

LOCKE & LYDEN, P.L.L.C.

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ESTATE PLANNING QUESTIONNAIRE

INDIVIDUAL

PERSONAL INFORMATION

State the names requested below exactly as you want them to appear in your Will and other estate planning documents.

Name: _____

Home Address: _____

Home Telephone: _____ Home Fax: _____

Cell Telephone: _____ Email Address: _____

Name of Business or Employer: _____

Work Address: _____

Work Telephone: _____ Work Fax: _____

Marital Status: _____

If married, date of marriage: _____

Name of Spouse: _____

Name of Spouse for any prior marriages: _____

Is your former Spouse deceased: _____

Place of Birth: _____ Date of Birth: _____

Social Security Number: _____

Are you a U.S. Citizen? Yes No Spouse?: Yes No

Are you now, or have you ever, served in the United States Military: _____

BENEFICIARY AND FIDUCIARY INFORMATION

Please provide the following information for all of your children, if any, as well as any persons you believe may be named in or affected by your decisions regarding your estate planning:

Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

Relationship to you: _____

Age: _____ Name of Spouse: _____

Name: _____
Address: _____
Home Telephone: _____ Work Telephone: _____
Relationship to you: _____
Age: _____ Name of Spouse: _____

Name: _____
Address: _____
Home Telephone: _____ Work Telephone: _____
Relationship to you: _____
Age: _____ Name of Spouse: _____

Name: _____
Address: _____
Home Telephone: _____ Work Telephone: _____
Relationship to you: _____
Age: _____ Name of Spouse: _____

Name: _____
Address: _____
Home Telephone: _____ Work Telephone: _____
Relationship to you: _____
Age: _____ Name of Spouse: _____

Name: _____
Address: _____
Home Telephone: _____ Work Telephone: _____
Relationship to you: _____
Age: _____ Name of Spouse: _____

Name: _____
Address: _____
Home Telephone: _____ Work Telephone: _____
Relationship to you: _____
Age: _____ Name of Spouse: _____

Name: _____
Address: _____
Home Telephone: _____ Work Telephone: _____
Relationship to you: _____
Age: _____ Name of Spouse: _____

SPECIAL MONETARY BEQUESTS

If you would like to leave either a specific sum of money OR a percentage of your estate to one or more people, please identify the person and sum or percentage.

Beneficiary	Sum or Percentage
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

REAL ESTATE

If you believe you would like to leave real estate to specific individuals, identify your wishes below:

Property Address: _____ _____	Intentions: _____ _____
Property Address: _____ _____	Intentions: _____ _____
Property Address: _____ _____	Intentions: _____ _____
Property Address: _____ _____	Intentions: _____ _____

RESIDUARY ESTATE

Your residuary estate is what remains after the specific monetary bequests have been paid, real estate distributed and bills paid. Identify your intentions with respect to your residuary estate.

EXECUTOR(S) OF YOUR WILL:

Name: _____
Address: _____
Home Telephone: _____ Work Telephone: _____
Relationship to you: _____
Age: _____ Name of Spouse: _____

Name: _____
Address: _____
Home Telephone: _____ Work Telephone: _____
Relationship to you: _____
Age: _____ Name of Spouse: _____

Name: _____
Address: _____
Home Telephone: _____ Work Telephone: _____
Relationship to you: _____
Age: _____ Name of Spouse: _____

GUARDIANS FOR MINOR CHILDREN

If you have a child or children under the age of 18, identify whom you would like to act as guardian:

Guardian(s):

- 1. Name: _____
- 2. Name: _____

If 1 is unable or unwilling, may 2 act as sole guardian? _____

If 2 is unable or unwilling dies, may 1 act as sole guardian? _____

If 1 & 2 separate or divorce, who should become guardian? _____

Alternate Guardian(s):

3. Name: _____

4. Name: _____

If 3 is unable or unwilling, may 4 act as sole guardian? _____

If 4 is unable or unwilling dies, may 3 act as sole guardian? _____

If 3 & 4 separate or divorce, who should become guardian? _____

Alternate Guardian(s):

5. Name: _____

6. Name: _____

If 5 is unable or unwilling, may 6 act as sole guardian? _____

If 6 is unable or unwilling dies, may 5 act as sole guardian? _____

If 5 & 6 separate or divorce, who should become guardian? _____

Additional Questions About Your Guardians.

Should the acting Guardian(s) be permitted to live in your family home, rent-free, until the Guardianship is terminated? _____

TRUSTEE(S) FOR MINOR CHILDREN

If you have a child or children under the age of 18, identify whom you would like to act as trustee: If the information does NOT pertain to both Husband and Wife, please designate as H for Husband and W for Wife:

Trustee(s):

1. Name: _____

2. Name: _____

If 1 is unable or unwilling, may 2 act as sole Trustee? _____

If 2 is unable or unwilling dies, may 1 act as sole Trustee? _____

If 1 & 2 separate or divorce, who should become Trustee? _____

Trustee(s):

3. Name: _____

4. Name: _____

If 3 is unable or unwilling, may 4 act as sole Trustee? _____

If 4 is unable or unwilling dies, may 3 act as sole Trustee? _____

If 3 & 4 separate or divorce, who should become Trustee? _____

Trustee(s):

5. Name: _____

6. Name: _____

If 5 is unable or unwilling, may 6 act as sole Trustee? _____

If 6 is unable or unwilling dies, may 5 act as sole Trustee? _____

If 5 & 6 separate or divorce, who should become Trustee? _____

PERSONAL AND FAMILY FINANCIAL ASSETS

Please complete the following table providing a reasonable estimate of assets owned by you.

Equity in VA Real Estate	\$
Equity in Real Estate outside of VA	\$
Investments (not retirement related)	\$
Regular Bank Accounts	\$
Life Insurance (Death Benefit)	\$
Tangible Personal Property	\$
Business or Trust Property	\$
Retirement Assets (Vested)	\$
Anticipated Inheritances	\$
Powers of Appointment	\$
Other Property	\$
TOTAL OF ALL ASSETS:	\$
Liabilities:	\$

ADVANCE MEDICAL DIRECTIVES:

If you wish to create a document to be used as an advance directive regarding your medical care, please provide the following for the person(s) that you wish to appoint as your agent(s).

Name: _____
Address: _____
Home Telephone: _____ Work Telephone: _____
Relationship to you: _____

Name: _____
Address: _____
Home Telephone: _____ Work Telephone: _____
Relationship to you: _____

Name: _____
Address: _____
Home Telephone: _____ Work Telephone: _____
Relationship to you: _____

GENERAL POWER OF ATTORNEY:

If you wish to have a general power of attorney drafted on your behalf, please provide the following with regard to the person(s) that you wish to appoint as your attorney(s)-in-fact.

Name: _____
Address: _____
Home Telephone: _____ Work Telephone: _____
Relationship to you: _____

Name: _____
Address: _____
Home Telephone: _____ Work Telephone: _____
Relationship to you: _____

Name: _____
Address: _____
Home Telephone: _____ Work Telephone: _____
Relationship to you: _____