

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: _____

- Are you a US Citizen? Yes No
- Are you registered to vote in Virginia? Yes No
- Do you hold a Virginia driver's license? Yes No
- Where you ever married? 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

Who do you wish to name as Executor of your Will?

Primary: _____
Address: _____ Telephone: _____

Successor: _____
Address: _____ Telephone: _____

Who do you wish to name as Guardian of your minor children?

Primary: _____
Address: _____ Telephone: _____

Successor: _____
Address: _____ Telephone: _____

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

Primary: _____
Address: _____ Telephone: _____

Successor: _____
Address: _____ Telephone: _____

Who do you want to name as Agent 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 want to name as Agent 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

| | |
|---------------------------------------|----|
| 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

| |
|---|
| Mortgages |
| Automobile Loan, Credit Cards & Other Loans |

LIFE INSURANCE (bring policies to conference)

| Insured | Type of Policy | Death Benefit | Owner | Primary Beneficiary | Secondary Beneficiary |
|---------|----------------|---------------|-------|---------------------|-----------------------|
| | | | | | |
| | | | | | |
| | | | | | |

QUESTIONS

- Do you wish to be cremated? Yes No
- Do you wish to donate any bodily organs? Yes No
- Do you have any significant health problems? Yes No
- Do any of your beneficiaries have significant health problems? Yes No
- Do you wish to give gifts from your estate to anyone
or any organization other than your children at your death? Yes No
- Do you anticipate receiving any inheritances? Yes No
- Do you own real estate in any state other than Virginia or in another country? Yes 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.

X:\EP-TAX\FORMS\Questionnaire\Estate Planning - SINGLE