



Timothy K. Palmer, P.C.

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ESTATE PLANNING QUESTIONNAIRE (MARRIED)

Date Home Phone No. Husband's Work Phone No. Husband's Cell No. E-mail Address Wife's Work Phone No. Wife's Cell No. Fax No.

This form is extremely important. Your accuracy and completeness in responding will help Timothy K. Palmer, P.C. represent you. Bring this information with you to the appointment. Please PRINT and use full legal names so they are legible. This information may be used to prepare Estate Planning Documents.

A. PERSONAL DATA

(Husband) (Wife) Full Name Street Address City State Zip Birth Date Social Security No. U.S. Citizen? Marriage Date Annual Income

B. REFERRAL

By whom were you referred to this office? Name Street Address City State Zip

Have you visited our Website? ___ Yes ___ No

Do you have any ideas for improving our Website? If so, please discuss.

C. CHILDREN (please print full legal names so they are legible)

Child's Name	Address (including zip code)	Phone Number	Date of Birth

Does the Husband have any children by a previous marriage? ___ Yes ___ No

Does the Wife have any children by a previous marriage? ___ Yes ___ No

Are all of your children in good health? ___ Yes ___ No

Are any of your children blind? ___ Yes ___ No

Are any of your children disabled? ___ Yes ___ No

Have all of your children completed their education? ___ Yes ___ No

Are any of your children receiving SSI or other form of government entitlement? ___ Yes ___ No

Do any of your family members have any problems with:

Aids?	___ Yes	___ No
Drug Addiction?	___ Yes	___ No
Alcoholism?	___ Yes	___ No
Spendthrift?	___ Yes	___ No
Marital Problems?	___ Yes	___ No

D. GRANDCHILDREN (please print full legal names so they are legible)

Grandchild's Name	Address (including zip code)	Date of Birth

E. DISPOSITIVE INTENTIONS

1. SPOUSE AND CHILDREN

Do you wish to provide primarily for your spouse and secondarily for your children? ___ Yes ___ No

Do you wish to treat all of your children equally? ___ Yes ___ No

If not, why not? _____

After your spouse's death, at what age do you want distribution to your children? _____
(e.g. a typical plan provides for 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35 or immediate)

2. GRANDCHILDREN

Do you want to leave a specific amount of money or a percentage of your estate to your grandchildren? ___ Yes ___ No

Do you wish to treat all of your grandchildren equally? ___ Yes ___ No

If not, why not? _____

How much do you want to leave your grandchildren? _____

At what age do you want distribution to your grandchildren? _____
(e.g. a typical plan provides for 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35 or immediate)

3. CHARITIES

Do you want to leave a specific amount of money or other assets to any charity? ___ Yes ___ No

If yes, please list:

Name of Charity	Address of Charity	Dollar Amount

4. OTHER BENEFICIARIES

Do you want your Will to benefit anyone other than children, grandchildren or a charity? ___ Yes ___ No

If so, please list:

Name of Beneficiary	Address of Beneficiary	Relationship	Dollar Amount

F. EXECUTOR

Whom do you want to serve as your Executor?

(Husband)

First Choice: ___ Spouse ___ Other _____

Second Choice _____

Third Choice _____

(Wife)

First Choice: ___ Spouse ___ Other _____

Second Choice _____

Third Choice _____

G. TRUSTEE

Whom do you want to serve as your Trustee?

(Husband)

First Choice _____

Second Choice _____

(Wife)

First Choice _____

Second Choice _____

H. GUARDIAN

If you have **minor** or **disabled** child/children, whom do you want to act as Guardian?

First Choice _____

Second Choice _____

I. ADVANCE MEDICAL DIRECTIVE

(Husband)

Do you want your Advance Medical Directive to provide for withdrawal of artificial food and fluid?

Yes No

Do you want to donate your eyes or organs? Yes No

Name of Proposed Health Care Agent _____

Street Address _____

City _____ State _____ Zip _____

Phone _____

Name of Proposed Alternate Health Care Agent _____

Street Address _____

City _____ State _____ Zip _____

Phone _____

(Wife)

Do you want your Advance Medical Directive to provide for withdrawal of artificial food and fluid?

Yes No

Do you want to donate your eyes or organs? ___ Yes ___ No

Name of Proposed Health Care Agent _____
Street Address _____
City _____ State _____ Zip _____
Phone _____

Name of Proposed Alternate Health Care Agent _____
Street Address _____
City _____ State _____ Zip _____
Phone _____

What are the name and address of each of your primary care physician?

