

**Personal and Confidential**

# **Estate Planning Questionnaire**

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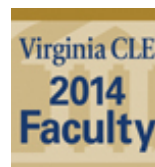
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## I. PERSONAL DATA

Date: \_\_\_\_\_

Encryption Passcode designated by client to email documents: \_\_\_\_\_

### **Husband**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Facsimile: \_\_\_\_\_ 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: \_\_\_\_\_

Facsimile: \_\_\_\_\_ 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 Which 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:

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**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:

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**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:

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**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:

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### **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 OWNED 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?

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

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

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

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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:

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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	\$ _____	\$ _____	\$ _____
<b>TOTAL ASSETS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
 <u>LIABILITIES</u>			
<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
 <b>ASSETS LESS LIABILITIES</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

## 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.