

ESTATE PLANNING WORKSHEET

Estate Planning and Administration
Elder Law - Special Needs
International Tax

ESTATE PLANNING QUESTIONNAIRE

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.
ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

Personal Information:

Full Legal Name: _____

Other Names used: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Can we call you at work? Yes No

Email address: _____

Can we email documents? Yes No

Date of Birth: _____

Place of Birth: _____

Address: _____

Are you a veteran? Yes No

Marital Status: Never Married Divorced
 Widowed Married

If Married, provide **Spouse information:**

Name: _____

Date of the marriage: _____

Pre-nuptial or post-nuptial agreement: Yes No

If yes, please provide a copy of the agreement.

Prior marriages:

Name of former spouse: _____

Please provide a copy of the divorce agreement and order

Family Information

Children names (and date of birth for minor children only):

Other family members:

YOUR CONCERNS

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

(H high concern, S some concerned, L low concern, N/A 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 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.	
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	

Other Concerns (Please list below):

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you receiving Social Security, disability, or other governmental benefits? <i>Describe</i> _____		
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
Have you been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have you completed a previous will, trust, or estate plan? <i>Please furnish copies of these documents</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

ADDITIONAL RELEVANT INFORMATION

Executor – Personal Representative of your Will:

1) Primary Executor(s):

Name: _____
Relationship: _____
Address: _____

Home Phone: _____
Cell Phone: _____
Email: _____

3) Successor Executor(s):

Name: _____
Relationship: _____
Address: _____

Home Phone: _____
Cell Phone: _____
Email: _____

2) Successor Executor(s):

Name: _____
Relationship: _____
Address: _____

Home Phone: _____
Cell Phone: _____
Email: _____

4) Successor Executor(s):

Name: _____
Relationship: _____
Address: _____

Home Phone: _____
Cell Phone: _____
Email: _____

* If appointing co-executors: Co-executors must act together? or Co-executors may act separately?

Trustees for your Revocable Trust or for other Trusts:

Is this a Restated Amendment: Yes No

If yes, name & date of Trust: _____

Are they the same as your Executor(s)? Yes (skip to Your Wishes) / No (fill in your selection(s) below)

1) Primary Trustee(s):

Name: _____
Relationship: _____
Address: _____

Home Phone: _____
Cell Phone: _____
Email: _____

3) Successor Trustee(s):

Name: _____
Relationship: _____
Address: _____

Home Phone: _____
Cell Phone: _____
Email: _____

2) Successor Trustee(s):

Name: _____
Relationship: _____
Address: _____

Home Phone: _____
Cell Phone: _____
Email: _____

4) Successor Trustee(s):

Name: _____
Relationship: _____
Address: _____

Home Phone: _____
Cell Phone: _____
Email: _____

* If appointing co-Trustees: Co-Trustees must act together? or Co-Trustees may act separately?

Trustees (CONTINUED):

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Will there be an initial co-Trustee to act immediately with you? Yes No
If yes, name and relationship: _____
2. Would you like to designate a Trust Advisor /Protector? Yes No
If yes, please provide their name: _____
3. Shall beneficiaries have the right to remove a Trustee & appoint a corporate Trustee? Yes No
4. Can a Trustee other than Settlor make gifts during the Settlor's lifetime? Yes No

Power of Attorney (Financial Power):

Are they the same as your Executor(s)? Yes (skip to Your Wishes) / No (fill in your selection(s) below)

1) Primary Agent(s):

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

3) Alternate Agent(s):

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

2) Alternate Agent(s):

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

4) Alternate Agent(s):

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

* If appointing co-Agents: Co-Agents must act together? or Co-Agents may act separately?

SELECT ONE OF THE THREE FOLLOWING OPTIONS FOR EACH CATEGORY:

Powers:

1. Immediate Power: effective upon signing
2. Springing Power: effective only upon medical certification
3. Combination Power: effective upon signing for the primary agent, but only upon medical certification for any alternates agent(s).

Gifting Powers:

1. Shall your agent have full gifting powers?
2. Do you want limitations on your agent's gifting powers?
3. Do you want a third party to authorize your agent's gifting powers?

Medical Power – Advance Medical Directive:

Are they the same as listed in Power of Attorney?

Yes (skip to Your Wishes) / No (fill in your selection(s) below)

1) Primary Agent(s):

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

3) Alternate Agent(s):

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

2) Alternate Agent(s):

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

4) Alternate Agent(s):

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

* If appointing co-Agents: Co-Agents must act together? or Co-Agents may act separately?

FOR EACH QUESTION, SELECT ONE OPTION:

- You want your Living Will to supersede the power of your agent.
 You want the power of your agent to supersede your Living Will.
- Women: If you are pregnant:
 The viability of the baby shall be a priority. Your agent shall only consent to the removal of life-prolonging procedures, if the viability of the baby is very poor.
 The viability of the baby shall not be a priority. Your agent shall make a healthcare decision for you.

