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**Estate Planning Questionnaire**

*Please attempt to complete this form and bring the requested documents to your first appointment. Do not be concerned if you are unable to complete the questions or locate the documents before that meeting.*

## **DOCUMENTS**

Please bring the following documents with you to the initial conference:

1. Existing wills, trusts, powers of attorney, living wills, health care powers of attorney and medical directives.
2. Retirement plan and group life insurance documents.
3. Trusts of which you or a family member are a grantor, trustee or beneficiary.
4. Gift tax returns.
5. Financial statements for businesses, farms, partnerships, etc.
6. Partnership agreements and buy-sell agreements.
7. Pre-nuptial and post-nuptial agreements.
8. Separation and/or property settlement agreements and divorce decrees.
9. Life insurance policies.
10. Designation of beneficiary forms for your life insurance policies, IRAs, and retirement plans.

1. **CLIENT 1:**  
 Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
 Social security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Total no. of marriages (including current marriage) \_\_\_\_\_ Date of Marriage: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 United States citizen?

2. **CLIENT 2:**  
 Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
 Social security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Total no. of marriages (including current marriage) \_\_\_\_\_ Date of Marriage: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 United States citizen?

3. Home Address: \_\_\_\_\_ County or City of: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Phone Numbers:  
 Home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**Client 1** work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**Client 2** work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**Client 1** cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Client 2** cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Email address(es): \_\_\_\_\_

5. Information regarding **CHILDREN** (adult, minor, adopted):

Name Address	Birthdate	Telephone Number Social Security Number	Marital Status	No. of Children
Name: _____ Street: _____ City: _____ State: ____ Zip: _____	____ / ____ / ____	<input type="checkbox"/> _____ - _____ - _____ SSN: _____ - _____ - _____	<input type="checkbox"/>	____
Name: _____ Street: _____ City: _____ State: ____ Zip: _____	____ / ____ / ____	<input type="checkbox"/> _____ - _____ - _____ SSN: _____ - _____ - _____	<input type="checkbox"/>	____
Name: _____ Street: _____ City: _____ State: ____ Zip: _____	____ / ____ / ____	<input type="checkbox"/> _____ - _____ - _____ SSN: _____ - _____ - _____	<input type="checkbox"/>	____
Name: _____ Street: _____ City: _____ State: ____ Zip: _____	____ / ____ / ____	<input type="checkbox"/> _____ - _____ - _____ SSN: _____ - _____ - _____	<input type="checkbox"/>	____

6. **Client 1** occupation: \_\_\_\_\_ Annual Earnings: \$ \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

7. **Client 2** occupation: \_\_\_\_\_ Annual Earnings: \$ \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
8. Do you have a child/beneficiary with special needs?
9. Do you expect to receive a gift or inheritance of \$500,000 or more?
10. Are you the beneficiary of any trusts?   
If yes, please furnish trust documents and a list of assets in each trust.
11. Have you ever made taxable gifts in a single year (currently \$13,000 per person; previously \$12,000, \$11,000, \$10,000, etc.)?   
If yes, please furnish the gift tax returns filed in connection with such gifts.
12. Are there any continuing financial responsibilities as a result of a prior marriage?   
If yes, please furnish the property settlement or separation agreement.
13. Have you lived in one of the following states during your current marriage?  
Arizona  California  Colorado  Idaho  Louisiana   
Nevada  New Mexico  Texas  Washington  Wisconsin
14. Do you own any Subchapter S Stock?
15. Are we authorized to send copies of your documents to your:  
CPA  Financial planner   
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Street: \_\_\_\_\_ Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### INFORMATION ABOUT FIDUCIARIES

After your death, your executor will be responsible for probating your Will, collecting the assets of your estate, carrying out the directions contained in your Will, filing income tax returns for you and your estate, filing estate tax returns for your estate, and accounting (to the penny) to the Court for all of the assets passing through the executor's hands.

Your trustee will be responsible for investing the assets of the trust, distributing the income and principal of the trust to the beneficiaries during the term of the trust, filing income tax returns for the trust, accounting to the beneficiaries each year, and distributing all of the trust assets when it terminates.

The guardian of a minor (under age 18) child becomes the substitute parent of the child, and normally the child will live with the guardian. The guardian does not have control over the assets given to the child, unless you have not created a trust in your Will. If there is no trust, the guardian will have control over those assets, but only until the child reaches age 18.

Your agent named in a durable financial power of attorney has the power, immediately upon your signing the document, to conduct your financial affairs on your behalf. Your agent for health care decisions has the power, beginning at the time you are unable to make health care decisions yourself, to make health care decisions for you.

## SELECTION OF FIDUCIARIES

Do not be concerned if you do not know who to choose (or how to choose). We will discuss the requirements for each position at our first conference. After the first conference you should check with the individuals you wish to name to be sure they are willing to serve.

A fiduciary should be a responsible person who will act promptly. A fiduciary need not have special expertise, and in fact should not be a person who thinks he or she can handle the administration without outside help.

In the administration of an estate there are almost always opportunities to save time or trouble or tax dollars, and there are almost always corresponding opportunities to cause really unfortunate and avoidable consequences. There can be opportunities to save thousands (and sometimes tens or hundreds of thousands) of tax dollars. Be sure the fiduciary you choose will not miss those opportunities in an attempt to save on professional fees. The way to assure that your planning is executed for the best advantage of your beneficiaries is for the fiduciary to seek early advice from experienced personnel specializing in estate administration.

Generally married clients will name each other as executor, financial agent and medical agent during lifetime, and as trustee of any trusts created for the surviving spouse. Consider what is appropriate in your case. You should also name a backup financial agent, medical agent, executor and trustee. Clients with children under age 18 should name a guardian and a backup.

16. Consider who you would like to serve as EXECUTOR, TRUSTEE, GUARDIAN OF MINOR, FINANCIAL AGENT and MEDICAL AGENT. Consider who you would like to serve as back up to each.

We will need the FULL NAME, ADDRESS AND TELEPHONE NUMBER of each person selected. Please write them out in advance if you know who they are, even if you don't know in what capacity they will be named.

## BENEFICIARIES AND GIFTS

17. Do you want to leave any items of **property** (such as jewelry, cars, books, art, heirlooms, etc.) to specific persons?
18. Do you want to leave any **cash gifts** to individuals?
19. Do you want to leave any property or cash to **charity**?
20. Should your beneficiaries receive their inheritance outright or in trust? If in trust, at what age should the trust end?
21. Instructions regarding the disposition of your remains or the services to be conducted should be contained in a personal letter kept at home with your copy of the Will. **YOU ARE ENCOURAGED TO WRITE A LETTER EXPRESSING YOUR THOUGHTS AND FEELINGS ABOUT FAMILY OR OTHER MATTERS OF IMPORTANCE TO YOU. WE WOULD LIKE TO REVIEW THAT LETTER TO BE SURE IT DOES NOT CONFLICT WITH ANY PORTIONS OF YOUR LEGAL DOCUMENTS.**

Current Date