

CAMPBELL FLANNERY

A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW

1602 Village Market Boulevard
One Village Plaza, Suite 220
Leesburg, Virginia 20175

ESTATE PLANNING QUESTIONNAIRE

Name _____ Date _____

Legal

Residence: Street _____
City _____
County _____
State _____

Telephone: Home _____
Business _____

I. Personal Data

A. 1. Date of Birth _____
2. Place of Birth _____
3. Current citizenship _____

B. 1. Date of Marriage _____
2. Place of Marriage _____
3. Location of Marriage Certificate _____

C. 1. Date of military service _____
2. Branch and Organization _____

D. 1. Date of Discharge _____
2. Rank at discharge _____

E. 1. Service Serial Number or Veterans Claim
Number _____

F. 1. Social Security Number _____

G. 1. Name and address of employer _____

2. Date present employment commenced _____

H. 1. Personal holding power of attorney:

Name_____

Address_____

I. Location of safe-deposit boxes:_____

J. Securities

Brokers: Name_____

Address_____

Name_____

Address_____

Name_____

Address_____

K. Life Insurance

agents: Name_____

Address_____

Name_____

Address_____

L. Tax Name_____

Advisor: Address_____

II Statement of Assets

A. Real Estate (including Condominiums & Co-op Apts.*)

<u>Location</u>	<u>Hus, Wife, Joint</u>	<u>Tax Cost of Basis</u>	<u>Present Value of Mortgage</u>	<u>Present Value of Property</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

<u>Location</u>	<u>Husband, Wife, Joint</u>	<u>Tax Cost of Basis</u>	<u>Present Value of Mortgage</u>	<u>Present Value of Property</u>
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

B. Cash (including bank accounts, CDs & money market funds)

<u>Cash</u>	<u>Name of Bank or Firm</u>	<u>Account Number</u>	<u>Present Value of Mortgage</u>	<u>Present Value Balance</u>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

C. Aggregate Marketable Securities*

	<u>Location</u>	<u>How Owned</u>	<u>Present Value</u>
1.	Stocks_____		
2.	U.S. and_____		
	Corporate Bonds_____		
3.	Municipal Bonds_____		
4.	Mutual Funds_____		
5.	Other_____		

D(1). Life Insurance (non employment related) on your life owned by you or others

	<u>Insurance</u>				<u>Amount</u>	<u>Face</u>
	<u>Company</u>	<u>Insured</u>	<u>Beneficiary</u>	<u>Type</u>	<u>Against Loan</u>	<u>Amount</u>
1.	_____					
2.	_____					
3.	_____					
4.	_____					

D(2). Life Insurance on life of another owned by you

	<u>Insurance</u>				<u>Amount</u>	<u>Face</u>
	<u>Company</u>	<u>Insured</u>	<u>Beneficiary</u>	<u>Type</u>	<u>Against Loan</u>	<u>Amount</u>
1.	_____					
2.	_____					
3.	_____					
4.	_____					

E. Closely Held Investments

1

2

1. Name of Business
2. Address
3. Type (Corp., Partnerships, Sub. S., etc.)
4. Percentage and Value of Equity

Ownership Debt or Capital Held by:
 - a) You =
 - b) Spouse =
 - c) Other Family Members =

F. Employee Benefits (attach copy of latest benefits statement if available)

	<u>Type</u>	<u>Beneficiary</u>	<u>Qualified or Nonqualified</u>	<u>Percentage Vested If Applicable</u>	<u>Current Value</u>
1.	Group Life Insurance				
2.	Accident Ins.				
3.	Stock Option Plan				
4.	Profit Sharing Plan				
5.	Pension Plan				
6.	H.R. 10 Plan				
7.	Deferred Comp. IRA's				
8.	(amount; location) KEOGH				
9.	(amount; location)				
10.	Other				

G. Trust Funds (Created by you or your benefit)

1

2

1. Creator of Trust
2. Trustee of Trust
3. Date of Creation
4. Beneficiaries
5. Term
6. Estimated Annual Income
7. Estimate Value of:
 - your share of the principal
 - total principal
8. Do you have a Power of Appointment:
 - testament
 - inter vivos

III. Other Assets

	<u>Type</u>	<u>Name of Creditor</u>	<u>Due Date</u>	<u>Amount of Debt</u>
1.	Owed to Individuals			
2.	Owed to Banks or Financial Institutions			
3.	Tax Liabilities			
4.	Charitable Pledges			
5.	Other			

IV. Gift Tax History

A. Amount of Taxable Gifts prior to Dec. 31, 1976

B. Amount of Taxable Gifts after to Dec. 31, 1976

C. Years Gift Tax Returns Filed_____

D. Location of Gift Tax Returns_____

V. OTHER INFORMATION

(Add here anything else you feel we might need to know, such as information about relatives with disabilities, Uniform Gifts to Minors Act accounts for your children or grandchildren, or any other relevant information.)

VI. Prenuptial Agreements, and Divorce Decrees

A. Are you a party to a prenuptial or ante nuptial agreement? (If so, please attach a copy to this questionnaire.)

B. Are you a party to a separation agreement and/or a divorce or annulment agreement? (If so, please attach a copy to this questionnaire.)

VII. Burial Instructions (Location of burial plots; cremation; etc.)

VIII. Family Data

Address if living;

Name

Birth Date

Other Date of Death

Spouse:

Children:

Grandchildren:
(indicate
parent)

Father:

Mother:

Brother(s):

Sister(s):

IX. Executors, Guardians and Trustees

Proposed Executor(s):

Alternate Executor(s):

Proposed Guardian(s):

Alternate Guardian(s):

Proposed Trustee(s):

Alternate Trustee(s):

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