

Date: _____

Estimate: _____

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MATTHEW C. SUNDERLIN

Certified as an Elder Law Attorney through the National Elder Law Foundation

ESTATE PLANNING QUESTIONNAIRE

Full Name: _____

Home Mailing Address: _____

Date of Birth: _____

Social Security No.: _____

Home Phone No.: _____

Office Phone No.: _____

Email: _____

SPOUSE'S Full Name: _____

Date of Birth: _____

Social Security No.: _____

Home Phone No.: _____

Office Phone No.: _____

Email: _____

DOMICILE & MARRIAGE INFORMATION

Date and Place of Current Marriage: _____

1. Are you and your spouse both US Citizens? Yes No
2. Are you and your spouse registered to vote in Virginia? Yes No
3. Do you and your spouse hold a Virginia driver's license? Yes No
4. Have you and your spouse ever lived together in Arizona, California, Idaho, Louisiana, Nevada, New Mexico or Texas? Yes No
5. Do you and your spouse consider your marriage sound and are your desires for the ultimate disposition of your estates the same? Yes No
6. Is your current marriage, you and your Spouse's only marriage? Yes No
If **NO**, did the previous marriage end by divorce? Yes No
If **YES**, please provide a copy of the divorce decree and any settlement agreement.

CHILDREN

List **ALL** your children whether now living or deceased and indicate if any are adopted or are children from a prior marriage. (Attach an additional sheet if necessary)

Child's Name: _____ Date of Birth: _____

Address: _____ Telephone #: _____

Spouse's Name: _____

Child's Name: _____ Date of Birth: _____

Address: _____ Telephone #: _____

Spouse's Name: _____

Child's Name: _____ Date of Birth: _____

Address: _____ Telephone #: _____

Spouse's Name: _____

EXECUTOR, GUARDIAN, TRUSTEE & AGENT

Do you and your spouse wish to name the same individuals in each of your documents to fill the positions of executor, guardian, trustee and agent? Yes No
If **NO**, please explain on separate sheet of paper. If **YES**, please answer the following questions.

Who do you and your spouse wish to name as Executor of each of your Wills?

Primary: _____

Address: _____ Telephone: _____

Successor: _____

Address: _____ Telephone: _____

Who do you and your spouse wish to name as Guardian of you and your spouse's minor children?

Primary: _____

Address: _____ Telephone: _____

Successor: _____

Address: _____ Telephone: _____

Who do you and your spouse wish to name as Trustee of any Trust?

Primary: _____
 Address: _____ Telephone: _____
 Successor: _____
 Address: _____ Telephone: _____

Who do you and your spouse want to name as Agent for each of you under a General Durable Power of Attorney? Who would make your financial decisions for you if you cannot?

Primary: _____
 Address: _____ Telephone: _____
 Successor: _____
 Address: _____ Telephone: _____

Who do you and your spouse want to name as Agent for each of you under an Advance Medical Directive (Living Will)? Who would make your medical decisions for you if you cannot?

Primary: _____
 Address: _____ Telephone: _____
 Successor: _____
 Address: _____ Telephone: _____

ASSETS

	Client	Spouse	Joint with survivorship	Joint without survivorship
Checking, Savings & CDs	\$	\$	\$	\$
Life Insurance Cash Value	\$	\$	\$	\$
Loans Made (to children, for example)	\$	\$	\$	\$
Stocks, Bonds, Mutual Funds	\$	\$	\$	\$
Retirement Accounts & Annuities	\$	\$	\$	\$
Business Interests	\$	\$	\$	\$
Real Estate	\$	\$	\$	\$
Automobiles & Other Personal Property	\$	\$	\$	\$

LIABILITIES

	Client	Spouse	Joint
Mortgages			

Automobile Loan, Credit Cards & Other Loans			
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LIFE INSURANCE (bring policies to conference)

Insured	Type of Policy	Death Benefit	Owner	Primary Beneficiary	Secondary Beneficiary

GENERAL QUESTIONS

- | | Husband | Wife |
|--|--|--|
| 1. Do you wish to be cremated? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you wish to donate any bodily organs? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do you have any significant health problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do any of your beneficiaries have significant health problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you wish to give gifts from your estates to anyone or any organization other than your children at your death? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Do you anticipate receiving any inheritances? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do you own real estate in any state other than Virginia or in another country? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

PRIOR WILLS AND DOCUMENTS

Please provide copies of the following documents: wills, trusts, powers of attorney, marital agreements, living wills, advance medical directives, deeds to real estate, divorce decrees, & settlement agreements.

QUESTIONS OR CONSIDERATIONS

Please list an questions or considerations which you wish to discuss at our conference.
