# ESTATE PLANNING QUESTIONNAIRE

**DOMINION LAW GROUP**

*Attorneys-at-Law*

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This questionnaire is for informational purposes only and will be kept strictly confidential. If you choose not to use our services, it will not be shared with anyone else, except at your specific request. Please provide the requested information to the best of your ability. If you are not able to obtain all the requested information, complete as much as you can. If you obtain additional information after submitting this questionnaire, please keep your attorney informed. If additional space is required, please feel free to attach additional sheets. If an area of the questionnaire does not apply to you, mark *N/A* to indicate the answer as not applicable.

## PERSONAL INFORMATION

Legal Name: ____________________________________________________

Other Names used: ______________________________________________

US citizen ◯ Yes ◯ No. If no, what nationality: ________________________

Address: _______________________________________________________

County: ________________________ E-Mail: ______________________________

Telephone: (home)______________(work)_______________(cell)______________

Date of Birth: ___________________ Social Security No.: _________________

Business/Employer: _____________________________________________

Occupation: _____________________________ Salary: ____________________

Marital Status: ◯ Never married ◯ Divorced ◯ Widowed ◯ Married

◯ Domestic Partner ◯ Civil union ◯ Separated or about to divorce

Name of Spouse/Partner: ________________________________________

Date of Birth: ___________________ Social Security No.: _________________

US citizen? ◯ Yes ◯ No. If no, what nationality: ________________________

Telephone: (home)______________(work)_______________(cell)______________

E-Mail: ___________________________

Business/Employer: _____________________________________________

Occupation: _____________________________ Salary: ____________________

Today's Date: _________________

Who referred you?___________________________________________________

Would you like to receive our newsletter? ◯ Yes ◯ No

**CHILDREN:** ☐ None **Dates of Birth**

**Name of child:** ________________________________ ____________

**Child's spouse:** ________________________________ ____________

**Address:** ________________________________ **Tel:** ____________

**Name of child:** ________________________________ ____________

**Child's Spouse:** ________________________________ ____________

**Address:** ________________________________ **Tel:** ____________

**Name of child:** ________________________________ ____________

**Child's Spouse:** ________________________________ ____________

**Address:** ________________________________ **Tel:** ____________

**Name of child:** ________________________________ ____________

**Child's Spouse:** ________________________________ ____________

- Number of grandchildren: _________ Range of Ages: ____________

- Any deceased children? ◯ YES ◯ NO

  If yes, name: ________________________________

  If yes, survived by descendants? ◯ YES ◯ NO

  If yes, name(s): ________________________________

  ________________________________

  ________________________________

- Do any of your beneficiaries have a learning disability, special educational, medical or physical needs? ◯ YES ◯ NO

- Do you have any relatives (other than children) who depend on you for all or part of their support? ◯ YES ◯ NO

- Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money? ◯YES ◯NO
- Do you wish to disinherit any of your children, grandchildren or any other close relative? ◯YES ◯NO
- If a named beneficiary dies before you, do you want the assets to go to that beneficiary's descendants? ◯ YES ◯NO
- Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages? ◯YES ◯NO
  if so, until what age? ______________________________
- Do you expect to inherit substantial assets ($100,000 +)? ◯YES ◯NO
- Do you have an existing Will? ◯YES ◯NO
- Have you ever executed a trust (either revocable or irrevocable)? ◯YES ◯NO
- Have you ever filed a Federal Gift Tax Return? ◯YES ◯NO
- Have you made annual gifts in excess of $15,000 per person? ◯YES ◯NO
- Do you have an existing General Power of Attorney? ◯ YES ◯NO
- Do you currently hold any assets in Joint Tenancy with another person? ◯ YES ◯ NO
- Do you wish to make anatomical bequests (organ donor)? ◯ YES ◯ NO
- Do you have an existing Living Will? ◯ YES ◯ NO
- Do you have a General Power of Appointment? ◯ YES ◯ NO

- Are you acting as an executor for someone's estate? ◯ YES ◯ NO
- Are you involved in any type of law suit? ◯ YES ◯ NO
- Are you acting as agent under a power of attorney? ◯ YES ◯ NO
- Have you been named as a legal guardian for a child or an adult? ◯ YES ◯ NO
- Do you need to plan for your pets? ◯ YES ◯ NO
- Have you ever lived in a "community property state? ◯ YES ◯ NO

  (Arizona, California, Idaho, Louisiana, New Mexico, Texas,

  Washington State or Wisconsin)
- Do you plan to move to another state within two years? ◯ YES ◯ NO
- Do you have a prenuptial or post nuptial agreement? ◯ YES ◯ NO
- Do you have a divorce decree or separation agreement that affects your retirement benefits or that of your ex-spouse? ◯ YES ◯ NO
- Do you have a safe deposit box? ◯ YES ◯ NO
- Who prepares your taxes? ________________________________________
- Who is your financial advisor? ____________________________________
- In what state(s) do you own property? ______________________________

  Who is the co-owner? ____________________________________________
- In what countries outside the US do you own property __________________
- Where do you pay state income tax?_________________________________

# MANAGEMENT DECISIONS

Give careful thought in naming those you want to make decisions for you if you are unable to act on your own behalf because of absence, illness or incapacity. You will also select the person(s) who should manage your estate after your death. You should consider naming one or more alternates in case your first choice is unable or unwilling to serve.

