		
Phone		City/State
Life Insurance Agent		
Firm		
E-mail		
Phone		City/State
Your Physician		
Group		
E-mail		
Phone		City/State
Your Spouse's Physician		
Group		
E-mail		
Phone		City/State
Other		
Firm		
E-mail		
Phone		City/State

IX. CONSIDERATIONS FOR YOUR ESTATE PLAN

Below is an overview of some of the important roles that individuals or professionals may play in your estate plan. We will discuss these roles during our meeting. You should name a primary and at least one back-up for each role.

Agents During Your Lifetime:

1. **Power of Attorney agent:** This person acts on your behalf for all matters related to property and financial interests.
2. **Advance Medical Directive agent:** This person makes medical decisions for you only in the event your attending physician determines you lack capacity to make the decision for yourself.

Guardian:

This person is nominated to have custody and care of your children if any are minors at your deaths. You may name more than one person to act together as guardians, and/or nominate one and an alternate.

Executor:

The executor the person or professional who will handle a court probate process after your death to the extent it is necessary. The executor is responsible for gathering your assets and paying all of your last debts and expenses. The executor will file your final income tax return, income tax returns for your estate, and prepare an accounting for the Commissioner of Accounts. The executor will also distribute your probate property pursuant to the directions set forth in your Will, and has fiduciary obligations to your estate's beneficiaries. This is a role for a detail-oriented person or professional and is time intensive for one to three years. There is a lot of paperwork to handle, but it does not require any specific expertise. The executor may hire an attorney or accountant to assist in administering the estate, or your Will can nominate a professional executor (law firm, bank, trust company, or trusted advisor) in this role.

Trustee:

The trustee is responsible for the management, maintenance, and investment of trust assets. The trustee has fiduciary obligations to the beneficiaries, so trusteeship is a role for an objective, organized and fair individual or professional. The role of trustee could last several years or potentially decades depending on the terms of the trust. The trustee typically hires an advisor to manage the investment decisions, but distribution decisions and maintenance of the trust's detailed books and records are done by the trustee. The trustee may also hire an attorney or accountant or other agents to assist in administering the trust.

You may name any responsible individual to act as trustee, or a bank, trust company or law firm (a "professional trustee"). A professional trustee (acting alone or jointly with another individual) may be appropriate in circumstances where objectivity, experience, continuity, tax planning or professional resources are needed. A