PLEASE ANSWER YES OR NO:

- Do you want to authorize your agent to consent to experimental medicine as treatment? Yes/ No
- Do you want organ donation instructions? Yes/ No
- Do you want funeral instructions? Yes/ No

HIPAA Release:

Any additional individuals you would like to have access to your medical records?

Distribution Options:

SELECT AN OPTION(S) FOR EACH CATEGORY:

1. **Tangible Personal Property:**

(Any personal property remaining after specifically designated items or if there are no specifically designated items)

Spouse Children Residue of Estate Other: _____

2. **Special Bequests:**

(Specific distributions paragraphs for specific gifts to a specified individual or organization)

Specific Sum or percentage of Estate/Trust Assets. \$ _____ or _____ %
Individual(s) or organization & relationship(s): _____

Specific parcel of real property. Address: _____
Property Description: _____
Individual(s) or organization & relationship(s): _____

Specific Asset (other than real property): Description: _____
Individual(s) or organization & relationship(s): _____

Other: _____

* If a beneficiary above is deceased:

- To their children (*per stirpes*)? Equally among the other named beneficiaries (*pro rata*)?
 Residue of Estate/ Trust Assets? Other? _____

3. **Residue of Estate/Trust Assets (Main Beneficiaries):**

(After any special bequests, this is how the rest, remainder and residue of Assets shall be distributed)

- In equal shares to my children. (Either outright or in a Trust)
 Outright to a single beneficiary. Name & Relationship: _____
 In equal shares to named beneficiaries. Individual(s) or organization & relationship(s): _____

To my "Heirs at Law" (*Estate goes to heirs pursuant to the provisions under Virginia law*)

* If a beneficiary above is deceased:

- To their children (*per stirpes*)? Equally among the other named beneficiaries (*pro rata*)?
 Residue of Estate/ Trust Assets? Other? _____

4. Contingent Beneficiaries:

(If all of the main beneficiaries mentioned above pre-decease you)

- Outright to a single beneficiary/organization. Name & Relationship: _____
- In equal shares to named beneficiaries. Individual(s) or organization & relationship(s): _____
- To my "Heirs at Law" (Estate goes to heirs pursuant to the provisions under Virginia law)

5. Other Specific Requests, Options or Information to add to your Will or Trust:

Digital Assets: (social networking sites)

Do you want to allow your Executor/Personal Representative to have complete access to your digital assets, or would you like to limit access? Complete Access Limit Access Other

If you chose limit access or other, how? Please explain: _____

Pets:

Any particular instructions?

Guardians for Minor Children:

Name & Relationship of first guardian(s): _____

In case of co-guardians:

- *If one of the guardians dies or is unable to serve, does the other serve alone?* Yes No
- *If they are married and divorced: Who should serve?* _____

Name & Relationship of second guardian(s): _____

In case of co-guardians:

- *If one of the guardians dies or is unable to serve, does the other serve alone?* Yes No
- *If they are married and divorced: Who should serve?* _____

Name & Relationship of third guardian(s): _____

In case of co-guardians:

- *If one of the guardians dies or is unable to serve, does the other serve alone?* Yes No
- *If they are married and divorced: Who should serve?* _____

Specific instructions:

Children Trust Specific Instructions:

- One Trust until the youngest reaches the age of _____, then the trust is to be distributed:
 - Outright in separate shares to each child
 - Held in a separate trust for each child
 - To be distributed at the age of _____
 - To be distributed 1/3 at the age of _____, then the remaining 1/2 at the age of _____, then the balance at the age of _____
 - To be held in a trust for the life of the child
 - Total power of appointment to bequest the balance of the trust
 - Limited power of appointment to only the descendant of the child
 - Limited power of appointment to the descendant and spouse of the child
 - Limited power of appointment to the descendant and only life estate for the spouse of the child
 - Special Needs Trust for _____

- Separate trust from the beginning
 - To be distributed at the age of _____
 - To be distributed 1/3 at the age of _____, then the remaining 1/2 at the age of _____, then the balance at the age of _____
 - To be held in a trust for the life of the child
 - Total power of appointment to bequest the balance of the trust
 - Limited power of appointment to only the descendant of the child
 - Limited power of appointment to the descendant and spouse of the child
 - Limited power of appointment to the descendant and only life estate for the spouse of the child
 - Special Needs Trust for _____

Other instructions:

List of Assets:

Assets	Sole Name	Joint	Name of joint owner
Real Estate	\$	\$	
	\$	\$	
	\$	\$	
Checking Accounts	\$	\$	
	\$	\$	
	\$	\$	
Savings Accounts	\$	\$	
	\$	\$	
	\$	\$	
Investment Assets- Non Retirement (Stocks, Bonds, CD's, Mutual Funds, Brokerage Accounts)	\$	\$	
	\$	\$	
	\$	\$	
Retirement Assets (IRA, 401(k), 403(b), Deferred Annuities, Thrift Savings)	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
Life Insurance	\$	\$	
	\$	\$	
Business Interest	\$	\$	
Other	\$	\$	
	\$	\$	
Total	\$	\$	
	\$	\$	
Liabilities:	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
Net Total	\$	\$	

Notes:
