

ESTATE PLANNING INTERVIEW GUIDELINES

Our goal is to create estate planning documents which are carefully tailored to meet your needs and accomplish your wishes. To do so, we need to gather information concerning your immediate family, your financial interests, the beneficiaries you select, and the individuals or corporations that you may select to represent and administer your estate according to your wishes and instructions.

Please understand that no two estate plans are identical. Each person's estate is as unique as his or her life. Provided below is a list of the types of information that we have found to be important as we begin this process. However, this list is not exhaustive. You may have special concerns or circumstances that we need to understand while we represent your interests.

Remember that our conversations and your files are privileged and confidential. Further, your files are an important source of information for the representatives you select who must locate and collect your assets, pay your debts and see that your estate planning goals are accomplished.

As we begin this process, we would like to know the following:

1. All of your assets, liabilities and their values or balances (remember to describe the ownership and title, as well as the location of any assets which are outside of Virginia). Remember to include your life insurance policies and any retirement assets that you own or control. Also, if there are any items of personal property which have special value (economic or sentimental), you may wish to prepare a list stating how those items should be distributed;
2. A brief summary of your tax status and financial transactions, including any substantial gifts that you have made during your lifetime, and any tax obligations that you may owe;
3. A brief summary of your life and family, including the names, addresses, telephone numbers, dates of birth and/or death of your close relatives. Please remember to tell us if you or any of your beneficiaries have any special health needs or concerns which could affect their independence;
4. Your choice of executors and other representatives (such as trustees or testamentary guardians), **including their addresses, telephone numbers**, ages and their relationship to you if any; and
5. The beneficiaries of your estate, including successor beneficiaries who may receive your testamentary gifts if the primary beneficiaries do not survive you.

Finally, many individuals have found durable general and durable medical powers of attorney to be quite useful. Briefly, these two documents authorize individuals to represent your financial and medical interests during any brief or prolonged period of disability. These documents remove much of the confusion out of these otherwise confusing situations.

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ESTATE PLANNING QUESTIONNAIRE

To plan an estate, the planner must know a lot about you and your family. Who are your potential beneficiaries? What are their personal and financial circumstances? What kind of assets do you own and how much are those assets worth? How are these assets titled? Perhaps most important – what are your priorities in estate planning? What is most important to you? This questionnaire is offered to assist you in organizing information needed to complete your estate plan.

I. Documents to Provide

1. Your present Will.
2. Your spouse's present Will.
3. Any trusts affecting you or your spouse.
4. Pre or post nuptial agreements (if applicable).
5. Terms of divorce agreements (if continuing obligations apply).
6. Gift tax returns filed by you or your spouse.

II. Family Priorities

Please rate the relative importance of the following considerations (use Very Important, Important or Not Important).

H	W	
_____	_____	Tax savings to spouse.
_____	_____	Tax savings to children or others.
_____	_____	Retain full control and benefit of all assets throughout lifetime.
_____	_____	Provide a vehicle for investment management and safety for spouse.
_____	_____	How important is the simplicity of your estate plan and/or preservation of the assets.

Are you willing to use trusts to achieve tax savings, investment management and/or preservation of the assets?

H	Yes_____	No_____
W	Yes_____	No_____

Would you consider putting property in your spouse's name (or others, if applicable) to effect tax savings?

H Yes _____ No _____

W Yes _____ No _____

Would you consider making gifts to children, grandchildren or others to save taxes?

H Yes _____ No _____

W Yes _____ No _____

III. Personal Data

Name _____ Date _____

Legal Residence: Street _____
City _____
County _____
State _____

Telephone: Home _____
Business _____

A. 1. Date of Birth _____
2. Place of Birth _____
3. Current Citizenship _____

B. 1. Date of Marriage _____
2. Place of Marriage _____
3. Location of Marriage Certificate _____

C. 1. Date of military service _____
2. Branch and Organization _____

D. 1. Date of Discharge _____
2. Rank at Discharge _____

E. 1. Service Serial Number or Veterans Claim Number _____

F. Social Security Number _____

1. Name and address of employer _____
2. Date present employment commenced _____

Personal holding power of attorney:

Name _____

Address _____

Location of _____

Safe-deposit boxes _____

G. Securities Brokers: Name _____

Address _____

H. Name _____

Address _____

I. Name _____

Address _____

J. Life Insurance Agents:

Name _____

Address _____

Name _____

Address _____

K. Tax Advisor: Name _____

Address _____

IV. Statement of Assets

A. *Real Estate (including Condominiums & Co-op Apts. *)*

<u>Location</u>	<u>Hus., Wife, Joint</u>	<u>Tax Cost of Basis</u>	<u>Present Value of Mortgage</u>	<u>Present Value of Property</u>
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				

- 8. _____
- 9. _____
- 10. _____

B. Cash (including bank accounts, CD's & money market funds)

<u>Cash</u>	<u>Name of Bank or Firm</u>	<u>Account Number</u>	<u>Present Value of Mortgage</u>	<u>Present Value Balance</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

