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BEAN, KINNEY & KORMAN, P.C. ESTATE PLANNING QUESTIONNAIRE

This Estate Planning Questionnaire collects the initial information Bean, Kinney & Korman, P.C. needs in order to assist you with your estate planning objectives. The questionnaire has been compiled in such a way as to provide us with a broad overview of your situation and to help us focus on your needs and goals in developing the best possible estate plan for you. All information you provide to us during the estate planning process is held in the strictest confidence.

Please complete this form to the best of your ability and either send it in to our office prior to your initial estate planning consultation or bring it with you. If you need additional space for any answer, please use the back of the page or attach a separate sheet of paper. If you are uncertain as to how to respond to a particular question, please answer it as best you can and mark it with a question mark so that you can discuss your questions with your attorney during your meeting.

For financial information, it is not necessary to provide us with exact figures, but please try to provide approximations of values based on statements which are less than three months old. It is important to identify all of the assets you own and to indicate how they are owned, i.e., individually, jointly, in trust, etc, as this information is critically important to the estate plan we will develop for you.

PERSONAL INFORMATION

DATE: _____

1. Marital Status				
<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed <input type="checkbox"/> Separated or about to divorce
2. Your Name (First, Middle, Last)		Social Security Number	Date of Birth (mm/dd/yyyy)	
3. Spouse's Name (First, Middle, Last)		Social Security Number	Date of Birth (mm/dd/yyyy)	
4. Home Address (Number, Street)		City	State	Zip
5. Home Phone ()	Your Cell Phone ()	Your Work Phone ()	Spouse's Cell Phone ()	Spouse's Work Phone ()
6. Your E-mail Address		Spouse's E-mail Address		
7. Your Employer		Your Occupation	Your Salary	
8. Spouse's Employer		Spouse's Occupation	Spouse's Salary	

2. Please list your grandchildren (please continue on a separate sheet if more space is needed).

Name	Address	Age	Parent's Name	Married? Y or N

FINANCIAL INFORMATION

We strongly recommend you complete the financial portion of this questionnaire so that we can develop an estate plan with the flexibility to best meet your present and future needs. If the net value of your separate and joint assets, including life insurance, business and retirement assets, exceeds \$3,500,000.00, then we absolutely need you to complete this section.

1. Do you own a home or any other real estate? Indicate which is your residence/homestead.

Description and Location	Titled in whose name	Purchase Price	Market Value	Mortgage	Market Value - <u>Mortgage</u> Equity
Total Net Value					

2. Do you own any other titled property such as a car, boat, trailer, motorcycle, etc.?

Description	Titled in whose name	Market Value	Lien	Market Value - <u>Lien</u> Equity
Total Net Value				

3. Do you have any checking accounts?

Name of Bank	Titled in whose name	Approx. Balance
Total Value		

4. Do you have any interest bearing accounts (savings, money market) and/or CD's?

Name of Bank	Titled in whose name	Approx. Balance
Total Value		

5. Do you own any stocks, bonds or mutual funds (including company stock)?

Number Shares	Name of Security	Titled in Whose Name	Purchase Price	Current Value
Total Value				

6. Do you own any interests in limited liability companies or partnerships?

Number Units or % Share	Name of LLC/Partnership	Titled in Whose Name	Purchase Price	Current Value
Total Value				

7. Do you have any annuities?

Annuity Company	Annuitant	Policy Owner	1 st Beneficiary	Account Value	Death Benefit
Total Value					

8. Do you have any profit sharing, IRAs or pension plans?

Description/Location	Beneficiary	Current Value
Total Value		

9. Do you have any life or disability insurance policies?

Name of Company	Insured	Policy Owner	1 st Beneficiary	2 nd Beneficiary	Death Benefit
Total Value					

10. Does anyone owe you money?

Description	Approx. Value	
Total Net Value		

11. Do you have any special items of value such as antiques, coin collections, jewelry, etc.?

Description	Approx. Value	
Total Net Value		

12. What is the approximate total value of all your remaining personal property--whatever you own that has not been included above? (clothes, furniture, etc.) Please estimate\$ _____

13. Do you have any debts other than mortgage(s) and loans listed above (credit cards, personal loans, etc.)?

Description	Amount Owned
Total Debt	

14. Are you a guarantor of any debts?

Creditor/Obligor name: _____ Liability..... \$ _____
 Creditor/Obligor name: _____ Liability..... \$ _____
 Total Liability \$ _____

15. Total value of everything you (and your spouse) own (add totals of line 1 thru line 12 above) \$ _____

16. Total amount you (and your spouse) owe (total of line 13 and 14 above) \$ _____

17. Subtract line 16 from line 15. **TOTAL NET ESTATE VALUE** \$ _____

18. Do you have any Long Term Care Insurance?

Carrier	Policy Holder	Annual Premium	Annual Benefit	Paid by Business? Y or N
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

19. **PETS:**

List any pets you may have; who you desire to have care for them; and how much money, if any, you wish to provide for their care.

