

Personal and Confidential

Estate Planning Questionnaire

BABIRAK CARR, PC

47539 Coldspring Place, Sterling Virginia 20165-7446

Telephone (703) 406-4600

Email: mbabirak@babirakcarr.com

I. PERSONAL DATA

Date: _____

Encryption Passcode designated by client to email documents: _____

Husband

Name: _____ SSN: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email: _____

Date of Birth: _____ Place of Birth: _____

Occupation: _____ Employer: _____

Previous Marriages: _____ Give Details: _____

Any Children of Previous Marriage (Names and Ages): _____

State of Health: _____

Anticipated Date of Retirement: _____

Wife

Name: _____ SSN: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email: _____

Date of Birth: _____ Place of Birth: _____

Occupation: _____ Employer: _____

Previous Marriages: _____ Give Details: _____

Any Children of Previous Marriage (Names and Ages): _____

State of Health: _____

Anticipated Date of Retirement: _____

HUSBAND & WIFE - APPROXIMATE ANNUAL INCOME SUMMARY

	HUSBAND	WIFE
Salary	\$ _____	\$ _____
Fees	\$ _____	\$ _____
Commissions	\$ _____	\$ _____
Interests	\$ _____	\$ _____
Dividends	\$ _____	\$ _____
Pensions	\$ _____	\$ _____
Annuities	\$ _____	\$ _____
Royalties	\$ _____	\$ _____
Trust Income	\$ _____	\$ _____
Payments Receivable on Mortgages, Installment Sales, etc.	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

FUTURE INHERITANCES

Do you, your spouse, or your children expect to inherit property? _____

From Whom?	Estimated Amount
_____	\$ _____

CHILDREN

Is there *physical* possibility of more children? _____ Are any children adopted? _____
If yes, name child or children? _____

Are any children handicapped or in poor health? _____

1. Child's Name: _____ Date of Birth: _____

Address _____

Is child husband's, wife's, or both? _____

Education Completed: _____ If not, Educational Goal: _____

Business Ability: _____ Occupation: _____

Net Worth: _____ Annual Income: _____

Child's Children: _____ Age:
_____ Age:

2. Child's Name: _____ Date of Birth: _____

Address _____

Is child husband's, wife's, or both? _____

Education Completed: _____ If not, Educational Goal: _____

Business Ability: _____ Occupation: _____

Net Worth: _____ Annual Income: _____

Child's Children: _____ Age:
_____ Age:

3. Child's Name: _____ Date of Birth: _____

Address _____

Is child husband's, wife's, or both? _____

Education Completed: _____ If not, Educational Goal: _____

Business Ability: _____ Occupation: _____

Net Worth: _____ Annual Income: _____

Child's Children: _____ Age: _____
_____ Age: _____

HUSBAND'S PARENTS

Father

Mother

Name: _____ Name: _____

Address: _____ Address: _____

Age: _____ Age: _____

State of Health: _____ State of Health: _____

Financially Dependent? _____ Financially Dependent? _____

WIFE'S PARENTS

Father

Mother

Name: _____ Name: _____

Address: _____ Address: _____

Age: _____ Age: _____

State of Health: _____ State of Health: _____

Financially Dependent? _____ Financially Dependent? _____

HUSBAND'S SIBLINGS

1. Name: _____ Living? _____
Age _____ Married? _____ Children? _____
Comments: _____
2. Name: _____ Living? _____
Age _____ Married? _____ Children? _____
Comments: _____
3. Name: _____ Living? _____
Age _____ Married? _____ Children? _____
Comments: _____

WIFE'S SIBLINGS

1. Name: _____ Living? _____
Age _____ Married? _____ Children? _____
Comments: _____
2. Name: _____ Living? _____
Age _____ Married? _____ Children? _____
Comments: _____
3. Name: _____ Living? _____
Age _____ Married? _____ Children? _____
Comments: _____

Other Relatives or Friends of Client and Spouse Who May Be Immediate Beneficiaries or Ultimate Beneficiaries if Husband or Client, Wife, All Issue and Parents are Dead:

1. Name: _____

Address: _____

Age: _____ Relation: _____

2. Name: _____

Address: _____

Age: _____ Relation: _____

3. Name: _____

Address: _____

Age: _____ Relation: _____

Charities and Other Beneficiaries That May Be Ultimate Beneficiaries if All Other Beneficiaries Are Dead:

Correct Corporate Name: _____

Address: _____

Special Purpose If Any: _____

Correct Corporate Name: _____

Address: _____

Special Purpose If Any: _____

AGENTS

Name of Financial Advisor or Broker: _____

Address & Phone No: _____

Name of Accountant: _____

Address & Phone No: _____

Name of Life Insurance Agent: _____

Address & Phone No: _____

Name of Casualty Insurance Agent: _____

Address & Phone No: _____

Preferences As To Bank: _____

MISCELLANEOUS

Gifts. Have you ever made any gifts in excess of \$14,000 in the past or placed property in joint names? ___ Details: _____

Forgiveness of Debts. Do you wish to forgive any debts at death? _____ Details: _____

Community Property. Have you ever lived in a state which has a community property law (California, Texas, New Mexico, Arizona, Washington, Louisiana, Nevada, and Idaho)? _____

Give details and status of assets brought into this state from a Community Property State:

Residency. How long have you lived in Virginia? _____

Marital Agreements. Any Pre or Post Nuptial Agreements? _____ If so, please give details and attach copy:

Safe Deposit Box. Location of Lock Box _____

In Whose Name? _____

Any Property of Others in Box? _____

Identifiable as Such? _____

Where are Other Valuable Papers Kept? _____

Genetic Material. Any stored or frozen genetic material including sperm, eggs or embryos? _____. Please give

details: _____

Portability of AXA. Have you had a spouse die on or after January 1, 2011? _____. If so, was an estate tax return filed for the deceased spouse? _____. If so, please attach a copy.

Digital Assets. Do you have any special instructions that you may want to leave on your death or disability regarding your digital assets? _____ Do you have a list of your electronic passwords or software for the same? _____

Separate Property. In the case of a married couple, does either spouse own any separate property from the other spouse? _____. If so, please identify the property. _____ Please state how it was acquired: Prior to marriage? ___ After separation? ___ Gift? ___ Inheritance? ___ Has this separate property been maintained separately? ___ If so, how? _____.

Foreign Assets. Do you have a financial interest in, or signature authority over, one or more foreign financial accounts (including a bank account, brokerage account, or any other type of foreign financial account), and the aggregate value of all those foreign financial accounts

exceeds \$10,000 at any time during a year. _____ Have you ever filed an IRS Form 8938
for any foreign financial assets? _____

II. ESTATE PLAN DATA

If you have already determined who you want to hold the following offices, please so indicate.

I. WILL (Husband)

A. Executor or Executrix

Name: _____ Relationship: _____

Address: _____

B. Substitute or Successor Executor or Executrix

Name: _____ Relationship: _____

Address: _____

C. Trustee

Name: _____ Relationship: _____

Address: _____

D. Substitute or Successor Trustee

Name: _____ Relationship: _____

Address: _____

E. Testamentary Guardian for Minor Children

Name: _____ Relationship: _____

Address: _____

F. Substitute or Successor Testamentary Guardian

Name: _____ Relationship: _____

Address: _____

II. WILL (Wife)

A. Executor or Executrix

Name: _____ Relationship: _____

Address: _____

B. Substitute or Successor
Executor or Executrix

Name: _____ Relationship: _____

Address: _____

C. Trustee

Name: _____ Relationship: _____

Address: _____

D. Substitute or Successor Trustee

Name: _____ Relationship: _____

Address: _____

E. Testamentary Guardian for Minor Children

Name: _____ Relationship: _____

Address: _____

F. Substitute or Successor Testamentary Guardian

Name: _____ Relationship: _____

Address: _____

III. REVOCABLE OR OTHER TRUST (Husband)

A. Trustee

Name: _____ Relationship: _____

Address: _____

B. Substitute or Successor Trustee

Name: _____ Relationship: _____

Address: _____

IV. REVOCABLE OR OTHER TRUST (Wife)

A. Trustee

Name: _____ Relationship: _____

Address: _____

B. Substitute or Successor Trustee

Name: _____ Relationship: _____

Address: _____

V. DURABLE POWER OF ATTORNEY FOR FINANCIAL AFFAIRS (Husband or Client)

(Person you want to control your property if you are disabled)

A. Attorney-In-Fact

Name: _____ Relationship: _____

Address: _____

Phone Number: _____

B. Substitute or Successor Attorney-In-Fact

Name: _____ Relationship: _____

Address: _____

Phone Number: _____

VI. DURABLE POWER OF ATTORNEY FOR FINANCIAL AFFAIRS (Wife)

(Person you want to control your property if you are disabled)

