



Confidential Estate Planning Questionnaire

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Confidential Estate Planning Questionnaire

FOR OFFICE USE ONLY—Date: _____ Interviewer: _____ Date Completed By Client

INSTRUCTIONS:

- Please be careful to spell all names correctly.
- If you are unsure of a question, simply leave it blank. Attach extra pages if you need more space.
- If you have prior estate planning documents, such as a Will or Trust, please bring them with you.
- If you are married, BOTH spouses must attend the first meeting. **If for any reason, one spouse or any person whose involvement is necessary cannot attend, or if you have a problem with this, please call in advance.**

Please bring a copy of the last income tax return you filed.

PLEASE COMPLETE THE ENTIRE QUESTIONNAIRE AND RETURN AT LEAST 48 HOURS PRIOR TO YOUR APPOINTMENT.

Part One: Personal Information

Your Name _____ SSN _____

Date of Birth ____/____/____

Age _____

U.S. Citizen? ☐ Y ☐ N

Are you retired? ☐ Y ☐ N

Home Phone (____)____-____

Cell Phone (____)____-____

Personal E-mail _____

Is Your Health? ☐ Good ☐ Fair ☐ Poor

Describe any current problems: _____

Have you had any major surgeries in the past 10 years? ☐ Y ☐ N

Describe: _____

Are you (or your spouse) receiving home care or assisted living care? ☐ Y ☐ N

Were you previously married? ☐ Y ☐ N If you had a divorce agreement, please bring it.

Occupation (or prior one, if retired): _____

Employer _____

Work Phone (____)____-_____

Are you (or your spouse) a military veteran? ☐ Y ☐ N

How did you hear about AlperinLaw? _____

Your Spouse's Name _____ **SSN** _____

Date of Birth ____/____/____

Age _____

U.S. Citizen? ☐ Y ☐ N

Are you retired? ☐ Y ☐ N

Home Phone (____)____-_____

Cell Phone (____)____-_____

Personal E-mail _____

Is Your Health? ☐ Good ☐ Fair ☐ Poor

Describe any current problems: _____

Have you had any major surgeries in the past 10 years? ☐ Y ☐ N

Describe: _____

Are you (or your spouse) receiving home care or assisted living care? ☐ Y ☐ N

Were you previously married? ☐ Y ☐ N

If you had a divorce agreement, please bring it

Occupation (or prior one, if retired): _____

Children and Family

Full Name	Sex	DOB	Parent	No. of Children
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1. _____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	<input type="checkbox"/> Ours <input type="checkbox"/> His <input type="checkbox"/> Hers	_____
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Address

Home Phone (____)____-_____

Cell Phone (____)____-_____

E-mail _____

Marital Status _____

Are you concerned with this child's ability to manage money? ☐ Y ☐ N

Does this child have a Living Trust? ☐ Y ☐ N

If so, was it prepared by us? ☐ Y ☐ N

Full Name **Sex** **DOB** **Parent** **No. of Children**
2. _____ ☐ M ☐ F ____ / ____ / ____ ☐ Ours ☐ His ☐ Hers _____

Address _____

Home Phone (____) _____ - _____

Cell Phone (____) _____ - _____

E-mail _____

Marital Status _____

Are you concerned with this child's ability to manage money? ☐ Y ☐ N

Does this child have a Living Trust? ☐ Y ☐ N

If so, was it prepared by us? ☐ Y ☐ N

Full Name **Sex** **DOB** **Parent** **No. of Children**
3. _____ ☐ M ☐ F ____ / ____ / ____ ☐ Ours ☐ His ☐ Hers _____

Address _____

Home Phone (____) _____ - _____

Cell Phone (____) _____ - _____

E-mail _____

Marital Status _____

Are you concerned with this child's ability to manage money? ☐ Y ☐ N

Does this child have a Living Trust? ☐ Y ☐ N

If so, was it prepared by us? ☐ Y ☐ N

Full Name **Sex** **DOB** **Parent** **No. of Children**
4. _____ ☐ M ☐ F ____ / ____ / ____ ☐ Ours ☐ His ☐ Hers _____

