

**INITIAL ESTATE PLANNING QUESTIONNAIRE**

DATE: \_\_\_\_\_

**PART A: ASSETS**

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

**ASSETS**

Residence (tax assessed value) \$	\$	\$	\$
_____	_____	_____	_____

Other Real Estate ( " " )	_____	_____	_____
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Cash and Equivalents	_____	_____	_____
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Checking Account(s)	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Savings Account(s)	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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CDs and Money Market	_____	_____	_____
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Account(s)	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Marketable Securities	_____	_____	_____
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Stocks	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Taxable Bonds	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Tax-Exempt Bonds	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Mutual Funds	_____	_____	_____
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_____	_____	_____	_____
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Life-Insurance (from Part B)	_____	_____	_____
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_____	_____	_____	_____
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Business Interests (from Part C)	_____	_____	_____
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_____	_____	_____	_____
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Retirement Plans	_____	_____	_____
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Pension/Profit Sharing	_____	_____	_____
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IRAs	_____	_____	_____
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Personal Property	_____	_____	_____
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Other	_____	_____	_____
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TOTAL ASSETS	\$	\$	\$
_____	_____	_____	_____

Expectancies (i.e., Inheritances)	_____	_____	_____
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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	\$	\$	\$
<b>TOTAL INCOME</b>	\$	\$	\$

**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	_____	_____	_____
<hr/> <hr/>			
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)	\$ _____	\$ _____	\$ _____
<hr/> <hr/>			
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

Return completed form to:

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 100 SHOCKOE SLIP  
 RICHMOND, VIRGINIA 23219  
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