Full Name of Physician _____
Street Address _____
City _____ State _____ Zip _____

J. POWER OF ATTORNEY

(Husband)

Name of Proposed Financial Agent _____
Street Address _____
City _____ State _____ Zip _____
Phone _____

Name of Proposed Alternate Financial Agent _____
Street Address _____
City _____ State _____ Zip _____
Phone _____

(Wife)

Name of Proposed Financial Agent _____
Street Address _____
City _____ State _____ Zip _____
Phone _____

Name of Proposed Alternate Financial Agent _____
Street Address _____
City _____ State _____ Zip _____
Phone _____

K. MISCELLANEOUS

Do you have any other legal issues which I should be aware of? Yes No

If yes, please explain _____

What is the location of your important papers? _____

Do you have a Safe Deposit Box? Yes No

If yes, please indicate the name and address of the location _____

Have you ever made gifts to any one person in excess of \$10,000 in any one calendar year?

Yes No

Have you ever filed a Federal Gift Tax Return? Yes No

L. MONTHLY INCOME

	<u>Husband</u>	<u>Wife</u>
Social Security Benefits (if applicable)	\$ _____	\$ _____
Medicare Part B Deduction (if applicable)	\$ _____	\$ _____
Other Health Insurance Premiums	\$ _____	\$ _____
Retirement Benefits (if applicable)	\$ _____	\$ _____
VA Disability Benefit	\$ _____	\$ _____
Annuity Income	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____	\$ _____

M. ASSET SUMMARY - PLEASE PROVIDE DOCUMENTATION FOR ALL ASSETS BELOW

	<u>ASSETS</u>			<u>LIABILITIES</u>
	Husband	Wife	Joint	
Bank Accounts (attach copies of statements)	\$ _____	\$ _____	\$ _____	\$ _____
Real Estate (residence, attach copy of deed)	\$ _____	\$ _____	\$ _____	\$ _____
Real Estate (other, attach copies of all deeds)	\$ _____	\$ _____	\$ _____	\$ _____
Savings Certificates (CD's, attach copies)	\$ _____	\$ _____	\$ _____	\$ _____
Stocks - Non Mutual Funds (Not held by Broker) (attach copies of all certificates)	\$ _____	\$ _____	\$ _____	\$ _____
Stocks - Non Mutual Funds (Held by Broker) (attach copies of all brokerage statements)	\$ _____	\$ _____	\$ _____	\$ _____
Bonds - Non Mutual Funds (Not held by Broker) (attach copies of all bonds)	\$ _____	\$ _____	\$ _____	\$ _____
Bonds - Non Mutual Funds (Held by Broker) (attach copies of all brokerage statements)	\$ _____	\$ _____	\$ _____	\$ _____
Mutual Funds (attach copies of statements)	\$ _____	\$ _____	\$ _____	\$ _____
Note and Mortgages Receivables (attach copies of Notes & Mortgages)	\$ _____	\$ _____	\$ _____	\$ _____
Business Interests (attach documentation)	\$ _____	\$ _____	\$ _____	\$ _____
Inheritance, etc.	\$ _____	\$ _____	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____	\$ _____	\$ _____
Jewelry & Collections	\$ _____	\$ _____	\$ _____	\$ _____
Non-IRA Tax Qualified Retirement Plans (attach copies of statements)	\$ _____	\$ _____	\$ _____	\$ _____
IRA's (attach copies of statements)	\$ _____	\$ _____	\$ _____	\$ _____
Life Insurance (attach copies of all policies)	\$ _____	\$ _____	\$ _____	\$ _____
Annuities (attach copies of all policies)	\$ _____	\$ _____	\$ _____	\$ _____
Other Assets (attach documentation)	\$ _____	\$ _____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____

N. PROPERTY INFORMATION

Personal Residence:

Tax Block # _____, Lot # _____ (Can be obtained from Tax Bill)

Addresses of real property other than personal residence:

(1) Street _____ City _____ State _____ Zip _____

Tax Block # _____, Lot # _____ (Can be obtained from Tax Bill)

(2) Street _____ City _____ State _____ Zip _____

Tax Block # _____, Lot # _____ (Can be obtained from Tax Bill)

O. CERTIFICATION

The undersigned hereby represents to Timothy K. Palmer, P.C., and each of its staff that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Date

Signature of Client or Client Representative