



4266 Casey Boulevard | Williamsburg, VA 23188

Estate Planning Questionnaire

Client Information

Full Legal Name: _____

Residential Address: _____

Telephone No.: _____

Social Security No.: _____

Spouse's Full Legal Name: _____

Do you have any special concerns that you would like to address?

CHILDREN (if applicable)

Please list all children, living or deceased. Please note any adopted or step-children.

<u>Full Legal Name</u>	<u>Living</u>	<u>Date of Birth</u>	<u>Telephone Number</u>	<u>Residential Address</u>
	Y / N			
	Y / N			
	Y / N			
	Y / N			
	Y / N			
	Y / N			

Durable Power of Attorney

Please list the people you would like to name as your Agents (in order of succession):

Agent 1:

Name: _____

Residential Address: _____

Telephone No.: _____

Agent 2:

Name: _____

Residential Address: _____

Telephone No.: _____

Agent 3:

Name: _____

Residential Address: _____

Telephone No.: _____

Advance Medical Directive

Please list the people you would like to name as your Agents (in order of succession):

Agent 1:

Name: _____

Residential Address: _____

Telephone No.: _____

Agent 2:

Name: _____

Residential Address: _____

Telephone No.: _____

Agent 3:

Name: _____

Residential Address: _____

Telephone No.: _____

* Are there any special provisions you wish to include? If so, please state.

Last Will & Testament

Please list the people you would like to name as your Executors (in order of succession):

Executor 1:

Name: _____

Residential Address: _____

Telephone No.: _____

Executor 2:

Name: _____

Residential Address: _____

Telephone No.: _____

Executor 3:

Name: _____

Residential Address: _____

Telephone No.: _____

Please list the people you would like to name as your beneficiaries for your Will.

1. _____

2. _____

3. _____

4. _____

SPECIFIC BEQUESTS

Are there any specific bequests which you wish to make (such as, automobiles, furniture, furnishings, items of jewelry, personal items with a family history, etc.)?

ITEM	BENEFICIARY

Are there specific provisions which you know you would like to make in your Will which may not be common?

CASH BEQUESTS

Are there individuals or organizations to which you might wish to make a cash bequest (such as, gifts to grandchildren or charity)?

BENEFICIARY	AMOUNT

* Would you like for the Executor to be compensated for his or her responsibilities? If so, please state how much.

Trust

Please list the people you would like to name as your trustees (in order of succession):

Trustee 1:

Name: _____

Residential Address: _____

Telephone No.: _____

Trustee 2:

Name: _____

Residential Address: _____

Telephone No.: _____

Trustee 3:

Name: _____

Residential Address: _____

Telephone No.: _____

Please list the people you would like to name as your beneficiaries for your Trust.

1. _____

2. _____

3. _____

4. _____

SPECIFIC BEQUESTS

Are there any specific bequests which you wish to make (such as, automobiles, furniture, furnishings, items of jewelry, personal items with a family history, etc.)?

ITEM	BENEFICIARY

Are there specific provisions which you know you would like to make in your Trust which may not be common?

CASH BEQUESTS

Are there individuals or organizations to which you might wish to make a cash bequest (such as, gifts to grandchildren or charity)?

BENEFICIARY	AMOUNT

* Would you like for the Trustee to be compensated for his or her responsibilities? If so, please state how much?

Trusts managed for children under the age of twenty-one (21) years of age

Trustee 1: _____

Trustee 2: _____

1. At what age shall the child(ren) be entitled to receive his/her share?

2. Are there any specific distributions the Trustee shall be limited to? (i.e. support, health care, maintenance and education, college education and living expenses, emergency due to illness, infirmity or other physical or mental disability)

3. Would you like for the Trustee to be compensated for his or her responsibilities? If so, please state how much?