A. Attorney-In-Fact

Name: _____ Relationship: _____

Address: _____

Phone Number: _____

B. Substitute or Successor Attorney-In-Fact

Name: _____ Relationship: _____

Address: _____

Phone Number: _____

**VII. DURABLE POWER OF ATTORNEY FOR HEALTH CARE DIRECTIVE AND
ADVANCED MEDICAL DIRECTIVE (Husband or Client)**

A. List person you want to make medical decisions if you are ill.

Name: _____ Relationship: _____

Address: _____

Phone Number: _____

B. Substitute or Successor

Name: _____ Relationship: _____

Address: _____

Phone Number: _____

C. List any special instructions:

**VIII. DURABLE POWER OF ATTORNEY FOR HEALTH CARE DIRECTIVE AND
ADVANCED MEDICAL DIRECTIVE (Wife)**

A. List person you want to make medical decisions if you are ill.

Name: _____ Relationship: _____

Address: _____

Phone Number: _____

B. Substitute or Successor

Name: _____ Relationship: _____

Address: _____

Phone Number: _____

C. List any special instructions:

IX. HUSBAND’S OR CLIENT’S DISTRIBUTIONS

(If you have already determined to whom you want to give your property to after death):

*If Husband’s and Wife’s are the same, just complete Husband’s.

A. Gifts of specific property to the following:

1. Beneficiary: _____

Address: _____

Describe Property: _____

Alternate Beneficiary: _____

2. Beneficiary: _____

Address: _____

Describe Property: _____

Alternate Beneficiary: _____

3. Beneficiary: _____

Address: _____

Describe Property: _____

Alternate Beneficiary: _____

B. Gifts of a specific amount of money or percentage of funds, as same as A. above but with “amount or %”.

1. Beneficiary: _____

Address: _____

Specify Amount or %: _____

Alternate Beneficiary: _____

2. Beneficiary: _____

Address: _____

Specify Amount or %: _____

Alternate Beneficiary: _____

3. Beneficiary: _____

Address: _____

Specify Amount or %: _____

Alternate Beneficiary: _____

4. Beneficiary: _____

Address: _____

Specify Amount or %: _____

Alternate Beneficiary: _____

C. All the rest of my property if my spouse survives me:

_____ All to spouse

_____ All to spouse except the following specific items:

D. All the rest of my property if spouse predeceases:

1) To Children

____ Outright, equal shares, no trust

____ Outright, no trust

____ % to _____

____ % to _____

____ % to _____

____ Trust

____ Equal Shares

____ Unequal Shares

____ % to _____

____ % to _____

____ % to _____

____ Separate trusts for each beneficiary, distribution at age ____.

____ One trust for all beneficiaries, distribution when each reaches age ____.

____ One trust for all beneficiaries, distribution when youngest reaches age ____.

____ Tier distribution

____ % at ____ Years.

____ % at ____ Years.

Balance at ____ Years.

____ Distributions other than for support, education, health and/or maintenance:

____ Special trust instructions:

2. Other beneficiaries:

X. WIFE'S DISTRIBUTIONS:

(If you have already determined to whom you want to give your property to after death):
(If Husband's and Wife's are the same, just complete Husband's.)