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

MANAGEMENT DECISIONS: YOUR ESTATE MANAGEMENT TEAM

1. Personal Representative/Executor:

For You

For Your Spouse

Name: _____

Name: _____

Address: _____

Address: _____

2. Successor Personal Representative:

For You

For Your Spouse

1st Successor: Name: _____

Name: _____

Address: _____

Address: _____

2nd Successor: Name: _____

Name: _____

Address: _____

Address: _____

3. Trustee:

For You

For Your Spouse

Name: _____

Name: _____

4. Successor Trustee (or Co Trustee):

For You

For Your Spouse

1st Successor: Name: _____

Name: _____

Address: _____

Address: _____

2nd Successor: Name: _____

Name: _____

Address: _____

Address: _____

You may provide that the Personal Representatives and/or Trustees be bonded by corporate surety to provide extra protection for the beneficiaries (given the complexity of this issue, you may wish to discuss it with your attorney):

The Personal Representative shall be bonded by corporate surety bond: Yes No Uncertain

The Trustee shall be bonded by corporate surety bond: Yes No Uncertain

5. Guardians For Minor Children:

For You

For Your Spouse

#1 Choice: Name: _____

Name: _____

Address: _____

Address: _____

#2 Choice: Name: _____

Name: _____

Address: _____

Address: _____

5. Guardians (continued)

#3 Choice: Name: _____ Name: _____
 Address: _____ Address: _____

BENEFICIARIES

1. Special Gifts To Organizations

Do you want to make a gift (cash or a specific item) to a charity, foundation, religious or fraternal organization?

Name of Organization	Description of Gift	Alternate Beneficiary

2. Special Gifts To Individuals

Do you want to give any specific items or cash gifts to a family member or other individual? (For example: wedding ring to your daughter, etc.)

Name of Person	Description of Gift or Amount	Alternate Beneficiary

3. Beneficiaries of residual estate

Who do you want to receive the rest of your estate after these special gifts have been distributed? You can designate a dollar amount or percentage, however the percentages are generally easier, but obviously must add to 100 per cent.

Name of Person/Organization	Amount/Percentage	Alternate Beneficiary

4. Do you want your children/grandchildren to receive their inheritance in installments at certain ages or all at once? If in installments, then in what amounts and at what age(s)? Your children's/grandchildren's inheritance can be held in trust and managed for them until they are at any age you chose (21, 25, 30, etc) and used for their education and other needs until that time. Alternatively, the full inheritance can be distributed to them at your death, at a specified time after your death, or at a set age.

	Amount/Percentage	Age of Distribution	Time after death
Initial			
Second			
Final			

5. If a child dies, do you want that child's share to go to that child's children, your grandchildren , or
 do you want that child's share to be divided *only* among your other living children, i.e., nothing to a grandchild whose parent died .

6. Do you want your children from a previous marriage to receive a specific share of your estate? **You** Yes No **Your Spouse** Yes No
7. List Dependents Who Require Special Care: Do you want to provide extra support to supplement government benefits? **Yes** **No**

Dependent	Age

8. **Alternative Beneficiaries**
 Who do you want to receive your estate if you (and your spouse) outlive the beneficiaries you've named above?

Name of Person/Organization	Amount/Percentage

9. **Disinheriting**
 Are there any relatives that you specifically do not want to receive anything from your estate?

MEDICAL CARE POWER OF ATTORNEY

1. **Advanced Medical Directive:** An Advance Medical Directive/Medical Power of Attorney makes your wishes known to family and doctors regarding life support and the following decisions in the event you become terminally ill or injured with no hope for recovery.

Do you want an Advance Medical Directive/Medical Power of Attorney?	You <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Name the individuals you want to appoint to make health care decisions when you are unable to, but not necessarily in a terminal condition.

<p>For You</p> <p>1st Choice: Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Telephone Number: _____</p>	<p>For Your Spouse</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Telephone Number: _____</p>
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2nd Choice: Name: _____
 Address: _____

 Telephone Number: _____

Name: _____
 Address: _____

 Telephone Number: _____

POWER OF ATTORNEY

A **Durable General Power of Attorney** takes effect immediately and appoints an agent that can make any decision and do any act that you can. It will continue to be in force until your death even after you become incapacitated or until you revoke it. It is a very powerful document and should only be granted with great care, and then only to a person in whom you have the utmost trust. Alternatively, a **Springing Durable General Power of Attorney** gives your agent(s) the same powers and *only* takes effect upon conditions that you specify, for example, your incapacitation.

I want a: **Durable General Power of Attorney** Yes No Uncertain
Springing Durable General Power of Attorney Yes No Uncertain

If yes then specify your choice of agent(s):

For You

For Your Spouse

1st Choice: Name: _____
 Address: _____

Name: _____
 Address: _____

2nd Choice: Name: _____
 Address: _____

Name: _____
 Address: _____

SPECIAL INSTRUCTIONS FOR FUNERAL/BURIAL/CREMATION

1. What type of service do you want, how elaborate, and where? Any special people to contact? Do you want cremation?

2. If you have a cemetery lot, where is it located?
 Cemetery Name _____ City _____ State _____

MISCELLANEOUS INFORMATION

1. Do you have a safe deposit box or boxes?

Location	Titled in whose name

2. Please list your advisors (name, address, telephone)

ATTORNEY:

Name: _____
Company: _____
Address: _____

Telephone Number: _____

ACCOUNTANT:

Name: _____
Company: _____
Address: _____

Telephone Number: _____

STOCKBROKER:

Name: _____
Company: _____
Address: _____

Telephone Number: _____

FINANCIAL PLANNER:

Name: _____
Company: _____
Address: _____

Telephone Number: _____

LIFE INSURANCE AGENT:

Name: _____
Company: _____
Address: _____

Telephone Number: _____

IRA ADVISOR

Name: _____
Company: _____
Address: _____

Telephone Number: _____

3. Is there any additional information that you want us to know?