Address _____

Home Phone (____) _____ - _____

Cell Phone (____) _____ - _____

E-mail _____

Marital Status _____

Are you concerned with this child's ability to manage money? ☐ Y ☐ N

Does this child have a Living Trust? ☐ Y ☐ N

If so, was it prepared by us? ☐ Y ☐ N

Do all of your children get along? ☐ Y ☐ N

Do you have any deceased children? ☐ Y ☐ N

If so, do they have any surviving children and/or grandchildren? ☐ Y ☐ N

Names _____

Do you provide primary or other major financial support to adult children or others?
☐ Y ☐ N

Do any of your children have step-children? ☐ Y ☐ N If so, which child(ren) and how many?

Age of grandchildren: Youngest _____ Oldest _____

Age of great-grandchildren: Youngest _____ Oldest _____

Any children, grandchildren or great-grandchildren that were born out of wedlock?
☐ Y ☐ N

Do any of your children, grandchildren or great-grandchildren have major medical problems? ☐ Y ☐ N

Do you want to exclude anyone from receiving any portion of your estate? ☐ Y ☐ N

If so,whom? _____

Do you (or your spouse) have a trust with a previously deceased spouse? ☐ Y ☐ N

What is the name, address, e-mail address and phone number of your CPA or Tax Preparer?

What is the name, address, e-mail address and phone number of your Financial Advisor?

What are your goals in creating or upgrading your estate plan? (check all that apply):

☐ Avoiding Probate

☐ Avoiding Estate Taxes

- ☐ Making sure I'll be taken care of if disabled ☐ Making sure my loved ones' inheritance is protected from spouses, lawsuits, divorces, etc.
☐ Maximizing my loved ones' inheritance
☐ Making sure my loved ones don't squander it ☐ Passing on my values as well as my assets
☐ Making sure younger loved ones get a good education and career ☐ Peace of mind
☐ Other: _____

For Married Couples Only

Date of Marriage: Month _____ Day _____ Year _____

Do you and your spouse consider all of your assets joint property?

☐ Y ☐ N

Did you or your spouse receive any valuable gifts or inheritances after marriage?

☐ Y ☐ N

Would you consider future inheritances as joint property?

☐ Y ☐ N

Did you or your spouse come into your marriage with any substantial assets?

☐ Y ☐ N

Do you have a pre-marital or post-marital agreement? (If yes, please bring it)

☐ Y ☐ N

Part Two: Financial Information

INSTRUCTIONS:

- Please print. Be as specific as you can with regard to account names.
- Account balances will vary, so please just list the approximate balance of each account.
- Watch for REMINDERS regarding papers we would like you to bring in.

Banks, Savings & Loans and Credit Unions

These are accounts not in an IRA. Please list IRA and other retirement accounts separately on page 7.

Name of Institution	Ownership	Account Type	Approx. Balance
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1. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
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2. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
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3. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
4. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
5. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
6. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
Total Value:			\$ _____

Are any of these accounts “POD” (pay on death), “TOD” (transfer on death) or “ITF” (in trust for someone)?

☐ Y ☐ N If yes, which ones? (insert # above)

Stocks or Bonds — Not in a Brokerage Account

These include certificates you actually hold; please list Mutual Funds on page 5.

Stock	Ownership	Shares	Approx. Market Value
1. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
2. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
3. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
4. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
5. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
6. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
Total Value:			\$ _____

Mutual Funds and/or Brokerage Accounts

These are accounts not in an IRA. Please list IRA and other retirement accounts separately on page 7.

Name of Firm of Fund/Account	Ownership	Approx. Market Value
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1. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	\$ _____
2. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	\$ _____
3. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	\$ _____
4. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	\$ _____
5. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	\$ _____
6. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	\$ _____
Total Value:		\$ _____

Are any of these accounts "POD" (pay on death), "TOD" (transfer on death) or "ITF" (in trust for someone)?

