

# STAPLETON ELDER LAW | ESTATE PLANNING QUESTIONNAIRE [MARRIED]

**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

**EMAIL:** INFO@ELDERLAW-VA.COM

**MAIL:** STAPLETON ELDER LAW

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 A VETERAN.                      DATES OF SERVICE: \_\_\_\_\_

**DATE OF MARRIAGE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_                      **NOTE:** \_\_\_\_\_

**MAILING ADDRESS** (STREET, CITY/STATE, ZIP)

\_\_\_\_\_  
**PHONE - HOME**

\_\_\_\_\_  
**PHONE - CELL/WORK**

\_\_\_\_\_  
**EMAIL ADDRESS**

**YOUR CHILDREN** (please note if deceased)

**LAST NAME:** \_\_\_\_\_

**FIRST & MIDDLE NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_

**FIRST & MIDDLE NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_

**FIRST & MIDDLE NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_

**FIRST & MIDDLE NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**YOUR GRANDCHILDREN** (please note if deceased)

**FULL NAME & AGE:** \_\_\_\_\_

**FULL NAME & AGE:** \_\_\_\_\_

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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:	\$ _____	\$ _____	\$ _____
<b>ESTIMATED NET ESTATE:</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

\*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: \_\_\_\_\_