

Reset

Virginia Estate & Trust Law, PLC

1700 Bayberry Court, Suite 100

Richmond, VA 23226

(804) 565-2300

www.vaetlaw.com

Name

Confidential Estate Planning Information

Date

Before you begin:

The information you provide in this questionnaire is the foundation of your estate plan. Your plan will only be as good as the information is complete and accurate. Therefore, please do your best to be thorough. Your appointment will be most productive if we have the questionnaire prior to the meeting. Therefore, please mail or fax a copy to the attorney with whom you are working. Our fax number is (804) 497-5916. Your information will be kept in the strictest confidence.

Directions to our Richmond office:

From I-64: Take the Glenside South exit off I-64. Turn right on Forest. Turn right on Bayberry Court (first light.) Take the first left into our parking lot. Handicap entrance in rear.

I. CLIENT CONTACT INFORMATION

Home Address	Street		
	City	State	Zip
	City or County		

Mailing Address (if different)	Street		
	City	State	Zip

Home Phone		
Cell Phone		Work Phone

Who referred you

Full Legal Name	
Formal Name (1)	
Date of Birth	SSN

Occupation	
Employer	
Home E-Mail	Office E-Mail

(1) How you would like your name to appear on your legal documents.

III. YOUR FINANCIAL SUMMARY

Please estimate current fair market value

ASSETS	
Primary Residence	
Second Residence	
Other Real Estate	
Cash & Equivalents (1)	
Marketable Securities (2)	
Business Interests (3)	
Partnerships & LLCs (4)	
Retirement Accounts	
Annuities	
Vehicles	
Tangibles	
Net Death Benefits	
Other Valuable Assets (5)	
TOTAL ASSETS	
LIABILITIES	
Mortgage, Residence	
Mortgage, 2nd Residence	
Other Debts	
TOTAL DEBTS	
TOTAL NET ASSETS	

- (1) Include all bank accounts, money market accounts, certificates of deposit, credit union accounts, and any other type of cash account.
- (2) Include all stocks, bonds, partnerships, etc., that are publicly traded.
- (3) Include any interest in a business whether you are actively involved in the operation of the business or not.
- (4) Include all interests in limited or general partnerships and limited liability companies that are NOT publicly traded.
- (5) Include any other asset that has not been listed above, e.g., promissory notes, royalties, mineral rights, precious metals, etc.

IV. YOUR LIFE INSURANCE

	Policy 1	Policy 2	Policy 3	Policy 4
Owner				
Company				
Type				
Policy Number				
Beneficiary				
Cash Value				
Death Benefit				
Loans				
Net Death Benefit				

Total Net Death Benefit

V. QUESTIONS FOR YOU

Please provide a copy of all existing estate planning documents you may have, any document relevant to any of the following questions to which you answer "yes," and any other documents relevant to your estate, e.g., buy-sell agreements, etc.

#	Question		
1	Have you been previously married?	<input type="radio"/> Yes	<input type="radio"/> No
2	Are any of your children adopted?	<input type="radio"/> Yes	<input type="radio"/> No
3	Do you have a deceased child?	<input type="radio"/> Yes	<input type="radio"/> No
4	Do you own real property outside Virginia?	<input type="radio"/> Yes	<input type="radio"/> No
5	Do you own assets jointly with any person?	<input type="radio"/> Yes	<input type="radio"/> No
6	Do you own an interest in a closely held business?	<input type="radio"/> Yes	<input type="radio"/> No
7	Do you own any insurance on the life of another person?	<input type="radio"/> Yes	<input type="radio"/> No
8	Are you the current beneficiary of a trust created by someone else?	<input type="radio"/> Yes	<input type="radio"/> No
9	Do you anticipate any significant change in your assets, liabilities or income, e.g., from an inheritance or retirement, etc?	<input type="radio"/> Yes	<input type="radio"/> No
10	Do you have anyone who is financially dependent on you other than minor children?	<input type="radio"/> Yes	<input type="radio"/> No
11	Do you or does any family member have any significant health issues or disabilities?	<input type="radio"/> Yes	<input type="radio"/> No
12	Do you have any concerns about a beneficiary's situation, e.g., marital instability, creditor problems or eligibility for public benefits, etc?	<input type="radio"/> Yes	<input type="radio"/> No
13	Have you made gifts in excess of \$10,000 in value to any one person in any year after 1981?	<input type="radio"/> Yes	<input type="radio"/> No
14	Have you filed a gift tax return?	<input type="radio"/> Yes	<input type="radio"/> No
15	Do you have an interest in making charitable gifts?	<input type="radio"/> Yes	<input type="radio"/> No
16	Do you have any special requests regarding funeral, burial or cremation, or donation of body or organs?	<input type="radio"/> Yes	<input type="radio"/> No
17	Is there any additional information or concerns which you think we should know about?	<input type="radio"/> Yes	<input type="radio"/> No

VI. Your Other Advisors

Accountant

Firm

Street

City

State

Zip Code

Investment Advisor

Firm

Street

City

State

Zip Code

Life Insurance Agent

Firm

Street

City

State

Zip Code

Physician

Firm

Street

City

State

Zip Code

Other

Firm

Street

City

State

Zip Code

VII. YOUR COMMENTS