☐ Y ☐ N If yes, which ones? (insert # above) _____

Would you be willing to sell any of the above stocks or mutual funds if you could avoid capital gains taxes? ☐ Y ☐ N

Would you like more spendable income from your investments? ☐ Y ☐ N

Promissory Notes & Trust Deeds Owed to You

(Where someone is paying you on a note)

REMINDER: If secured, please bring the original or a copy of the recorded Trust Deed ("T.D.").

Name of Debtor	Secured by T.D.?	Due Date	Original Amount	Balance Due
1. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____	\$ _____
2. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____	\$ _____
3. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____	\$ _____
4. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____	\$ _____
5. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____	\$ _____
Total Value:			\$ _____	

Do any of your children owe you money? ☐ Y ☐ N

Who?	How Much?	Reduce child's share by amount owed?
_____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N

_____ \$ _____

☐ Y ☐ N

Real Estate

Please list all homes, rental properties, other buildings, land and timeshares in which you have an interest.

REMINDER: Please bring both the GRANT DEED or a recent PROPERTY TAX BILL for each property.

Property Address	Original Cost	Current Value	Debt or Mortgage	Net Value
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____	\$ _____
7. _____	\$ _____	\$ _____	\$ _____	\$ _____
8. _____	\$ _____	\$ _____	\$ _____	\$ _____

Net annual cash flow on rental real estate: \$ _____

Total Net Value: \$ _____

(If not sure, please bring copy of recent tax return.)

Are you planning on selling any of your real estate soon? ☐ Y ☐ N

Which #? _____

Would you consider selling if you could avoid capital gains taxes? ☐ Y ☐ N

Which #? _____

Are any properties owned with someone other than your spouse? ☐ Y ☐ N

Which #? _____

Are any properties owned by an entity? (such as a Corp., LLC, FLP) ☐ Y ☐ N

Which #? _____

Do any of your children (or other relatives) reside on any of your properties? ☐ Y ☐ N

Which #? _____

IRA Accounts & Company Retirement Plans *(including qualified annuities)*

Custodian of Account	Type	Account Owner	Primary Beneficiary	Secondary Beneficiary	Approx. Value
1. _____		<input type="checkbox"/> H or <input type="checkbox"/> W	_____	_____	\$ _____
2. _____		<input type="checkbox"/> H or <input type="checkbox"/> W	_____	_____	\$ _____
3. _____		<input type="checkbox"/> H or <input type="checkbox"/> W	_____	_____	\$ _____
4. _____		<input type="checkbox"/> H or <input type="checkbox"/> W	_____	_____	\$ _____
5. _____		<input type="checkbox"/> H or <input type="checkbox"/> W	_____	_____	\$ _____
Total Value:					\$ _____

Are you concerned about your future retirement income? ☐ Y ☐ N

Life Insurance

Insured Person	Policy Owner	Primary Beneficiary	Secondary Beneficiary	Company	Cash Value (if any)	Death Benefit
1. _____	_____	_____	_____	_____	\$ _____	\$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

Total Value: \$ _____

Do you have Long-Term Care Insurance (to cover extended nursing care costs)? ☐ Y ☐ N
(If so, please provide copy of the policy and information on current benefits and term of benefits.)

Do you have parents or other relatives in assisted living or a nursing home? ☐ Y ☐ N

Non-Qualified Annuities (Not a Retirement Plan)

(Please list qualified annuities separately above.)

Name of Insurance Company	Owner	Primary Beneficiary	Secondary Beneficiary	Total Value
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____

Total Value: \$ _____

Limited or General Partnerships

Name of Partnership	Limited or General?	Ownership %	Total Market Value
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____

Total Value: \$ _____

Businesses

Business Name	Is it a Corporation?	Ownership %	Buy-Sell Agreement?	Total Value
1. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____
2. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____
Total Value:				\$ _____

Anticipating selling your business(es) anytime soon? ☐ Y ☐ N

Other Assets

Are you expecting any inheritances soon? ☐ Y ☐ N

If so, from whom? _____

Approximately how much? \$ _____

Please list unusually valuable personal items such as art, coins, jewelry, collections, etc.

