



CONFIDENTIAL ESTATE AND ASSET PROTECTION PLANNING WORKSHEET

Please complete this questionnaire to the best of your ability prior to your meeting. If you do not know how to answer a particular question, leave it blank. At your initial meeting, the attorney will review this form with you and help you complete any unanswered questions. Full and accurate names are required because this information will be used to prepare your estate and asset protection planning documents.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

Name of person filling out this questionnaire: _____

Date Completed: _____

Who may we thank for referring you to us? _____

Offices:

7275 Glen Forest Dr., Suite 310 Richmond, VA 23226 Phone: (804) 285-7900 Fax: (804) 285-8925	460 McLaws Circle, Suite 200 Williamsburg, VA 23185 Phone: (757) 220-8114 Fax: (757) 220-8029
725 Jackson Street, Suite 209 Fredericksburg, VA 22401 Phone: (540) 318-5998 Fax: (540) 371-1285	780 Lynnhaven Pkwy, Suite 330 Virginia Beach, VA 23452 Phone: (757) 689-8668 Fax: (757) 689-8670

CLIENT #1 List name as it appears on drivers license/government identification

Legal Name: _____ DOB: _____
First Middle Last

Please PRINT name as you wish it to appear in your estate plan: _____

☐ U.S. Citizen ☐ Naturalized Citizen ☐ Resident Alien Gender? ☐ Male ☐ Female

☐ Retired ☐ Employed Occupation: _____

CLIENT #2 List name as it appears on drivers license/government identification

Legal Name: _____ DOB: _____
First Middle Last

Please PRINT name as you wish it to appear in your estate plan: _____

☐ U.S. Citizen ☐ Naturalized Citizen ☐ Resident Alien Gender? ☐ Male ☐ Female

☐ Retired ☐ Employed Occupation: _____

If married or widowed, date of marriage: _____ If widowed, date of spouse's death: _____

First Marriage for Client #1? Yes ☐ No ☐ First Marriage for Client #2? Yes ☐ No ☐

Does either spouse have one or more children from a previous relationship or marriage? ☐ No ☐

Yes

CONTACT INFORMATION

Mailing Address: _____

City/State/Zip: _____

City/County of Residence: _____

E-Mail address: _____

Please send me quarterly e-newsletter Yes ☐ No ☐

Home Phone: _____ Fax Number: _____

Cell Phone: _____ Work Phone: _____

What is the best way and/or time to contact you? _____

Please note some of your primary estate and asset protection planning objectives below:

YOUR GOALS

Please rate the following as to how important they are to you (1 = highest priority; 2 = very important; 3 = important 4 = *not important*).

	Avoid probate and reduce administrative costs at time of death		Protect assets from government/lawsuits/nursing homes
	Provide detailed instructions and authority to people I trust to manage my care if I become disabled		Protect assets for my family and loved ones from predators after my death (i.e. my spouse's disability or remarriage, my children's/beneficiary's lawsuits, divorce or bankruptcy)
	Remain independent and in control of my care and/or assets		Keep it simple for my family when something happens to me (disability/death)
	Minimize/eliminate estate taxes		Keep estate matters private
	Provide for charities at the time of my death		Disinheriting a family member
	Plan for the transfer and survival of a family business		Avoid will contests and other family disputes at time of death
	Provide that my death shall not be unnecessarily prolonged by artificial means		Plan for a loved one with disabilities or special needs, such as medical or learning disabilities
	Provide for my pets		Avoid a conservatorship ("living probate") in case of a disability

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
1. Do you (or your spouse/partner) have any health concerns? If yes, describe: Client #1 - Specific concern/problem: Client #2 - Specific concern/problem:		
2. Are you or your spouse a veteran? If so, branch of service: _____ if yes, did you or your spouse serve at least 90 days with at least 1 day during a time of war? Please indicate which war: _____ World War I (4/6/1917-11/11/1918, inclusive; if in Russia, ending date is 4/1/1920) _____ World War II (12/7/1941-12/31/1946, inclusive; if in service on 12/31/1946 with continuous service before 7/26/1947; Merchant Marines 12/7/1941-8/15/1945) _____ Korean War (6/27/1950-1/31/1955, inclusive) _____ Vietnam War (2/28/1961-5/7/1975, inclusive for Veterans who served in Vietnam during that period; 8/5/1964-5/7/1975 for all others) _____ Persian Gulf War (8/20/1990 through [date to be determined] (No one knows at this time, since the war on terrorism is considered to be a continuation of the Persian Gulf War.) Dates of service:		

