

THOMPSON & MCMULLAN, P.C.

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

(Please attempt to complete all applicable questions and bring in all requested documents, but do not be concerned if you are unable to complete all of the questions before the first meeting or are unable to bring all requested documents with you.)

The following is a list of documents you should bring with you for the initial estate planning consultation:

1. Existing estate planning documents such as wills, trusts and powers of attorney.
2. Information provided by employer(s), including copies of retirement plans and group life insurance policies.
3. Deeds to real estate owned by either husband or wife.
4. Documents indicating legal title to investments.
5. Copies of trust agreements under which either spouse is beneficiary.
6. Any gift tax returns.
7. Personal financial statements and income tax returns for the last five years.
8. Financial statements and federal income tax returns for the last five years for businesses, farms, partnerships, etc. as well as partnership agreements, buy-sell agreements, and other relevant documents.
9. Property settlement agreements, divorce decrees, separation agreements from prior marriages.
10. Pre-nuptial and post-nuptial agreements.

Please use additional pages if necessary to complete answers to any questions.

Date Prepared: _____

DEMOGRAPHIC INFORMATION

1. Husband:
Name _____ Nickname _____
Social Security number ____-____-____
Date of birth ____/____/____
Total number of marriages (counting current marriage) ____
United States citizen? Yes ____ No ____

2. Wife:
Name _____ Nickname _____
Social Security number ____-____-____
Date of birth ____/____/____
Total number of marriages (counting current marriage) ____
United States citizen? Yes ____ No ____

3. Full name of all children (adult and minor) and all other dependents. Indicate the name of other parent if child is not of current marriage, relationship if not a child, and if such person has had any particular problems or needs, such as a physical or mental handicap. If address and telephone number are different, please list. Use back of page if necessary. Also if child or other dependent is commonly referred to by a nickname, please indicate the nickname.

Name	Social Security #	Birth Date	Marital Status	Special Needs
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. County or City of Residence: _____

5. Home Address: _____

City: _____ State: _____ ZIP: _____

6. Office Address: _____

City: _____ State: _____ ZIP: _____

7. Billing Address (check preference): Home ____ Office ____
Other (please specify) _____

8. Phone Numbers

Husband work (____) _____

Wife work (____) _____

Home (____) _____

9. Husband's occupation: _____

Employer: _____

Annual Salary: _____

(Please furnish information on all benefits provided by employer, including retirement plans and group life insurance.)

10. Wife's occupation: _____

Employer: _____

Annual Salary: _____

(Please furnish information on all benefits provided by employer, including retirement plans and group life insurance.)

ESTATE PLANNING CONSIDERATIONS

11. Do you have current wills, trust agreements, power of attorney, or other estate planning documents? Yes ___ No ___
(If yes, please bring them with you to your first conference.)

12. Please indicate your preference for:

a. Husband's
Executor: _____ State of Residence: _____

Alternate: _____ State of Residence: _____

Trustee: _____ State of Residence: _____

Alternate: _____ State of Residence: _____

b. Wife's
Executor: _____ State of Residence: _____

Alternate: _____ State of Residence: _____

Trustee: _____ State of Residence: _____

Alternate: _____ State of Residence: _____

c. Guardian of minor children: _____

Guardian's state of residence: _____

d. Husband's
Agent for Advance Medical Directive: _____
Home address/phone number: _____

Alternate: _____

Home address/phone number: _____

e. Wife's
Agent for Advance Medical Directive: _____
Home address/phone number: _____

Alternate: _____

Home address/phone number: _____

f. Husband's
Attorney in Fact under a Power of Attorney: _____
Home address/phone number: _____

Alternate: _____
Home address/phone number: _____

g. Wife's
Attorney in Fact under a Power of Attorney: _____
Home address/phone number: _____

Alternate: _____
Home address/phone number: _____

At your death, your executor will be responsible for collecting the assets of your estate, carrying out the directions contained in your will, ensuring that your will is properly probated, and filing any tax returns which may be due.

Your trustee will be responsible for investing any assets held in trust preserving such assets for the beneficiaries of the trust, and distributing such assets to the beneficiaries according to the directions contained in any trust agreement which you might execute.

The guardian of your minor children will assume responsibility for the children in the event that you die before your children become adults.

Your agent will be allowed to make health care decisions for you if you are incapable of making them yourself.

Your attorney-in-fact will be responsible for making financial and legal decisions for you if you are incapable of making them yourself.