Please list any other assets not mentioned such as stock options, patents, royalties, etc.

Miscellaneous Information

What are your favorite hobbies? ☐ Antiques ☐ Arts/Crafts ☐ Coin Collecting ☐ Computers

☐ Cooking ☐ Exercise ☐ Fishing ☐ Gardening ☐ Golf ☐ Photography ☐

Puzzles/Games ☐ Reading ☐ Sewing/Knitting ☐ Shopping ☐ Spectator Sports

☐ Tennis ☐ Traveling

☐ Other: _____

What are your spouse's favorite hobbies? ☐ Antiques ☐ Arts/Crafts

☐ Coin Collecting ☐ Computers ☐ Cooking ☐ Exercise ☐ Fishing ☐ Gardening

☐ Golf ☐ Photography ☐ Puzzles/Games ☐ Reading ☐ Sewing/Knitting ☐

Shopping ☐ Spectator Sports ☐ Tennis ☐ Traveling ☐

Other: _____

Do you know of any friends, relatives, neighbors and/or co-workers that may benefit from our services?

Name _____

Address _____

Name _____

Address _____

Are you (or your spouse) a part of any local groups, clubs or organizations? ☐ Y ☐ N

If so, which ones? _____

SUMMARY Please complete the following Financial Summary **Please Total These Figures Manually**

ASSETS	HUSBAND	WIFE	JOINT
Liquid Assets	\$ _____	\$ _____	\$ _____
Retirement Plans	\$ _____	\$ _____	\$ _____
Brokerage Accounts / Mutual Funds	\$ _____	\$ _____	\$ _____
Stocks & Bonds	\$ _____	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____	\$ _____
Personal Effects & Other Assets	\$ _____	\$ _____	\$ _____
Other Assets	\$ _____	\$ _____	\$ _____
Insurance & Annuities	\$ _____	\$ _____	\$ _____
Corporations / Partnerships,	\$ _____	\$ _____	\$ _____
TOTAL EACH COLUMN	\$ _____	\$ _____	\$ _____
TOTAL ASSETS:			\$ _____
<u>LIABILITIES</u>	<u>AMOUNT</u>		
	HUSBAND	WIFE	JOINT
Notes on Residence	\$ _____	\$ _____	\$ _____
Other Notes	\$ _____	\$ _____	\$ _____

	HUSBAND	WIFE	JOINT
Automobile Loans	\$ _____	\$ _____	\$ _____
Notes Payable	\$ _____	\$ _____	\$ _____
Loans Against Life Insurance	\$ _____	\$ _____	\$ _____
Credit Cards	\$ _____	\$ _____	\$ _____
Bills Due	\$ _____	\$ _____	\$ _____
Personal Loans	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
TOTAL EACH COLUMN	\$ _____	\$ _____	\$ _____
TOTAL LIABILITIES: \$ _____			

NET WORTH

	<u>AMOUNT</u>		
	HUSBAND	WIFE	JOINT
TOTAL ASSETS	\$ _____	\$ _____	\$ _____
-TOTAL LIABILITIES	-\$ _____	-\$ _____	-\$ _____
NET WORTH:	\$ _____	\$ _____	\$ _____
TOTAL FAMILY NET WORTH: \$ _____			

INCOME

1. Fixed (Monthly)	Husband	Wife
Social Security	\$ _____	\$ _____
Civil Service	\$ _____	\$ _____
Other Government Retirement	\$ _____	\$ _____
Pension _____	\$ _____	\$ _____
Pension _____	\$ _____	\$ _____
TOTAL FIXED INCOME	\$ _____	\$ _____

2. Investment (Monthly)		
Interest	\$ _____	\$ _____
Dividends	\$ _____	\$ _____
IRA Withdrawals	\$ _____	\$ _____
Rental	\$ _____	\$ _____
TOTAL INVESTMENT INCOME	\$ _____	\$ _____
TOTAL FAMILY INCOME:		\$ _____