(Please check "Yes" or "No" for your answer)	Yes	No
3. Do you have a current, in-force long-term care insurance policy? If yes, daily benefit: \$ _____ Policy Provider: _____ Term: _____		
4. Have you transferred or gifted away assets away in the last 60 months/5 years? Amount \$ _____ Date: _____		
5. Do you have a pre-paid burial plot and/or a pre-paid funeral contract?		
6. Are you (or your spouse/partner) receiving Social Security, disability, or other governmental benefits? If so, please describe:		
7. Do any of your beneficiaries have special educational, medical, or physical needs and/or receive governmental support or benefits? If yes, please describe:		
8. Do you or your spouse/partner anticipate an inheritance? If so, please indicate estimated value: _____ Client #1 _____ Client #2 _____		
9. Have you (or your spouse/partner) completed previous will, trust, or estate planning? If so, please furnish copies of these documents. Date of current plan: _____		
10. Do you (or your spouse/partner) own property in any state other than Virginia? If yes, where? _____		
11. If married, have you lived in any of the following states while married to each other? Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin.		
12. Are you receiving personal property/real estate tax relief for any reason? If so, please describe:		
13. If married, have you and your spouse signed a pre- or post-marriage contract? If so, please furnish a copy.		
14. Have you (or your spouse/partner) been divorced?		
15. Are you (or your spouse/partner) making payments pursuant to a divorce or property settlement order? If so, please describe:		
16. Have you (or your spouse/partner) been widowed? If so, was a federal estate tax return or a state death tax return filed?		
17. If previously married, did your marriage end because of the death of your spouse after January 1, 2011? If so, did you file an estate tax return claiming your deceased spouse's unused estate tax exemption amount?		
18. Have you (or your spouse/partner) ever filed federal or state gift tax returns?		
19. Are you or your spouse/partner currently making annual gifts to anyone? If yes, please describe:		
20. Do you provide primary or other major financial support to adult children or others? If yes, please describe:		
21. Are there any charitable organizations you wish to make provisions for at the time of your death? If so, please explain:		
22. Do you have children, aged 18 to 50, naming you as their agent under a power of attorney or advance medical directive?		

INFORMATION ABOUT CHILDREN OR OTHER BENEFICIARIES

PLEASE PROVIDE THE REQUESTED INFORMATION FOR EACH.

Please PRINT LEGIBLY using the names as you wish them to appear in your planning documents.

Provide information on all children even if you are planning to disinherit them.

Full Name: _____ **Email:** _____
Relationship to you: ☐ Son ☐ Daughter ☐ Other (please specify): _____
If son or daughter, child of ☐ husband ☐ wife or ☐ both? ☐ adopted ☐ foster child
Date of Birth: ____/____/____ ☐ Student ☐ Employed: _____ **Disinherited?** ☐
Address: _____ **Phone:** _____
☐ Single ☐ Married **If married, spouse's name:** _____ **Number of Children:** _____
Financial Maturity: ☐ high ☐ medium ☐ low **Emotional Maturity:** ☐ high ☐ medium ☐ low
Please describe any special needs, considerations, potential problems/hardships/issues:

Full Name: _____ **Email:** _____
Relationship to you: ☐ Son ☐ Daughter ☐ Other (please specify): _____
If son or daughter, child of ☐ husband ☐ wife or ☐ both? ☐ adopted ☐ foster child
Date of Birth: ____/____/____ ☐ Student ☐ Employed: _____ **Disinherited?** ☐
Address: _____ **Phone:** _____
☐ Single ☐ Married **If married, spouse's name:** _____ **Number of Children:** _____
Financial Maturity: ☐ high ☐ medium ☐ low **Emotional Maturity:** ☐ high ☐ medium ☐ low
Please describe any special needs, considerations, potential problems/hardships/issues:

Full Name: _____ **Email:** _____
Relationship to you: ☐ Son ☐ Daughter ☐ Other (please specify): _____
If son or daughter, child of ☐ husband ☐ wife or ☐ both? ☐ adopted ☐ foster child
Date of Birth: ____/____/____ ☐ Student ☐ Employed: _____ **Disinherited?** ☐
Address: _____ **Phone:** _____
☐ Single ☐ Married **If married, spouse's name:** _____ **Number of Children:** _____
Financial Maturity: ☐ high ☐ medium ☐ low **Emotional Maturity:** ☐ high ☐ medium ☐ low
Please describe any special needs, considerations, potential problems/hardships/issues:

Information about additional children and beneficiaries may be provided on a separate sheet.

