



# Confidential Estate Planning Questionnaire

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# Confidential Estate Planning Questionnaire

FOR OFFICE USE ONLY—Date: \_\_\_\_\_ Interviewer: \_\_\_\_\_

## 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 Alperin Law? \_\_\_\_\_

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): \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of \_\_\_\_\_

Contact Name and Number if other than client: \_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_

## Children and Family

**Full Name** \_\_\_\_\_ **Sex** (CIRCLE ONE) **DOB** \_\_\_\_\_ **Parent** (CIRCLE ONE) **No. of Children** \_\_\_\_\_  
1. \_\_\_\_\_ 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** (CIRCLE ONE) **DOB** \_\_\_\_\_ **Parent** (CIRCLE ONE) **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** (CIRCLE ONE) **DOB** \_\_\_\_\_ **Parent** (CIRCLE ONE) **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** (CIRCLE ONE) **DOB** \_\_\_\_\_ **Parent** (CIRCLE ONE) **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):**

- |   |   |
|---|---|
| <input type="checkbox"/> Avoiding Probate   | <input type="checkbox"/> Avoiding Estate Taxes  |
| <input type="checkbox"/> Making sure I'll be taken care of if disabled                  | <input type="checkbox"/> Making sure my loved ones' inheritance is protected from spouses, lawsuits, divorces, etc. |
| <input type="checkbox"/> Maximizing my loved ones' inheritance                          | <input type="checkbox"/> Passing on my values as well as my assets  |
| <input type="checkbox"/> Making sure my loved ones don't squander it                    | <input type="checkbox"/> Peace of mind  |
| <input type="checkbox"/> Making sure younger loved ones get a good education and career |   |
| <input type="checkbox"/> 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 (Checking, Savings, CD)	Approx. Balance
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	_____	\$ _____
<b>Total Value:</b>			\$ _____

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 (Number of 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	_____	\$ _____
<b>Total Value:</b>			\$ _____

# 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
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	\$ _____
<b>Total Value:</b>		\$ _____

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	_____	\$ _____	\$ _____
<b>Total Value:</b>			\$ _____	\$ _____

Do any of your children owe you money?  Y  N

If yes:	Who?	How Much?	Reduce child's share by amount owed?
_____	_____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> 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. <small>(LIST PRIMARY RESIDENCE HERE)</small>	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____	\$ _____
7. _____	\$ _____	\$ _____	\$ _____	\$ _____
8. _____	\$ _____	\$ _____	\$ _____	\$ _____

**Net annual cash flow on rental real estate:** \$ \_\_\_\_\_  
*(If not sure, please bring copy of recent tax return.)*

**Total Net Value:** \$ \_\_\_\_\_

### Which #?

- Are you planning on selling any of your real estate soon?  Y  N \_\_\_\_\_
- Would you consider selling if you could avoid capital gains taxes?  Y  N \_\_\_\_\_
- Are any properties owned with someone other than your spouse?  Y  N \_\_\_\_\_
- Are any properties owned by an entity? (such as a Corp., LLC, FLP)  Y  N \_\_\_\_\_
- Do any of your children (or other relatives) reside on any of your properties?  Y  N \_\_\_\_\_

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

<b>Custodian of Account</b> <i>(Bank, Broker, Employer)</i>	<b>Type</b> <i>(IRA, 401K, etc.)</i>	<b>Account Owner</b> <i>(Husband or Wife)</i>	<b>Primary Beneficiary</b>	<b>Secondary Beneficiary</b>	<b>Approx. Value</b>
1. _____	_____	H or W	_____	_____	\$ _____
2. _____	_____	H or W	_____	_____	\$ _____
3. _____	_____	H or W	_____	_____	\$ _____
4. _____	_____	H or W	_____	_____	\$ _____
5. _____	_____	H or W	_____	_____	\$ _____
<b>Total Value:</b>					\$ _____

Are you concerned about your future retirement income?  Y  N

**Life Insurance**

<b>Insured Person</b>	<b>Policy Owner</b>	<b>Primary Beneficiary</b>	<b>Secondary Beneficiary</b>	<b>Company</b>	<b>Cash Value (if any)</b>	<b>Death Benefit</b>
1. _____	_____	_____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	_____	_____	\$ _____	\$ _____
<b>Total Value:</b>						\$ _____

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.)*

<b>Name of Insurance Company</b>	<b>Owner</b>	<b>Primary Beneficiary</b>	<b>Secondary Beneficiary</b>	<b>Total Value</b>
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
<b>Total Value:</b>				\$ _____

**Limited or General Partnerships**

<b>Name of Partnership</b>	<b>Limited or General?</b>	<b>Ownership %</b>	<b>Total Market Value</b>
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
<b>Total Value:</b>			\$ _____



## 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	\$ _____
<b>Total Value:</b>				\$ _____

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

<b>ASSETS</b>	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	\$ _____	\$ _____	\$ _____
<b>TOTAL ASSETS:</b>			\$ _____
<b>LIABILITIES</b>	<b>AMOUNT</b>		
	HUSBAND	WIFE	JOINT
Notes on Residence	\$ _____	\$ _____	\$ _____
Other Notes	\$ _____	\$ _____	\$ _____
Automobile Loans	\$ _____	\$ _____	\$ _____
Notes Payable	\$ _____	\$ _____	\$ _____
Loans Against Life Insurance	\$ _____	\$ _____	\$ _____
Credit Cards	\$ _____	\$ _____	\$ _____
Bills Due	\$ _____	\$ _____	\$ _____
Personal Loans	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
TOTAL EACH COLUMN	\$ _____	\$ _____	\$ _____
<b>TOTAL LIABILITIES:</b>			\$ _____

**NET WORTH**

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

**INCOME**

<b>1. Fixed (Monthly)</b>	Husband	Wife
Social Security	\$ _____	\$ _____
Civil Service	\$ _____	\$ _____
Other Government Retirement	\$ _____	\$ _____
Pension _____	\$ _____	\$ _____
Pension _____	\$ _____	\$ _____
TOTAL FIXED INCOME	\$ _____	\$ _____
<b>2. Investment (Monthly)</b>		
Interest	\$ _____	\$ _____
Dividends	\$ _____	\$ _____
IRA Withdrawals	\$ _____	\$ _____
Rental	\$ _____	\$ _____
TOTAL INVESTMENT INCOME	\$ _____	\$ _____
<b>TOTAL FAMILY INCOME: \$ _____</b>		