A. Gifts of specific property to the following:

1. Beneficiary: _____

Address: _____

Describe Property: _____

Alternate Beneficiary: _____

2. Beneficiary: _____

Address: _____

Describe Property: _____

Alternate Beneficiary: _____

3. Beneficiary: _____

Address: _____

Describe Property: _____

Alternate Beneficiary: _____

B. Gifts of a specific amount of money or percentage of funds, as same as A. above but with "amount or %".

1. Beneficiary: _____

Address: _____

Specify Amount or %: _____

Alternate Beneficiary: _____

2. Beneficiary: _____

Address: _____

Specify Amount or %: _____

Alternate Beneficiary: _____

3. Beneficiary: _____

Address: _____

Specify Amount or %: _____

Alternate Beneficiary: _____

4. Beneficiary: _____

Address: _____

Specify Amount or %: _____

C. All the rest of my property if my spouse survives me:

_____ All to spouse

_____ All to spouse except the following specific items:

D. All the rest of my property if spouse predeceases:

1) To Children

_____ Outright, equal shares, no trust

_____ Outright, no trust

_____ % to _____

_____ % to _____

_____ % to _____

_____ Trust

_____ Equal Shares

____ Unequal Shares
____ % to _____
____ % to _____
____ % to _____

____ Separate trusts for each beneficiary, distribution at age ____.

____ One trust for all beneficiaries, distribution when each reaches age ____.

____ One trust for all beneficiaries, distribution when youngest reaches age ____.

____ Tier distribution
____ % at ____ Years.
____ % at ____ Years.
Balance at ____ Years.

____ Distributions other than for support, education, health and/or maintenance:

____ Special trust instructions:

2. Other beneficiaries:

III. FINANCIAL INFORMATION DATA

Schedules

- A. Real Estate
- B. Retirement Accounts
- C. Publicly Traded Stocks and Bonds
- D. Unlisted Stocks and Bonds
- E. Bank Accounts and Money Owed to You
- F. Insurance
- G. Business Interests
- H. Powers Of Appointment & Interests in Trusts
- I. Other Miscellaneous Property
- J. Liabilities

SCHEDULE A - REAL ESTATE*

Please list all deeds or land contract interests. (Land or Buildings owned inside a separate entity should be listed under the partnership section on page 8).

+Husband (H); Wife (W); Joint Tenancy (JT); Joint Tenants With Right of Survivorship (JTWROS); Tenants in Common (TC).

Any Mortgage Insurance () No; () Yes; If so please specify _____

ADDRESS OR DESCRIPTION	Ownership	If Joint, Source of Funds	Date Acquired	Cost/Cost of Improvements	Mortgage Balance	Approximate Fair Market Value
Street: City/State:						
Street: City/State:						
Street: City/State:						
Street: City/State:						
Street: City/State:						
Street: City/State:						
Street: City/State:						

*If realty is being farmed, please so note.

Wife Total:
Joint Total:
Grand Total:

SCHEDULE B – RETIREMENT ACCOUNTS

Provide the following information for any interest in a pension, profit-sharing plan, stock bonus plan, self-employment retirement plan, individual retirement account, deferred compensation plan or similar benefit.

+ Husband (H); Wife (W); or Joint Tenancy with Right of Survivorship (JTWROS)

Employee+	Tax Qualified	Employee's Contribution	Present Value	Annual Benefits	Survivor Benefits	Beneficiary of Death Benefits

Husband Total:
 Wife Total:
 Joint Total:
 Grand Total:

SCHEDULE C - PUBLICLY TRADED STOCKS AND BONDS

+Husband (H); Wife (W); Joint Tenancy (JT); Joint Tenants With Right of Survivorship (JTWROS); Tenants in Common (TC).

Company	Number of Shares or Face Value of Bond	Ownership+	If Joint, Source of Funds	Date Acquired	Cost or Other Basis	Value (Aggregate)

Husband Total:
Wife Total:
Joint Total:
Grand Total:

SCHEDULE D - UNLISTED STOCKS AND BONDS

+Husband (H), Wife (W); Joint Tenancy (JT); Joint Tenants with Right of Survivorship (JTWROS); Tenants in Common (TC).

Company	Number of Shares or Face Value of Bond	Ownership+	If Joint, Source of Funds	Date Acquired	Value (Aggregate)

Husband Total:
Wife Total:
Joint Total:

Grand Total:

SCHEDULE E-BANK ACCOUNTS AND MONEY OWED TO YOU

+Husband (H), Wife (W), Joint (JT)

Name of Bank or Financial Institution	Type of Account or CD	Ownership+	If Joint, Source of Funds	Amount

Husband Total:

Wife Total:

Joint Total:

Grand Total:

DEEDS OF TRUST (MORTGAGES) NOTES RECEIVABLE AND OTHER MONEY OWED TO YOU

Description (Including Name of Maker)	Date Acquired	Face Value	Ownership	If Joint, Source of Funds	Unpaid Balance

Husband Total:

Wife Total:

Joint Total:

Grand Total:

SCHEDULE F – INSURANCE

+Husband (H), Wife (W), or Other Name

WHOLE LIFE

Company	Policy No.	Owner+	Insured+	Beneficiary+	Amount of Policy Loan	Cash Value	Face Amount

TERM LIFE

Company	Policy or Certificate No.	Owner +	Insured+	Beneficiary+	Term	Face Amount

+Husband (H), Wife (W), or Other Name

GROUP LIFE

Company	Policy or Certificate No.	Owner+	Insured+	Beneficiary+	Group Applicable	Face Amount

SECOND TO DIE

Company	Policy or Certificate No.	Owners +	Insured+	Beneficiary+	Group Applicable	Face Amount

ACCIDENTAL DEATH

Company	Policy or Certificate No.	Owner+	Insured+	Beneficiary+	Group Applicable	Face Amount

Husband Total:
Wife Total:
Joint Total:

Grand Total:

SCHEDULE G - BUSINESS INTERESTS

BUSINESSES IN WHICH YOU HAVE AN INTEREST:
(If more than one business, please Xerox and do another page.)

