

ESTATE PLANNING QUESTIONNAIRE

Van Smith

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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: _____

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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?	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> 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
_____	_____
_____	_____

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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:

- Immediately
- Only if I am deemed incapacitated.

FOR YOUR SPOUSE/PARTNER:

- Immediately
- 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) _____

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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
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

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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
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

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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.

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.

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.

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."

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	Total	_____	_____

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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.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

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

Assets	Amount*		Total Value
	You	Spouse/Partner	
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.*