- The name, address and phone number of the person(s) that you want to make financial decisions on your behalf if you are unable (Agent under POA):

| Name | Relationship | Address | Telephone |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

- The name, address and phone number of the person(s) that you want to be the decision maker for your estate upon your death (executor or trustee):

| Name | Relationship | Address | Telephone |
|---|---|---|---|
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- The name, address and phone number of the person(s) that you want to raise a child who is under 18 (if applicable) (guardian):

| Name | Relationship | Address | Telephone |
|---|---|---|---|
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- In general, how you want your estate distributed among your beneficiaries?

- State any specific concerns (not already mentioned) that you have regarding the distribution of your estate:

- Specific Gifts to Individuals; if married should the gift be made at the death of the first spouse or after both have died?

NAME: ______________________________________________

ADDRESS: ___________________________________________

Nature of Gift: ________________________________________

- Gifts to Charity; if married should the gift be made at the death of the first spouse or after both have died?

NAME: ______________________________________________

ADDRESS: ___________________________________________

Nature of Gift: ________________________________________

# BURIAL WISHES

At my death, I wish to be: ☐ cremated ☐ buried

If cremation, I would like my ashes handled as follows:

If buried, I would like my remains interred as follows:

I have already made arrangements at:

Are you or your spouse retired from the US military? ◯ YES ◯ NO

Are you or your spouse an honorably discharged US military veteran? ◯ YES ◯ NO

## HEALTH CARE PREFERENCES FOR HEALTH CARE POWER OF ATTORNEY AND LIVING WILL

Agents

Please name three agents in your preferred order with address and telephone number. Please identify if two agents should act together in making decisions. Please discuss your choices with your spouse, and with the agent(s).

| | SELF | SPOUSE |
|---|---|---|
| 1. | ______________________________ | ______________________________ |
| | ______________________________ | ______________________________ |
| | ______________________________ | ______________________________ |
| | ______________________________ | ______________________________ |
| | ______________________________ | ______________________________ |
| | ______________________________ | ______________________________ |

Do you want to be resuscitated if you go into cardiac arrest?

SELF ☐ YES ☐ NO

SPOUSE ☐ YES ☐ NO

Please bring the following with you to the appointment:

- Existing estate planning documents
- Copies of your deed(s)
- Copies of your divorce decree and property settlement agreement
- Copy of your pre-nuptial agreement if married
- Driver's license(s)
- Vehicle registration(s)
- The first page containing account information for copies of bank, mutual fund, brokerage, 401(k), IRA, TSP, etc statements, and information on taxable, tax free and US government bonds or T-Bills you own outside a brokerage account.
- Copies of life insurance policies with a cash value
- Copies of Long Term Care Insurance policies
- Copies of Trusts where you are a Trustee or a beneficiary

# FINANCIAL INFORMATION ANNEX

We recommend you complete the financial information annex of the questionnaire with as much detail as possible so that we can develop a flexible estate plan that meets your current and future needs. If the net value of your separate and joint accounts, including property, life insurance, business assets and retirement plans, exceeds $5 million, it is even more important to complete this section.

1. Real Estate; indicate which is your personal residence

| Description and Location | Titled in whose name | Purchase Price | Market Value | Mortgage |
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2. Property with a title (car, boat, motorcycle, trailer, RV, airplane)

| Description and Location | Titled in whose name | Market Value | Lien | Equity |
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3. Checking Accounts

| Bank | In whose Name | Approx. Balance |
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4. Savings Accounts or CDs

| Bank | In whose Name | Approx. Balance |
|---|---|---|
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5. Non-Retirement Stocks, Bonds, Mutual Funds, including company stock

| Name of Security | In Whose Name | Number of Shares/Units | Purchase Price | Current Value |
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6. Interests in Limited Liability Companies or Partnerships

| Name of LLC/Partnership | In Whose Name | Number of Shares or % | Purchase Price | Current Value |
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7. Annuities

| Annuity Company | Annuitant | Policy Owner | Beneficiary | Account Value |
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8. Profit Sharing, IRA, Retirement Plans

| Descrition/Location | Beneficiary | Current Value |
|---|---|---|
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9. Life and Disability Insurance

| Name of Company | Insured | Policy Owner | Beneficiary | Beneficiary |
|---|---|---|---|---|
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10. Debts owed to you

| Description | Approx. Value |
|---|---|
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11. Items of Value (antiques, carpets, jewelry, collections)

| Description | Approx. Value |
|---|---|
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12. Estimated value of personal property not listed above (clothes, furniture, etc)

______________________

13. Do you own any digital currencies, NFTs, or other digital assets? ◯ YES ◯ NO

14. Debts other than the mortgage(s) and loans listed above (credit cards, personal loans)

| Description | Approx. Value |
|---|---|
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15. Total Value of Lines 1-13 above ________________________

16. Total Amount Owed (14.) ________________________

17. Subtract 16 from 15 TOTAL NET WORTH ________________________

18. Long Term Care Insurance

| Carrier | Policy Holder | Annual Premium | Daily Benefit | Paid by Employer |
|---|---|---|---|---|
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19. Pets

| Name | Name/Address of person to care for them | Amount |
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