Type	C-Corporation	SP-Sole Proprietorship
	P-Partnership	PC-Professional Corporation
	LLC-Limited Liability Company	LLP-Limited Liability Partnership
	S-S Corporation	

Name of business:

Location:

What does business do?

Shareholders/Partners	Ownership+	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who will continue the business upon retirement or death? _____

Do you have a Shareholder's or Partnership Agreement? _____

Do you have Buy-Sell Agreements for the Business? _____

Do you have Key-Man and/or Disability Insurance? _____

Fair Market Value of Business: _____

Fair Market Value of your Share of Business: _____

Husband Total:

Wife Total:

Joint Total:

Grand Total:

**SCHEDULE H - POWERS OF APPOINTMENT & INTERESTS
IN TRUSTS**

1. Do you or your spouse, or will you or your spouse at death, possess a general power of appointment?

2. Have you or your spouse, at any time, exercised or released a general power of appointment?

3. Are there any trusts in existence not created by you or your spouse under which you possess any power, beneficial interest, or trusteeship?

4. If yes to any of the above questions, give details and attach a copy of governing instruments.

Husband Total:
Wife Total:
Joint Total:
Grand Total:

INTEREST IN TRUSTS:

Do you receive any benefit from any trust? Do you expect to do so? If so, briefly describe name of trust, name of beneficiary and approximate present value of interest:

Husband Total:
Wife Total:
Joint Total:
Grand Total:

SCHEDULE I - OTHER MISCELLANEOUS PROPERTY

+Husband (H), Wife (W), or Joint Tenants (JT)

TANGIBLE PERSONAL PROPERTY
 (Automobiles, boats, antiques, art, jewelry,
 coin collections, furnishings, etc.)

Description	Ownership+	If Joint, Source of Funds	Cost	Estimated Fair Market Value

Husband Total:
Wife Total:
Joint Total:
Grand Total:

SCHEDULE J - LIABILITIES

+Husband (H), Wife (W), or Joint Tenants (JT)

Creditor	Debtor+	Secured By	Interest Rate	Due Date	Repayment Schedule	Current Balance

Husband Total:
Wife Total:
Joint Total:

Grand Total:

SUMMARY OF FINANCIAL SUMMARY

<u>ASSETS</u>	<u>AMOUNT</u>		
	HUSBAND	WIFE	JOINT
Real Estate	\$ _____	\$ _____	\$ _____
Retirement Accounts	\$ _____	\$ _____	\$ _____
Publicly Traded Stocks and Bonds	\$ _____	\$ _____	\$ _____
Unlisted Stocks and Bonds	\$ _____	\$ _____	\$ _____
Bank Accounts	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____	\$ _____
Powers of Appointment & Interests in Trusts	\$ _____	\$ _____	\$ _____
Miscellaneous Property	\$ _____	\$ _____	\$ _____
Corporations, Partnerships or Sole Proprietorships	\$ _____	\$ _____	\$ _____
TOTAL ASSETS	\$ _____	\$ _____	\$ _____
<u>LIABILITIES</u>			
TOTAL LIABILITIES	\$ _____	\$ _____	\$ _____
ASSETS LESS LIABILITIES	\$ _____	\$ _____	\$ _____

IV. COPIES OF DOCUMENTS

PLEASE SUPPLY THE FOLLOWING DOCUMENTS AS ARE APPLICABLE TO YOU. IF YOU CANNOT BRING THE (Check those which apply):

- Existing Wills or Trust Agreements;
- Monthly Stock Brokerage Account Statement;
- Existing Post Mortem Letter;
- Existing Letter Disposing of Tangible Personal Property in Virginia;
- Life Insurance Policies and Declaration Pages Therefor
- Divorce Decrees; Property Settlement Agreements; and Pre and Post-Nuptial Agreements;
- Deeds and Lease Agreements for Real Estate
- Employee Benefit and Retirement Plans;
- Corporation Documents and Shareholder Agreements;
- Partnership Agreements;
- Deeds of Trust and Notes for Money Owed to You;
- Last Year's Income Tax Returns;
- Gift Tax Returns;
- Documents Listed on Schedule A, E, H; and
- Any Other Information That Might Be Important.