

STAPLETON ELDER LAW | ESTATE PLANNING QUESTIONNAIRE [MARRIED/WIDOWED]

DIRECTIONS:

- Please use this form if MARRIED or WIDOWED. If not married, please use the yellow version of this form.
- 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 existing legal documents with you to your consultation (will, POA, trust, etc.).
- If married, BOTH spouses and any decision-maker(s) must attend the 1st meeting, to the extent possible.

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
EMAIL: JEANNIE@ELDERLAW-VA.COM	1411 SACHEM PLACE, STE 2, CHARLOTTESVILLE VA 22901

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 _____

NAME _____ RELATIONSHIP _____ PHONE _____

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: _____