



VIRGINIA ESTATE & TRUST LAW

1700 Bayberry Court, Suite 100
Richmond, VA 23226
(804) 565-2300
www.vaetlaw.com

Confidential Estate Planning Information

Name:

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 information is complete and accurate. Therefore, please do your best to be thorough. Your appointment will be most productive if we have the questionnaire prior to the meeting. Therefore, please email, mail, or fax a copy to the attorney with whom you are working. Our fax number is (804) 497-5916. Your information will be kept in the strictest confidence.

If you typed 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. 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:

| | |
|--|--|
| 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? (one spouse or both) | 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.): _____

III. YOUR FINANCIAL SUMMARY

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

| ASSETS | | | |
|--|--|--|--|
| 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.
- (1) Include all stocks, bonds, partnerships, etc., that are publicly traded other than those held in retirement plan accounts.
- (2) Include all retirement plan accounts, including 401ks, IRAs, Roth IRAs, SEP IRAs, etc. Complete Section IV - "Retirement Plan Account Information."
- (3) 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."
- (4) 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

| 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 | | | | |

| |
|--|
| Total Retirement Account Value: |
|--|

V. CLOSELY-HELD BUSINESS INFORMATION

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

| Business Interests | Business 1 | Business 2 | Business 3 | Business 4 |
|--|-------------------|-------------------|-------------------|-------------------|
| Business Name | | | | |
| Percentage Owned | | | | |
| 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

| Insured Party | 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 | | | | |

| |
|---------------------------------|
| 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 | Have you been previously married? | | |
| 2 | Are any of your children adopted? | | |
| 3 | Do you have a deceased child? | | |
| 4 | Do you own real property outside Virginia? | | |
| 5 | Do you own assets jointly with any person? | | |
| 6 | Do you own an interest in a closely held business? | | |
| 7 | Do you own any insurance on the life of another person? | | |
| 8 | Are you the current beneficiary of a trust created by someone else? | | |
| 9 | Do you anticipate any significant change in your assets, liabilities or income, e.g., from an inheritance or retirement, etc.? | | |
| 10 | Do you have anyone who is financially dependent on you other than minor children? | | |
| 11 | Do you or does any family member have any significant health issues or disabilities? | | |
| 12 | Do you have any concerns about a beneficiary's situation, e.g., marital instability, creditor problems or eligibility for public benefits, etc.? | | |
| 13 | Have you made gifts in excess of \$10,000 in value to any one person in any year after 1981? | | |
| 14 | Have you filed a gift tax return? | | |
| 15 | Do you have an interest in making charitable gifts? | | |
| 16 | Do you have any special requests regarding funeral, burial or cremation, or donation of body or organs? | | |
| 17 | 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 |

| | | |
|------------------|--|------------|
| 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 is 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 professional trustee can also help maintain family unity by accepting the complex responsibilities and fulfilling obligations of the role in an impartial manner.

X. ADDITIONAL INFORMATION/COMMENTS

Please list any specific goals, concerns, or questions that you currently have with respect to the estate planning process:

Please provide detailed explanations to all questions from Section VII to which you answered “yes” or other asset or family details of which we should be aware:
