ESTATE PLANNING QUESTIONNAIRE

**Van Smith**

**Smith | Strong, PLC**

3111 Northside Ave., Suite 102, Richmond Virginia 23228

Phone: 804-325-1245 ◆ Fax: 804.482.2661

COMPLETING THIS WORKSHEET WILL GREATLY ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR INITIAL APPOINTMENT VIA MAIL IN THE PREPAID ENVELOPE PROVIDED OR FAX.

#### PLEASE PRINT ALL INFORMATION

**CLIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_**

**PERSONAL INFORMATION**

**❑ Married ❑ Divorced ❑ Widowed ❑ Single ❑ Partner**

**❑**  Mr. **❑**  Mrs. **❑**  Ms. **❑**  Dr. **❑**  Rev.

Your Full Legal Name Date of Birth

(name most often used to title property and accounts)

Also Known As

(other names used to title property and accounts and/or other names commonly used)

Preferred name to sign documents (e.g. use middle initial rather than full middle name)

Prefer to be called (e.g. nickname) SS# US Citizen? Veteran?

Home Address City State Zip

County of Residence Home Telephone: ( ) Cell Phone: ( )

E-mail Address

Employer Position

Business Address City State Zip

Business Phone: ( )

**❑**  Mr. **❑**  Mrs. **❑**  Ms. **❑**  Dr. **❑**  Rev.

Spouse/Partner’s Full Legal Name Date of Birth

(name most often used to title property and accounts)

Also Known As

(other names used to title property and accounts and/or other names commonly used)

Preferred name to sign documents (e.g. use middle initial rather than full middle name)

Date of Marriage If deceased, Date of Death:

Prefer to be called (e.g. nickname) SS# US Citizen? Veteran?

Home Address City State Zip

County of Residence Home Telephone: ( ) Cell Phone: ( )

E-mail Address

Employer Position

Business Address City State Zip

Business Phone: ( )

CHILDREN

**❑**  Mr. **❑**  Mrs. **❑**  Ms. **❑**  Dr. **❑**  Rev.

**Husband’s Child = H Wife’s Child = W Joint = J Child of:**   **❑**  M **❑**  F

Natural Child? **❑ Y ❑ N** Adopted? **❑ Y ❑ N**

Full Legal Name Date of Birth: Nickname:

If deceased, date of death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred name to sign documents (e.g. use middle initial rather than full middle name)

If deceased, date of death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address City State Zip

Home Telephone: ( ) Cell Phone: ( ) email:

Employer Position

Spouse/Partner Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grandchildren:

Full Legal Name Date of Birth: **❑** M **❑** F

Full Legal Name Date of Birth: **❑** M **❑** F

Full Legal Name Date of Birth: **❑** M **❑** F

**❑**  Mr. **❑**  Mrs. **❑**  Ms. **❑**  Dr. **❑**  Rev.

**Husband’s Child = H Wife’s Child = W Joint = J Child of:**   **❑**  M **❑**  F

Natural Child? **❑ Y ❑ N** Adopted? **❑ Y ❑ N**

Full Legal Name Date of Birth: Nickname:

If deceased, date of death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred name to sign documents (e.g. use middle initial rather than full middle name)

If deceased, date of death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address City State Zip

Home Telephone: ( ) Cell Phone: ( ) email:

Employer Position

Spouse/Partner Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grandchildren:

Full Legal Name Date of Birth: **❑** M **❑** F

Full Legal Name Date of Birth: **❑** M **❑** F

Full Legal Name Date of Birth: **❑** M **❑** F

**❑**  Mr. **❑**  Mrs. **❑**  Ms. **❑**  Dr. **❑**  Rev.

**Husband’s Child = H Wife’s Child = W Joint = J Child of:**  ❑ M ❑ F

Full Legal Name Date of Birth: Nickname:

Natural Child? **❑ Y ❑ N** Adopted? **❑ Y ❑ N**

Full Legal Name Date of Birth: Nickname:

If deceased, date of death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred name to sign documents (e.g. use middle initial rather than full middle name)

If deceased, date of death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address City State Zip

Home Telephone: ( ) Cell Phone: ( ) email:

Employer Position

Spouse/Partner Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grandchildren:

Full Legal Name Date of Birth: **❑** M **❑** F

Full Legal Name Date of Birth: **❑** M **❑** F

Full Legal Name Date of Birth: **❑** M **❑** F

**❑**  Mr. **❑**  Mrs. **❑**  Ms. **❑**  Dr. **❑**  Rev.

**Husband’s Child = H Wife’s Child = W Joint = J Child of:**  ❑ M ❑ F

Natural Child? **❑ Y ❑ N** Adopted? **❑ Y ❑ N**

Full Legal Name Date of Birth: Nickname:

If deceased, date of death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred name to sign documents (e.g. use middle initial rather than full middle name)

If deceased, date of death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address City State Zip

Home Telephone: ( ) Cell Phone: ( ) email:

Employer Position

Spouse/Partner Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grandchildren:

Full Legal Name Date of Birth: **❑** M **❑** F

Full Legal Name Date of Birth: **❑** M **❑** F

Full Legal Name Date of Birth: **❑** M **❑** F

**IF YOU NEED ADDITIONAL PAGES, YOU MAY COPY THIS PAGE.**

DISINHERITING

Is there anyone whom you wish to disinherit under your estate plan?

Name Relationship Disinherit his/her descendants also?

❑Yes ❑No

❑ Yes ❑ No

YOUR ADVISORS

**Name Phone e-mail**

Personal Attorney

Accountant

Financial Advisor

Life Insurance Agent

**PLAN DESIGN INFORMATION**

**GUARDIAN FOR MINOR CHILDREN**: If you have any children under the age of 18, list **in order of preference** who you wish to be guardian, if you and, if you are married, your spouse/partner are unable to care for them:

Name Address Phone

1. (H)

(C)

2. (H)

(C)

3. (H)

(C)

**INITIAL TRUSTEE(S):** Usually you will be the Initial Trustee of your own trust and, if married, both spouses will usually be the Initial Trustees of each respective trust. This allows you to control all of your assets as before.

Name Relationship

**DISABILITY TRUSTEES**: If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets that are held in your trust? Please list in the order of preference.

**FOR YOU**

Name Relationship

**FOR YOUR SPOUSE/PARTNER**

Name Relationship

**DEATH TRUSTEES:**: After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries? Please list in the order of preference.

If same as Disability Trustees, check this box **❑**

**FOR YOU**

Name Relationship

**FOR YOUR SPOUSE/PARTNER**

Name Relationship

**POWER OF ATTORNEY**: If you were unable to make financial decisions (for property not held in your trust, e.g. real estate, IRAs, etc.) for yourself, who would you want to make those decisions for you?

If same as Disability Trustee, check this box **❑**

**FOR YOU**

Name Relationship

**FOR YOUR SPOUSE/PARTNER**

Name Relationship

**Power of Attorney takes effect:**

**FOR YOU: FOR YOUR SPOUSE/PARTNER:**

**❑ Immediately ❑ Immediately**

**❑ Only if I am deemed incapacitated. ❑ Only if he/she is deemed incapacitated**

**HEALTH CARE AGENT**: If you are unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment? **Please list in order of preference.**

**FOR YOU**

Name Address Phone

1. (H)

(C)

2. (H)

(C)

3. (H)

(C)

**HEALTH CARE AGENT (continued)**

**FOR YOUR SPOUSE/PARTNER**

Name Address Phone

1. (H)

(C)

2. (H)

(C)

3. (H)

(C)

**HIPAA AUTHORIZATION: The Health Insurance Portability and Accountability Act of 1996** (**HIPAA)**; was enacted by the U. S. Congress in 1996. HIPAA protects the privacy of your *individually identifiable health information*. Please list below the persons that you want to authorize to discuss with and obtain advice from others regarding your health care or to facilitate decisions regarding your health care when you may not be able to do so. This includes those persons who you want to list as authorized to visit you if you are in a hospital or other medical facility. Generally, people list their spouse, children, parents, and sometimes siblings and or significant others such as friends, pastors, etc., but this is entirely your and your spouse/partner’s choice. The people you have named as your health care agents above should certainly be listed here.

**FOR YOU**

Name Relationship

**FOR YOUR SPOUSE/PARTNER**

Name Relationship

**ADVANCE MEDICAL DIRECTIVE/LIVING WILL**

Do you or your spouse wish to have any of your organs donated at your death? This can be specified more particularly in the separate Living Will document we will prepare for you.

YOU ❑Yes ❑No

YOUR SPOUSE/PARTNER: ❑Yes ❑No

Do you or your spouse wish to be cremated or buried?