Discuss these selections with the individuals named before your first conference if possible. While a fiduciary should be competent, responsible person, he or she need not have expertise in any of the aforementioned, because he or she may always seek competent professional advice with respect to his or her duties and responsibilities. You should consider Co-executor and Co-trustee if the fiduciary you are naming is not a Virginia resident.

13. At death, assuming no death tax consequences, how do you wish your property to be distributed?

Husband:

- a. If your wife survives you?
- b. If your wife does not survive you and minor children survive you?
- c. If your wife does not survive you and all children are adults?
- d. If your wife does not survive you and all descendants still living are grandchildren or more remote descendants?
- e. If you wife does not survive you and no descendants survive you?

Wife:

- a. If your husband survives you?
- b. If your husband does not survive you and minor children survive you?
- c. If your husband does not survive you and all children are adults?
- d. If your husband does not survive you and all descendants still living are grandchildren or more remote descendants?
- e. If you husband does not survive you and no descendants survive you?

14. At what age do you want your children (if any) to receive their property outright (free of trust)?

15. Do you want to leave any property or cash to charity?
Yes _____ No _____
(If yes, please attach a sheet indicating names and addresses of organizations and items of property or approximate amounts.)

16. Do you want to leave any items of property (such as jewelry) or cash to certain persons? Yes _____
No _____
(If yes, please attach a sheet indicating amounts, detailed description of all items and the name of each recipient. Indicate relationship of recipient - e.g., nephew, niece, friend, etc.)

17. Other professionals with whom you do business:

- a. Other Attorney(s): _____ Phone: _____
- b. Accountant: _____ Phone: _____
- c. Trust Officer
or Banker: _____ Phone: _____
- d. Insurance Agent: _____ Phone: _____
- e. Stockbroker: _____ Phone: _____
- f. Investment/Financial
Advisor: _____ Phone: _____
- g. Real Estate Advisor: _____ Phone: _____
- h. Physician: _____ Phone: _____
- i. Minister, priest, rabbi, or other
religious counselor: _____ Phone: _____

18. Life insurance policies (bring all policies to your first conference).

<u>Type (Whole, Term)</u>	<u>Face Amount</u>	<u>Cash Value</u>	<u>Owner</u>	<u>Beneficiary</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

a. Are there any loans outstanding on any of the above policies?

Yes ____ No ____

b. If yes, please furnish details.

*Who purchased the policy?

ASSETS AND LIABILITIES

19. Real estate:	<u>Cost (Basis)</u>	<u>Fair Market Value</u>
a. residence	_____	_____
b. vacation home	_____	_____
c. other	_____	_____

(Bring all real estate deeds with you to your first conference.)

20. Personal property:	<u>Fair Market Value</u>
a. automobiles	_____ _____
b. boats	_____
c. antiques and other collectibles	_____
d. miscellaneous (household effects, etc.)	_____

21. Investments and cash (please provide documents to indicate legal title of investments and a detailed schedule if possible).

- a. cash and bank accounts Amount
 - client: _____
 - jointly held: _____
 - name of joint holder: _____

- b. stocks and bonds
 - client: _____
 - jointly held: _____
 - name of joint holder: _____

22. Do you have any stock in any S-corporations? _____ or closely held businesses? _____

23. Do you have interests in any partnerships? _____

DEBTS

24. Mortgages on residence: _____

25. Other real estate mortgages: _____

26. Other debts: _____

MISCELLANEOUS

27. Do you have a serious medical condition which will affect the decisions which you make with respect to estate planning?

Yes ____ No ____

a. If yes, briefly describe _____

28. Do you expect to receive substantial gifts or inheritances in the near future? Yes ____ No ____
(If yes, please attach a sheet that provides specific information.)
29. Is either spouse a beneficiary of any trusts? Yes ____ No ____
(If yes, please furnish trust documents and a list of assets in each trust.)
30. Have you made taxable gifts?
Yes ____ No ____
(If yes, please furnish gift tax returns in connection with such gifts.)
31. Do you have a safe deposit box? Yes ____ No ____
- a. If yes, at what location(s)? _____
32. Do you have any continuing financial responsibilities as a result of prior marriages? Yes ____ No ____
(If yes, please furnish details including relevant documents such as property settlement and separation agreements.)
33. Have you lived in one of the following states during your current marriage? Yes ____ No ____
- a. If yes, check applicable states.
- | | |
|-----------------|------------------|
| Arizona _____ | California _____ |
| Idaho _____ | Louisiana _____ |
| Nevada _____ | New Mexico _____ |
| Texas _____ | Washington _____ |
| Wisconsin _____ | |
34. Are any beneficiaries to your estate plan under a physical or mental disability? Yes ____ No ____