

INITIAL ESTATE PLANNING QUESTIONNAIRE

DATE: _____

PART A: ASSETS

Names	Husband's Name:	Wife's Name:	Joint
	_____	_____	

ASSETS

Residence (tax assessed value) \$	\$	\$	\$
Other Real Estate (" ")	_____	_____	_____

Cash and Equivalents			
Checking Account(s)	_____	_____	_____

Savings Account(s)	_____	_____	_____
	_____	_____	_____

CDs and Money Market Account(s)	_____	_____	_____
	_____	_____	_____

Marketable Securities			
Stocks	_____	_____	_____
	_____	_____	_____

Taxable Bonds	_____	_____	_____
	_____	_____	_____

Tax-Exempt Bonds	_____	_____	_____
	_____	_____	_____

Mutual Funds	_____	_____	_____
	_____	_____	_____

Life-Insurance (from Part B)	_____	_____	_____
	_____	_____	_____

Business Interests (from Part C)	_____	_____	_____
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Retirement Plans			
Pension/Profit Sharing	_____	_____	_____
IRAs	_____	_____	_____

Personal Property	_____	_____	_____
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Other	_____	_____	_____
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TOTAL ASSETS	\$	\$	\$
Expectancies (i.e., Inheritances)	_____	_____	_____

TOTAL ASSETS AND EXPECTANCIES	\$	\$	\$
	_____	_____	_____

PART B: LIFE INSURANCE

Company	Type	Face Value	Cash Value	Insured	Owner	Beneficiary
		\$	\$			
		\$	\$			
		\$	\$			
		\$	\$			
		\$	\$			
		\$	\$			

TOTAL CASH VALUE OF LIFE INSURANCE

Applicant \$ _____ Spouse \$ _____

(Include these amounts on Life Insurance line in Part A)

PART C: BUSINESS INTERESTS

Name of Business _____

Percentage of Interest Owned by

Applicant _____% Spouse _____% Jointly _____%

Percentage Owned by Children

Name _____ %

Name _____ %

Name _____ %

Tax Basis of Business (if you know) \$ _____

Book Value of Business (if you know) \$ _____

YOUR ESTIMATE OF PRESENT VALUE OF BUSINESS

Husband \$ _____ Wife \$ _____ Jointly \$ _____

(Include these amounts on Business Interests line in Part A)

PART D: INCOME

	Husband's Monthly Income	Wife's Monthly Income	Total Monthly Income
Net Salary or Wages ("Take-Home Pay")	\$	\$	\$
Social Security Benefits	\$	\$	\$
Retirement Benefits	\$	\$	\$
Interest	\$	\$	\$
Dividends	\$	\$	\$
Other	\$	\$	\$
TOTAL INCOME	\$	\$	\$

PART E: LIABILITIES

	Husband's Name	Wife's Name	Joint Names
Liabilities (Give outstanding balances)			
Residence			
Primary Mortgage	\$ _____	\$ _____	\$ _____
Secondary Mortgage	_____	_____	_____
Other Real Estate Mortgages	_____	_____	_____
Personal Loans	_____	_____	_____
Income Taxes	_____	_____	_____
Other Debts	_____	_____	_____
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TOTAL LIABILITIES	\$ _____	\$ _____	\$ _____

PART F: NET WORTH

	Husband's Name	Wife's Name	Joint Names
Total Assets (from Part A)	\$ _____	\$ _____	\$ _____
minus			
Total Liabilities (from Part E)	\$ _____	\$ _____	\$ _____
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NET WORTH (Assets minus liabilities)	\$ _____	\$ _____	\$ _____

PART G: GIFTS

(Gifts made in excess of \$10,000.00/year to an individual other than your spouse)

Recipient _____ Date _____
Amount \$ _____

Recipient _____ Date _____
Amount \$ _____

Recipient _____ Date _____
Amount \$ _____

Recipient _____ Date _____
Amount \$ _____

Return completed form to:

THOMPSONMCMULLAN, PC
100 SHOCKOE SLIP
RICHMOND, VIRGINIA 23219
TELEPHONE: 804/649-7545 FAX: 804/649-0654
WWW.T-MLAW.COM

This Firm cannot counsel or assist in the transfer of assets which result in the imposition of a period of ineligibility under the Virginia Plan for Medical Assistance.
Adapted from A. Budish, Avoiding the Medicaid Trap (1990), with gratitude to the author.

ADDITIONAL INFORMATION

Husband: _____

Address: _____

City/County of Residence: _____

Telephone (day) _____ (evening) _____

Date of Birth: _____

SSN: _____

Wife: _____

Date of Birth: _____

SSN: _____

Date of Marriage: _____

Name of Nursing Home Spouse: _____

Last City/County of Residence of Nursing Home spouse: _____

Name of Nursing Home: _____

Address of Nursing Home: _____

Telephone of Nursing Home: _____

Date of Admission to Nursing Home: _____

Referred by: _____

1. Is either Husband or Wife receiving Social Security benefits AND under the age of 65? _____
2. Is there any disabled child, or child under 21, of Husband or Wife? _____
3. Is there any child of Husband or Wife by a former union? _____
4. Has any child lived with the Husband or Wife during the entire 2 years before our planned interview? _____
5. List the persons with whom our Firm may communicate about you, your assets, an the estate plan you wish us to pursue for you:

NAME	RELATIONSHIP	PHONE	EMAIL

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