AN OVERVIEW OF YOUR FINANCES

Effective estate and asset protection planning requires that we have a complete understanding of your net worth and the makeup of your assets. Please be thorough in using this worksheet as we will use your provided information to advise you as to how to align your assets with your plan, and, if we are assisting with any type of asset protection planning, we will rely on these representations as accurate for purposes of determining eligibility for any government benefits. You may use additional pages if needed.

PLEASE PROVIDE APPROXIMATE CURRENT VALUE	CLIENT #1 OWNS	CLIENT #2 OWNS	PROPERTY OWNED JOINTLY
Cash Accounts (please list bank name for each account) ☐ Checking ☐ Savings ☐ Money Market ☐ CD Current Payable on Death Beneficiary: _____	\$	\$	\$
☐ Checking ☐ Savings ☐ Money Market ☐ CD Current Payable on Death Beneficiary: _____	\$	\$	\$
☐ Checking ☐ Savings ☐ Money Market ☐ CD Current Payable on Death Beneficiary: _____	\$	\$	\$
☐ Checking ☐ Savings ☐ Money Market ☐ CD Current Payable on Death Beneficiary: _____	\$	\$	\$
Non-Retirement Investment Accounts (please list brokerage name for each account) Current Payable on Death Beneficiary: _____	\$	\$	\$
Current Payable on Death Beneficiary: _____	\$	\$	\$
Current Payable on Death Beneficiary: _____	\$	\$	\$
Retirement Accounts (please list brokerage for each account) ☐ IRA ☐ 401(k) ☐ Roth IRA ☐ _____ Current Death Beneficiary: _____	\$	\$	\$
☐ IRA ☐ 401(k) ☐ Roth IRA ☐ _____ Current Death Beneficiary: _____	\$	\$	\$
☐ IRA ☐ 401(k) ☐ Roth IRA ☐ _____ Current Death Beneficiary: _____	\$	\$	\$
Stocks (please list stocks <u>not</u> held in brokerage account, above) ☐ in certificate form ☐ direct shares	\$	\$	\$
☐ in certificate form ☐ direct shares	\$	\$	\$
Bonds (please list bonds <u>not</u> held in brokerage account, above) ☐ Savings ☐ Treasury ☐ Municipal	\$	\$	\$
☐ Savings ☐ Treasury ☐ Municipal	\$	\$	\$
Digital Assets (e.g. Cryptocurrency, NFTs, etc.) Describe: _____	\$	\$	\$

PLEASE PROVIDE APPROXIMATE CURRENT VALUE	CLIENT #1 OWNS	CLIENT #2 OWNS	PROPERTY OWNED JOINTLY
Annuities (please list value or death benefit amount and company for each annuity) Tax deferred? ☐ Yes ☐ No Current Annuitant/ Beneficiary: _____ Does policy carry a long-term care rider? _____	\$	\$	\$
Tax deferred? ☐ Yes ☐ No Current Annuitant/ Beneficiary: _____ Does policy carry a long-term care rider? _____	\$	\$	\$
Tax deferred? ☐ Yes ☐ No Current Annuitant/ Beneficiary: _____ Does policy carry a long-term care rider? _____	\$	\$	\$
Life Insurance (please list company and <u>death benefit</u> amount for each insurance policy) (Cash value, if any: \$ _____) Current Death Beneficiary: _____	\$	\$	\$
(Cash value, if any: \$ _____) Current Death Beneficiary: _____	\$	\$	\$
(Cash value, if any: \$ _____) Current Death Beneficiary: _____	\$	\$	\$
529 Plans Please list current Designated Survivor:			
Real Estate (please list assessed value and address for each parcel owned) Primary Residence: Amount owed, if any: \$ _____ State: _____	\$	\$	\$
Amount owed, if any: \$ _____ State: _____	\$	\$	\$
Amount owed, if any: \$ _____ State: _____	\$	\$	\$
Business Interests (please list name, type and value) ☐ Corporation ☐ LLC ☐ LP ☐ State: _____ ☐ Real estate holdings included in value	\$	\$	\$
☐ Corporation ☐ LLC ☐ LP ☐ State: _____ ☐ Real estate holdings included in value	\$	\$	\$
☐ Corporation ☐ LLC ☐ LP ☐ State: _____ ☐ Real estate holdings included in value	\$	\$	\$
Vehicles (cars, motorcycles, boats, etc.) (please list make & model) Loan: \$ _____	\$	\$	\$
Loan: \$ _____	\$	\$	\$
Loan: \$ _____	\$	\$	\$