*C. Aggregate Marketable Securities**

	<u>Location</u>	<u>How Owned</u>	<u>Present Value</u>
1. Stocks	_____	_____	_____
2. U.S. and Corporate Bonds	_____	_____	_____
3. Municipal Bonds	_____	_____	_____
4. Mutual Funds	_____	_____	_____

5. Other _____

D(1). Life Insurance (non-employment related) on your life owned by you or others

<u>Insurance Company</u>	<u>Insured</u>	<u>Beneficiary</u>	<u>Type</u>	<u>Amount Against Loan</u>	<u>Face Amount</u>
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1. _____

2. _____

3. _____

4. _____

D(2). Life Insurance on life of another owned by you

<u>Insurance Company</u>	<u>Insured</u>	<u>Beneficiary</u>	<u>Type</u>	<u>Amount Against Loan</u>	<u>Face Amount</u>
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1. _____

2. _____

3. _____

4. _____

E. Closely Held Investments

- | | <u>1</u> | <u>2</u> |
|--|----------|----------|
| 1. Name of Business | | |
| 2. Address | | |
| 3. Type (Corp., Partnerships, Sub. S., etc...) | | |
| 4. Percentage and Value of Equity | | |
| Ownership Debt or Capital Held by: | | |
| a) You = | | |
| b) Spouse = | | |
| c) Other Family Members = | | |

F. Employee Benefits (attach copy of latest benefits statement if available)

<u>Type</u>	<u>Beneficiary</u>	<u>Qualified or Nonqualified</u>	<u>Percentage Vested If Applicable</u>	<u>Current Value</u>
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1. Group Life Insurance
2. Accident Insurance
3. Stock Option Plan
4. Profit Sharing Plan
5. Pension Plan
6. H.R. 10 Plan
7. Deferred Comp. IRA's
8. (amount; location) KEOGH
9. (amount; location)
10. Other

G. Trust Funds (Created by you or your benefit)

- | | | |
|--|----------|----------|
| | <u>1</u> | <u>2</u> |
| 1. Creator of Trust | | |
| 2. Trustee of Trust | | |
| 3. Date of Creation | | |
| 4. Beneficiaries | | |
| 5. Term | | |
| 6. Estimated Annual Income | | |
| 7. Estimate Value of : | | |
| -your share of the principal | | |
| -total principal | | |
| 8. Do you have a Power of Appointment: | | |
| -testament | | |
| -inter vivos | | |

IV. Other Assets

<u>Type</u>	<u>Name of Creditor</u>	<u>Due Date</u>	<u>Amount of Debt</u>
1. Owed to Individuals			
2. Owed to Banks or Financial Institutions			
3. Tax Liabilities			
4. Charitable Pledges			
5. Other			

V. Gift Tax History

- A. Amount of Taxable Gifts prior to Dec. 31, 1976 _____
- B. Amount of Taxable Gifts after Dec. 31, 1976 _____
- C. Years Gift Tax Returns Filed _____
- D. Location of Gift Tax Returns _____

VI. Other Information

(Add here anything else you feel we might need to know, such as information about relatives with disabilities, Uniform Gifts to Minors Act Accounts for your children or grandchildren, or any other relevant information.)

VII. Prenuptial Agreements, and Divorce Decrees

A. Are you a party to a prenuptial or antenuptial agreement? (If so, please attach a copy to this questionnaire.)

B. Are you a party to a separation agreement and/or divorce or annulment agreement? (If so, please attached a copy to this questionnaire.)

VIII. Burial Instructions (Location of burial plots; cremation; etc.)

IX. Family Data

Spouse:

Children: (Note their date of birth, whether they are adopted, and their place of residence if different than yours). **Please also provide their complete address and telephone number(s).**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Grandchildren (indicate parent) (complete address if different from parent's address above):

- 1.
- 2.
- 3.
- 4.

Your Father (complete address and telephone number if living):

Your Mother (complete address and telephone number if living):

Your Brother(s) (complete addresses and telephone numbers):

- 1.
- 2.
- 3.

Your Sister(s) (complete addresses and telephone numbers):

- 1.
- 2.
- 3.

X. Executors, Guardians and Trustees (Name, Complete Address, Telephone Numbers):

Note: Usually, a married couple requests his or her spouse to act as the first choice for Executor, Trustee and Guardian. Thereafter, I need to know who your second and/or third (alternate/successor) choices are to serve in your spouse's place. You may also wish to have two or more individuals serve as co-executor, co-trustee, and/or co-guardian. If this is the case, please indicate as such.

Proposed Executor(s):

- 1.
- 2.
- 3.

Proposed Alternate/Successor Executor(s):

- 1.
- 2.
- 3.

Proposed Guardian(s):

- 1.
- 2.
- 3.

Alternate Guardian(s):

- 1.
- 2.
- 3.

Proposed Trustee(s):

1.

2.

3.

Alternate Trustee(s):

1.

2.

3.

XI. Provide a Rough Description or Outline of Who You Want to Inherit Your Estate, What You Want That Person to Inherit, and How Much (e.g., “I want to give everything to my wife, but if she dies before me, then I want to give everything to our two children, in equal shares (50/50), at my death.”) If the person you identify below is not someone previously identified by name, address, and telephone number, please list all of this information below and indicate what your relationship is to that person (e.g., friend, ex-wife).