YOU ❑ Cremation ❑ Burial

YOUR SPOUSE/PARTNER: ❑ Cremation ❑ Burial

**SPECIFIC DISTRIBUTIONS**

List any specific gifts of real estate, other tangible personal property (e.g. motor vehicles, jewelry, etc.) or cash gifts you wish to make to either individuals or charities upon your death. If you are married, indicate if the gift is only to be made if your spouse also is deceased.

Name of Individual or Charity Amount or Property Only upon death of spouse

# DIVISION OF BALANCE OF MY PROPERTY UPON MY DEATH OR, IF MARRIED, UPON THE DEATH OF THE SECOND SPOUSE:

**❑** DIVIDE EQUALLY BETWEEN MY CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN:

**❑** DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES. LIST THE PERCENTAGES FOR EACH (TOTAL SHOULD BE 100%):

Name Relationship Percentage

\_\_\_\_\_\_\_\_\_ %

\_\_\_\_\_\_\_\_\_ %

\_\_\_\_\_\_\_\_\_ %

\_\_\_\_\_\_\_\_\_ %

CHARITABLE GIFTS

Do you wish to have any part/percentage of your estate plan distributed to charitable organizations? If yes, what percentage of your entire estate plan do you wish to go to charity? \_\_\_\_\_\_\_\_\_\_%

Of this charitable portion, please list below the specific charities that you wish to name and the percentages of the Charitable Share to go to each. The total should add up to 100%.

Name City/State Percentage

PETS

Do you have any pets for whom you wish to provide care and custody if you and/or your spouse/partner are unable to care for them? Please provide the names of the pets and the persons you would like to name, in order of preference, to care for them if you are disabled and/or after your death:

Name of Pet Caregiver Name and Current Address

**REMOTE CONTINGENT BENEFICIARY**

Who do you want to receive your property in the unlikely event that no one listed above is alive to receive your property? Determining the remote contingent beneficiary is not so important that it should cause you to delay completion of your entire estate plan. It can always be changed at a later date.

In the remote event no one listed previously is alive to receive my property I want my property distributed as follows:

**❑**  All to my heirs-at-law (e.g., parents, siblings, cousins, etc.)

**❑** One half to my heirs-at-law and one half to my spouse/partner’s heirs-at-law.

**❑**  To the following named individuals and/or charities (Total must equal 100%).

Name Relationship Percentage

\_\_\_\_\_\_\_\_\_ %

\_\_\_\_\_\_\_\_\_ %

\_\_\_\_\_\_\_\_\_ %

\_\_\_\_\_\_\_\_\_ %

\_\_\_\_\_\_\_\_\_ %

\_\_\_\_\_\_\_\_\_ %

ADDITIONAL IMPORTANT FAMILY QUESTIONS

|  |  |  |
| --- | --- | --- |
| **(Please check “Yes” or “No” for your answer)** | **Yes** | **No** |
| Are you and/or your spouse/partner receiving Social Security, disability, or other governmental benefits? Please describe |  |  |
| Are you making payments pursuant to a divorce or property settlement order? Please furnish a copy. |  |  |
| Have you been widowed? If a federal estate tax return or a state death tax return was filed, please furnish a copy. |  |  |
| Do you and your spouse have a pre-marital or post marital agreement? Please furnish a copy. |  |  |
| Have you ever filed federal or state gift tax returns? Please furnish copies of these returns. |  |  |
| Do you have a previous will, trust, or other estate planning? Please furnish copies of these documents. |  |  |
| Are you currently the beneficiary of anyone else’s trust? If so, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |  |
| Do any of your children have special educational, medical, or physical needs? Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Do any of your children receive governmental support or benefits? |  |  |
| Do you provide primary or other major financial support to adult children or others? |  |  |

YOUR CONCERNS

Please rate the following as to how important they are to you:

(**H** high concern, **S** some concerned, **L** low concern, leave blank if no concern or not applicable)

**Description Level of Concern**

Desire to get affairs in order and create a comprehensive plan to manage affairs  
in case of death or disability.

Providing for and protecting a spouse.

Providing for and protecting children \

Providing for and protecting grandchildren.

Disinheriting a family member.

Providing for charities at the time of death.

Plan for the transfer and survival of a family business.

Avoiding or reducing your estate taxes.

Avoiding probate.

Reduce administration costs at time of your death.

Avoiding a conservatorship (“living probate”) in case of a disability.

Avoiding will contests or other disputes upon death.

Protecting assets from lawsuits or creditors.