PLEASE PROVIDE APPROXIMATE CURRENT VALUE	CLIENT #1 OWNS	CLIENT #2 OWNS	PROPERTY OWNED JOINTLY
Household Furnishing (Tangible Personal Property)	\$	\$	\$
Value of Loans Being Repaid to You by Others Is there a promissory note?	\$	\$	\$
Miscellaneous/Other	\$	\$	\$
TOTAL ASSETS	\$	\$	\$
TOTAL LIABILITIES	\$	\$	\$
NET WORTH (Assets Less Liabilities)	\$	\$	\$

GROSS ANNUAL INCOME (ONLY NEEDED FOR MEDICAID OR VETERANS PLANNING)

SOURCE (please use BEFORE TAX FIGURES)	CLIENT #1	CLIENT #2	JOINT	TOTAL
Wages	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Investments	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

INFORMATION ABOUT YOUR ADVISORS

We look forward to working in cooperation with your advisors, according to your wishes.

ADVISORS	CONTACT OK?	ADVISOR NAME/COMPANY AFFILIATION	PHONE & E-MAIL
CPA			
FINANCIAL ADVISOR			
INSURANCE ADVISOR			
OTHER ADVISOR			

EXECUTORS, GUARDIANS, AGENTS & TRUSTEES

Important Note: We understand if you do not have this section completed before coming to the initial meeting. Not all roles will be needed for all estate plans; your attorney will provide you with more information about these roles in relationship to your needs. Once you decide on your candidates, we recommend that you discuss these responsibilities with the individuals you name and request their permission to be nominated. *Please print legibly using the names as you wish them to appear in your estate plan.*

Roles	Client #1 Agents' Names/City and State	Client #2 Agents' Names/City and State
Executor of your Will Please indicate who you want to act as the Executor of your estate. You can pick one person or institution to act alone or multiple persons or institutions as joint Executors at the same time who may act with or without the consent of the other depending on your wishes. Name your first choice and at least one alternate.	1st choice:	1st choice:
	2nd choice:	2nd choice:
	3rd choice:	3rd choice:
Guardian (for minor children, if any) Please indicate who you want to be the Guardian(s) of your minor children (if applicable). A Guardian is responsible for doing everything for your children that a parent would do (providing a home, food, clothing, medical care, education, etc.) until they are 18. Name your first choice and at least one alternate.	1st choice:	1st choice:
	2nd choice:	2nd choice:
Financial Power of Attorney Your Durable ("Financial") Power of Attorney gives the agent(s) you pick broad powers to manage your finances. It is critical that you pick people you completely trust as your agent will be given a broad scope of power. The Power of Attorney will be effective either <u>immediately</u> or at your incapacity and it will terminate at death. Name your first choice and at least one alternate.	1st choice:	1st choice:
	2nd choice:	2nd choice:
	3rd choice:	3rd choice:

Roles	Client #1 Agents' Names/City and State	Client #2 Agents' Names/City and State
Advance Medical Directive - Health Care Power of Attorney and Living Will - Your Health Care Power of Attorney gives an agent(s) you pick the ability to make your medical decisions if you are unable to do so yourself. Your Living Will informs medical providers about your end-of-life medical wishes. Name your first choice and at least one alternate.	1 st choice:	1 st choice:
	2 nd choice:	2 nd choice:
	3 rd choice:	3 rd choice:
HIPAA Authorization - This Authorization will name the people who you would like to have access to your protected medical information (HIPAA information), or to speak with your doctors if you become ill. You may name several people to serve simultaneously.		
Initial Trustees of Revocable Trust - Administers your trust while you are alive and well. Usually you as Trustmaker, and spouse, if married.		
Successor Trustee of Revocable Trust - Although you will be the initial Trustee of your Revocable Living Trust, name one or more successor Trustees to manage the Trust if you cannot serve due to incapacity or death. You may select an individual or institution as your successor Trustee(s). You may also select more than one party to act as Co-Trustees at the same time, and provide that they may act with or without the consent of the other. We highly recommend that you appoint a professional trustee as "Anchor Trustee."	Who will serve as successor Trustee of your Revocable Living Trust if you are incapacitated or deceased?	
	1 st choice:	1 st choice:
	2 nd choice	2 nd choice:
	3 rd choice ("Anchor Trustee")	3 rd choice ("Anchor Trustee")
Current Trustee of Irrevocable Trust – If you are creating an Irrevocable trust as part of your planning, please list who you would like to serve as Trustee.		