

STAPLETON ELDER LAW | ESTATE PLANNING QUESTIONNAIRE [SINGLE]

DIRECTIONS:

- Please use this form if you are SINGLE (not married, divorced).
- If you are married or widowed, please use the married 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.)

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: _____

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: _____

LAST NAME: _____

FIRST & MIDDLE NAME: _____

DATE OF BIRTH: _____

YOUR GRANDCHILDREN (please note if deceased)

FULL NAME & AGE: _____

FULL NAME & AGE: _____

FULL NAME & AGE: _____

FULL NAME & AGE: _____

FULL NAME & AGE: _____

FULL NAME & AGE: _____

FULL NAME & AGE: _____

FULL NAME & AGE: _____

FULL NAME & AGE: _____

FULL NAME & AGE: _____

FULL NAME & AGE: _____

FULL NAME & AGE: _____

FULL NAME & AGE: _____

FULL NAME & AGE: _____

FULL NAME & AGE: _____

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: _____

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

APPROXIMATE VALUE OF OTHER ASSETS:

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

EMPLOYMENT INCOME: \$ _____

RETIREMENT INCOME: \$ _____

SOCIAL SECURITY / DISABILITY INCOME: \$ _____

INTEREST / DIVIDEND INCOME: \$ _____

ANY OTHER INCOME (PLEASE NOTE SOURCE): \$ _____

ESTIMATED TOTAL INCOME: \$ _____

NOTES: _____