

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: \_\_\_\_\_  
\_\_\_\_\_

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

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Alternate: \_\_\_\_\_  
Home address/phone number: \_\_\_\_\_

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

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Alternate: \_\_\_\_\_  
Home address/phone number: \_\_\_\_\_

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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 \_\_\_\_