

MURPHY LAW GROUP, PLLC
Attorneys at Law

ESTATE PLANNING QUESTIONNAIRE

This questionnaire and checklist has been prepared for your use in giving us needed information for drafting Wills or other papers involved in planning your estate. The answers to this questionnaire will save time and enable us to estimate and reduce the charge for my work. Please complete at least pages 1-4 and bring those with you to the initial appointment.

Date _____

PERSONAL DATA

A. Information regarding yourself

Name (full and as usually written, if different):	
Address*: <small>*If Alexandria, please note if Fairfax County or City of Alexandria</small>	
US Citizen:	yes ___ no ___
Telephone:	cell () _____ residence () _____ office () _____
Birth Date:	
Occupation/Employer:	
Office Address:	

B. Information regarding spouse (if any)

Name (full and as usually written, if different):	
Address (if different than above) *: <small>*If Alexandria, please note if Fairfax County or City of Alexandria</small>	
US Citizen:	yes ___ no ___
Telephone:	cell () _____ residence () _____ office () _____
Birth Date:	
Occupation/Employer:	
Office Address:	

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PRIOR MARRIAGES

If either spouse has been previously married, describe any caretaking obligations under the divorce decree (supply copy if available).

CHILDREN

Name of Child	Age or date of birth	Address	Married (Yes/ No)	Grand-Children

Are any children not of the marriage? Please explain.

Are any children adopted or being adopted?

Are any children handicapped or in poor health?

Are any children, grandchildren, heirs, beneficiaries, etc. born out of wedlock?

PARENTS

Name Age Address

Name Age Address

SPOUSE'S PARENTS

Name Age Address

Name Age Address

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ASSETS AND LIABILITIES

Tenancy-in-common interests should be included in column headed "Self" or "Spouse", and not under column headed "Joint" which is reserved for joint interests with right of survivorship and tenancies by entireties. The amounts entered in the several columns should be *estimated* at present value. (Please round numbers to nearest thousand.)

If estate value is under \$5 million per person, provide approximate values only.

Asset Description	Self	Spouse	Joint (with Right of Survivorship) OR Community Property
1. TANGIBLE PERSONAL PROPERTY:			
Household Furnishings			
Jewelry			
Automobiles			
Other			
2. CASH AND SECURITIES:			
Stocks			
Bonds and Notes			
Bank and Money Market Accounts			
Other			
3. REAL ESTATE::			
Residence			
Recreation Property			
Investment Property			
Other (Including Timeshares)			
4. BUSINESS INTERESTS			
5. EMPLOYEE BENEFITS (Keogh or other retirement)			
6. INDIVIDUAL RETIREMENT PLAN (IRA)			
7. LIFE INSURANCE (attach list if necessary)			
8. PARTNERSHIP INTERESTS			
9. Interests in ESTATES OR TRUSTS OF OTHERS			
10. MISCELLANEOUS			
TOTAL ASSETS			
Less Mortgages, loans and other liabilities			
NET ASSETS			

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LIFE INSURANCE (bring policies to review if you're unsure)

Company	Policy No.	Type	Owner	Insured	Beneficiary	Death Benefit	Face Value

LIABILITIES. Please list your debts and liabilities and whether secured or unsecured.

Secured Unsecured

SUMMARY OF ASSETS AND LIABILITIES:

	Self	Spouse	Total
NET ASSETS			
LIFE INSURANCE			
LIABILITIES			
ESTATE VALUE			

Do you or your spouse have a power of appointment or other interests under a will or trust of another person? _____

ANY EXPECTED INHERITANCES

From Whom _____ For ___ Self; ___ Spouse

Approximate Value _____

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GIFTS PREVIOUSLY MADE

A. Of Self Alone. Gifts in excess of annual exclusion (\$14,000 in 2016) for each year after 1976 and name(s) of donee(s).

Bring copies of gift tax returns if any were filed for such gifts.

B. Of Spouse Alone. Gifts in excess of annual exclusion (\$14,000 in 2016) for each year after 1976 and name(s) of donee(s).

Bring copies of gift tax returns if any were filed for such gifts.

FIDUCIARIES

Identify those individuals or institutions you wish to name in your will as your fiduciaries.

A. Executor(s):

Alternates and successors should be mentioned if you have present thoughts on this subject.

B. Trustee(s):

Alternates and successors should likewise be mentioned if trusts are desired and if you have present wishes on who should be named.

C. Guardian of Person of a Minor Child: Whom would you like to name as guardian of the person for your minor children if you spouse does not survive you? Consider an alternate if your first choice fails to serve.

D. Guardian of Property of a Minor Child: Whom would you like to serve as guardian of the property of your minor children regardless of whether you spouse survives you? Consider an alternate.

DOCUMENTS NEEDED

A. Income Tax Returns. These are often important in considering investments, short-term trusts, irrevocable trusts, and property left to the family.

B. Previous Wills. Please bring a copy of any existing wills.

C. Trusts. Please bring a copy of any trusts you created or of which you may be a beneficiary.

D. Retirement Benefits. Please bring a copy of any benefit package furnished you showing your retirement benefits.

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E. Closely-Held Business Interests. Please bring a copy or describe any stock redemption agreements, stock options, salary contribution, or other deferred compensation plans that may be applicable to you.

F. Self Employed. If you or your spouse are self-employed or a member of a partnership, give details of any contracts or commitments to sell such interest at death or retirement, as well as any retirement plans that may be applicable.

DESIRED DISPOSITION OF PROPERTY

A. Bequests (of Money and other Personal Property) and Devises of Real Estate other than to Spouse or Children.

<u>Item</u>	<u>Primary</u>	<u>Contingent</u>
<u>Description</u>	<u>Beneficiary</u>	<u>Beneficiary</u>

B. What Bequests to Spouse of Household Furnishings, Personal Effects, Automobile(s), Residence and other Property are Desired?

C. What Property Do You Desire to Leave to Your Children or Other Descendants if You Survive Your Spouse and if Your Spouse Survives You?

D. What other Dispositions of Your Property Would You Like to Make and Under What Circumstances?

E. Do any intended beneficiaries or fiduciaries have special needs?

ADVANCE MEDICAL DIRECTIVES: Have you considered whether you want an Advance Medical Directive? Please provide names, addresses, and phone numbers of potential agents.

POWERS OF ATTORNEY: Do you want a power of attorney to authorize another person (or agent) to manage your affairs in the event of incapacity?

This document last revised October 2018.