



## ESTATE PLANNING QUESTIONNAIRE

*The information requested below is necessary so 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 appreciate your cooperation.*

*Please provide complete information!*

### Part I: Personal Information:

\_\_\_\_\_  
Your Full Name (to appear on your documents) Social Security # Home Telephone

\_\_\_\_\_  
Date of Birth Work Telephone Cell Phone

\_\_\_\_\_  
Mailing Address Zip Code

\_\_\_\_\_  
City or County of Residence Email Address

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 # Home Telephone

\_\_\_\_\_  
Date of Birth Work Telephone Cell Phone

\_\_\_\_\_  
Mailing Address Zip Code

\_\_\_\_\_  
City or County of Residence Email Address

**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 Telephone Number

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

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

\_\_\_\_\_  
Name Date of Birth Telephone Number

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

\_\_\_\_\_  
Name Date of Birth Telephone Number

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

\_\_\_\_\_  
Name Date of Birth Telephone Number

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

\_\_\_\_\_  
Name Date of Birth Telephone Number

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

(Continue with additional names and information on reverse side.)

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

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

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

**Siblings:**

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

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

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

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

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

(Continue with additional names and information on reverse side.)

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

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

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

**Personal Questions:**

1. Do any of your potential beneficiaries have physical or mental disabilities that could make them eligible for public assistance?  Yes  No

If so, please describe the beneficiary, his or her relationship to you, and the nature of the disability(ies).

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2. Do you or your spouse/partner have medical concerns or diagnoses (dementia, Parkinson's Disease, etc.) that could become important for planning purposes?  Yes  No

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3. 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? \_\_\_\_\_

4. Do you have long term care insurance?  Yes  No

5. Are you presently employed?  Yes  No

If so, please provide the name and address of your employer and your occupation or title:

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**Part II: Your Assets:**

1. Do you own any real estate or personal property located outside Virginia?  Yes  No

If so, please provide address and location. \_\_\_\_\_

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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?  Yes  No

3. Do you have any trusts for yourself or other family members?  Yes  No

4. Are you a party to any buy-sell agreement, stock purchase agreement, or partnership?  Yes  No

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

5. Do you have a power of appointment under anyone else's Will or other document?  
 Yes  No

If so, please bring a copy of the trust or other document to our appointment.

6. Do you have living wills (advance medical directives) or powers of attorney?  
 Yes  No

If so, please bring copies of them with you to the appointment.

7. How do you want your estate distributed in the event of your death?

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Have you considered making charitable contributions upon your death?  
 Yes  No

If so, please bring with you a list of the charities and their addresses, or list them below:

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

9. What is your current monthly **earned income**? \$ \_\_\_\_\_

10. What is your current monthly **retirement income** and source?

Social Security: \_\_\_\_\_

Pension: \_\_\_\_\_

IRA/SIMPLE/TSP: \_\_\_\_\_

Other: \_\_\_\_\_

Please provide a summary of your assets on the chart on page 5. Indicate how property is owned (your name, spouse's name, joint names, trust, LLC, etc.). 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.

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

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

Asset: Approx. Value: Current Title:  
Self | Joint | Spouse

Primary Residence:

\_\_\_\_\_ \$ \_\_\_\_\_

Other Real Property (include location):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Bank Accounts:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Marketable Securities: (Brokerage Accounts)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Tangible Personal Property:

Value

Current Title:  
Self | Joint | Spouse

_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Substantial Assets (Include Retirement Accounts):

_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Self

Joint

Spouse

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

**Life Insurance Policies**

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

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

**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: \_\_\_\_\_

Telephone Numbers: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

**Successor Executor and/or Trustee:**

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

Telephone Numbers: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

**Successor Executor and/or Trustee:**

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

Telephone Numbers: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

**Agent-Power of Attorney (Financial):** *(to make financial decisions you if you are unable do so)*

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

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

Telephone Numbers: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

**Successor Agent-Power of Attorney:** \_\_\_\_\_

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

**Agent – Health Care** *(to make health care decisions for you if you are not able do so)*

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

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

Telephone Numbers: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

**Successor Agent - Health Care:** \_\_\_\_\_

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

Telephone Numbers: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

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

**For Minor Children:**

**Guardian(s):** \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

**Substitute or Successor Guardian(s):** \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

**Trustee(s):** \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

**Substitute or Successor Trustees:** \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_



Life & Estate Planning  
Law Center, PLLC

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 \_\_\_\_\_

Have you served in the Armed Services? If yes, please provide a copy of your DD-214  Yes  No

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

**Part V: Final Matters:**

1) Have you made or considered funeral arrangements?  Yes  No

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?  Yes  No

If so, have you considered care for your pet if you become incapacitated or die?  Yes  No

If yes, do you have any specific requests or instructions?

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

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 \_\_\_\_\_

Have you served in the Armed Services? If yes, please provide a copy of your DD-214  Yes  No

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

**Part V: Final Matters:**

6) Have you made or considered funeral arrangements?  Yes  No

If so, please list them below (or on reverse):

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

7) Do you wish to be cremated?  Yes  No

8) Do you wish to be an organ donor?  Yes  No

If yes, do you have any specific requests or instructions?

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

9) Have you discussed these matters with your family?  Yes  No

10) Do you have a pet?  Yes  No

If so, have you considered care for your pet if you become incapacitated or die?  Yes  No

If yes, do you have any specific requests or instructions?

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

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