Preserving the privacy of affairs in case of disability or at time of death  
 from business competitors, predators, dishonest persons and curiosity seekers.

Plan for a child with disabilities or special needs, such as   
medical or learning disabilities.

Protecting children’s inheritance from the possibility of failed marriages.

Protect children’s inheritance in the event of a surviving spouse’s remarriage.

**OTHER ITEMS TO INCLUDE OR DISCUSS: Your estate plan should address all of your hopes, fears, and wishes. Please list any other items you want included or want to discuss:**

**ASSET INFORMATION**

**Providing the information requested on the following pages is most important for us to design an estate plan that will best fulfil your goals.**

**General Headings** This **Asset Information**checklist helps you list all of your assets and property that you own and what it is worth. If you do not own assets or property under a particular heading, just leave that section blank. Under certain headings, you may own more assets or property than can be listed on this checklist. If so, attach extra sheets of paper to list your additional property.

**Type** Immediately after the heading for each kind of asset or property is a brief explanation of what asset or property you should list under that heading.

**“Owner” of Property** How you own your property is **extremely important** for purposes of properly designing and implementing your estate plan. For each property, please indicate how the property is titled. When doing so, please use the following abbreviations:

|  |  |
| --- | --- |
| **Owner of Property** | **Use** |
| If married, Husband’s name alone, with no other person | H |
| If married, Wife’s name alone, with no other person | W |
| If married, Joint Tenancy with spouse | JTS |
| Joint Tenancy with someone other than a spouse, i.e. a child, parent, sibling, etc. | JTO |
| If you cannot determine how the property is owned | ? |

**REAL PROPERTY**

**TYPE:** Any interest in real estate including your primary family residence, vacation home, timeshare, vacant land, etc. If owned jointly by you and your spouse/partner, write “JT” under “Owner.”

**Market Loan  
General Description and/or Address Owner Value Balance**

***Total***

FURNITURE AND PERSONAL EFFECTS

**TYPE:** List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property *(indicate type below and* ***give a lump sum value for miscellaneous****, less valuable items.).*

**Type or Description Owner Market Value**

Miscellaneous Furniture and Household Effects (Total)

***Total***

AUTOMOBILES, BOATS, AND RVS

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description (year, make & model), how titled, market value and encumbrance:

**Type or Description Owner Market Value**

***Total***

BANK ACCOUNTS

**TYPE:** Checking Account “CA”, Savings Account “SA”, Certificates of Deposit “CD”, Money Market “MM” (*indicate type below).* ***Do not include IRAs or 401(k)s here***

Name of Institution Type Owner Amount

***Total***

Note: If an account is in your name (or your spouse’s name) for the benefit of a minor, please specify and give minor’s name.

STOCKS AND BONDS

**TYPE:** List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. *(indicate type below)*

Stocks, Bonds or Investment Accounts Type Acct. Number Owner Amount

***Total***

LIFE INSURANCE POLICIES AND ANNUITIES

**TYPE:** Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

***Total***

RETIREMENT PLANS

**TYPE:** Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the current value of the plan, and any other pertinent information.

***Total***

**Business Interests**

**TYPE:** General and Limited Partnerships, Sole Proprietorships, privately-owned corporations, professional corporations, oil interests, farm, and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

***Total***

MONEY OWED TO YOU

**TYPE:** Mortgages or promissory notes payable **to** **you,** or other moneys owed to you.

**Date of Maturity Owed Current**  
**Name of Debtor Note Date to Balance**

***Total***

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

**TYPE:** Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail**.

**Description**

***Total estimated value***

OTHER ASSETS

**TYPE:** Other property is any property that you have that does not fit into any listed category.

**Type Owner Value**

***Total***

**LIABILITIES/DEBTS**

List your and your spouse/partner’s liabilities/debts other than mortgages on real property (which should be listed on page 13 above); e.g. credit card debt, promissory loans owed to others:

Description **Amount Owed**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUMMARY OF VALUES

**Amount\***

**Assets You Spouse/Partner Total Value**

Real Property

Furniture and Personal Effects

Automobiles, Boats and RV’s

Bank and Savings Accounts

Stocks and Bonds `

Life Insurance and Annuities

Retirement Plans

Business Interests

Money owed to you

Anticipated Inheritance, Etc.

Other Assets

**Total Assets:**

*\** ***If Joint Property values enter 1/2 in “you” column and 1/2 in “spouse/partner” column.***