

STAPLETON ELDER LAW | ESTATE PLANNING QUESTIONNAIRE

DIRECTIONS:

- Please print clearly and ensure all names are spelled correctly.
- If you are unsure of a question, you may leave it blank.
- Attach additional pages if you require more space.
- Please bring copies of any previously created legal documents with you (Will, Trust, etc.).
- If married, BOTH spouses and any decision-maker(s) must attend the 1st meeting, to the extent possible.
- If a spouse is unable to attend, please call in advance to discuss or to reschedule.

**PLEASE FAX, EMAIL, MAIL, OR DELIVER YOUR COMPLETED QUESTIONNAIRE TO OUR CHARLOTTESVILLE OFFICE.
QUESTIONNAIRES MUST BE RECEIVED AT LEAST 24 HOURS BEFORE YOUR APPOINTMENT.**

FAX: (434)220-4844	MAIL: STAPLETON ELDER LAW 1411 SACHEM PLACE, STE 2, CHARLOTTESVILLE VA 22901
EMAIL: JEANNIE@ELDERLAW-VA.COM	

_____ / _____ / _____
YOURS: LAST NAME FIRST NAME MIDDLE DATE OF BIRTH
 CHECK THIS BOX IF YOU ARE A VETERAN. DATES OF SERVICE: _____

_____ / _____ / _____
SPOUSE: LAST NAME FIRST NAME MIDDLE DATE OF BIRTH
 CHECK THIS BOX IF YOU ARE A VETERAN. DATES OF SERVICE: _____

DATE OF MARRIAGE: ____ / ____ / ____ **NOTE:** _____

MAILING ADDRESS (STREET, CITY/STATE, ZIP)

PHONE - HOME PHONE - CELL/WORK EMAIL ADDRESS

CHILDREN (please note if deceased)

FIRST NAME: _____ **MIDDLE:** _____ **LAST:** _____
DATE OF BIRTH: ____ / ____ / ____ **NOTE:** _____

FIRST NAME: _____ **MIDDLE:** _____ **LAST:** _____
DATE OF BIRTH: ____ / ____ / ____ **NOTE:** _____

FIRST NAME: _____ **MIDDLE:** _____ **LAST:** _____
DATE OF BIRTH: ____ / ____ / ____ **NOTE:** _____

FIRST NAME: _____ **MIDDLE:** _____ **LAST:** _____
DATE OF BIRTH: ____ / ____ / ____ **NOTE:** _____

GRANDCHILDREN (please note if deceased)

FIRST NAME: _____ **MIDDLE:** _____ **LAST:** _____
DATE OF BIRTH: ____ / ____ / ____ **CHILD OF:** _____

FIRST NAME: _____ **MIDDLE:** _____ **LAST:** _____
DATE OF BIRTH: ____ / ____ / ____ **CHILD OF:** _____

FIRST NAME: _____ **MIDDLE:** _____ **LAST:** _____
DATE OF BIRTH: ____ / ____ / ____ **CHILD OF:** _____

FIRST NAME: _____ **MIDDLE:** _____ **LAST:** _____
DATE OF BIRTH: ____ / ____ / ____ **CHILD OF:** _____

WHAT ARE YOUR GOALS IN MEETING WITH US? _____

PLEASE PROVIDE THE NAME AND PHONE NUMBER OF THOSE HELPING YOU MAKE DECISIONS REGARDING ESTATE PLANNING/ASSET PROTECTION (RELATIVE, FINANCIAL ADVISOR, ATTORNEY, CPA ETC.).

NAME RELATIONSHIP PHONE

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ASSET SUMMARY: PLEASE COMPLETE OR ATTACH A CURRENT FINANCIAL STATEMENT, IF PREFERRED.

RESIDENCE: APPROXIMATE VALUE: _____ MORTGAGE BALANCE: _____

PROPERTY IS: HUSBAND'S WIFE'S JOINTLY OWNED

OTHER REAL ESTATE: APPROXIMATE VALUE: _____ MORTGAGE BALANCE: _____

PROPERTY IS: HUSBAND'S WIFE'S JOINTLY OWNED

APPROXIMATE VALUE OF OTHER ASSETS:

	HUSBAND'S ↓	WIFE'S ↓	JOINT ↓
RETIREMENT PLANS/IRA, 401K, 403B*:	\$ _____	\$ _____	\$ _____
OTHER SUBSTANTIAL NON-IRA ASSETS: (INVESTMENTS, ANNUITIES, SAVINGS, CDs, MONEY MARKET, ETC.)	\$ _____	\$ _____	\$ _____
SUBTOTAL:	\$ _____	\$ _____	\$ _____
LESS DEBTS:	\$ _____	\$ _____	\$ _____
ESTIMATED NET ESTATE:	\$ _____	\$ _____	\$ _____

*PLEASE SPECIFY THE CURRENT BENEFICIARY DESIGNATIONS: _____

NOTES: _____

INCOME SUMMARY

	HUSBAND'S ↓	WIFE'S ↓	JOINT ↓
EMPLOYMENT INCOME:	\$ _____	\$ _____	\$ _____
RETIREMENT INCOME:	\$ _____	\$ _____	\$ _____
SOCIAL SECURITY / DISABILITY INCOME:	\$ _____	\$ _____	\$ _____
INTEREST / DIVIDEND INCOME:	\$ _____	\$ _____	\$ _____
ANY OTHER INCOME (PLEASE NOTE SOURCE):	\$ _____	\$ _____	\$ _____
ESTIMATED TOTAL INCOME:	\$ _____	\$ _____	\$ _____

NOTES: _____