

**PERSONAL AND FINANCIAL ORGANIZER
FOR YOUR ESTATE PLAN
(SINGLE)**

Date: _____ File No.: L_____

SECTION 1 - General Information

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Office: _____

Cell: _____ Fax: _____

E-Mail: _____

Date of Birth: _____ Social Security# _____

Marital Status: Single Married Widowed Divorced

U.S. Citizen: Yes No

Employer: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

(Space for Notes / Remarks)

SECTION 2 - About You

YOUR CHILDREN (Please provide Name, Address, Date of Birth, Telephone/Cell Phone Number, E-Mail):

(Additional space for remarks is provided at the end of the form or feel free to attach a separate sheet of paper.)

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-Mail: _____

Date of Birth: _____ Adult Minor Needs Special Care
=====

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-Mail: _____

Date of Birth: _____ Adult Minor Needs Special Care

(Space for Notes / Remarks)

YOUR GRANDCHILDREN (Please provide Name, Address, Date of Birth, Telephone/Cell Phone Number, E-Mail and Parents' Names):

(Additional space for remarks is provided at the end of the form or feel free to attach a separate sheet of paper.)

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-Mail: _____

Date of Birth: _____ Adult Minor Needs Special Care

Parents' Names: _____

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-Mail: _____

Date of Birth: _____ Adult Minor Needs Special Care

Parents' Names: _____

(Space for Notes / Remarks)

YOUR PARENTS (Please provide Name, Address, Age/Date of Birth, Telephone/Cell Phone Number and E-mail):

(Additional space for remarks is provided at the end of the form or feel free to attach a separate sheet of paper.)

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-Mail: _____

Date of Birth: _____ Age _____ Living Deceased

=====

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-Mail: _____

Date of Birth: _____ Age _____ Living Deceased

(Space for Notes / Remarks)

YOUR BROTHERS AND SISTERS (Please provide Name, Address, Telephone/Cell Phone Number, Date of Birth and E-mail):

(Additional space for remarks is provided at the end of the form or feel free to attach a separate sheet of paper.)

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-Mail: _____

Date of Birth: _____

=====

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-Mail: _____

Date of Birth: _____

(Space for Notes / Remarks)

OTHER BENEFICIARIES (Please provide Name, Address, Telephone/Cell Phone Number, Relationship to You):

(Additional space for remarks is provided at the end of the form or feel free to attach a separate sheet of paper.)

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-Mail: _____

Date of Birth: _____ Relationship to You: _____

(Space for Notes / Remarks)

Background Information:

Yes No

1. Have you ever changed your name other than changing your name when you married?
2. Have you ever signed a Will or Trust?
3. Do any of your children/beneficiaries receive government support or benefits because of disability or handicap?
4. Do you have any financial obligations/support from a divorce?
5. Do you have any pre-nuptial agreements?
6. Do you have any significant health problems which we should be aware of in preparing your estate plan?
7. Do you currently support or expect to support a parent or other person?
8. Have you or your spouse ever filed a federal or state gift tax return?
9. Do you anticipate receiving a significant inheritance?
10. Have you recently inherited significant assets?
11. Were you in Military Service?
12. Were you retired from Military Service?
13. Do you own or operate a family business?

If you answered "YES" to any of these questions, please include details which you think would be helpful.

SECTION 3 – Beneficiaries

1. Personal Property:

To whom do you wish to leave your personal property?

Children in equal shares Other:

I plan to write a memorandum leaving specific items to individuals or providing instruction to my Executor regarding the distribution of my personal property.

Yes No

If you prepare a memorandum, it must be signed and dated. We will provide you with instructions and a form for completing a memorandum.

2. Special Gifts to Organizations:

Do you want to make any special gifts to charitable organizations? Yes No
Please list:

3. Special Gifts to Individuals:

Do you want to give a specific amount of money to any family member or other individual? Yes No
Please list:

4. Special Care to Individuals:

Do you wish to provide for someone who needs special care? Yes No
Please list:

5. **Beneficiaries:**

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 a percentage. (Please provide names and dollar amount or percentage)

Please list:

6. **Alternate Beneficiaries:**

Who do you want to receive your estate if you (and your spouse) outlive the Beneficiaries you've named above? (Please provide names and dollar amount or percentage)

Please list:

7. **Instructions regarding distribution of your property:**

Do you want your beneficiaries to receive their inheritance outright and all at once, or in trust?

Children: Outright Trust

Grandchildren: Outright Trust

8. **The "Black List":**

Are there any relatives or in-laws that you specifically do not want to receive anything from your estate? Yes No

(Please provide Names and Relationship):

(Space for Notes / Remarks)

9. **Pets:**

Do you own a pet? Yes No

Have you identified a friend or family member who will care for your pet once you are gone? Yes No

Name of person to who will care for your pet(s):

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-Mail: _____

Do you want to leave money to this person to care for you pet? Yes No

If Yes, Amount: \$ _____

We recommend that you write a personal property memorandum and in the memo identify the person(s) who will take care of your pets.

(Space for Notes / Remarks)

Trust for Minor Children:

If you have minor children, list the Trustee(s) for the Trust for your minor children (Please provide Name, Address and Telephone Number) for both your Primary Trustee and Alternate Trustee):

Primary:

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-Mail: _____

Primary Trustee Co-Trustee
=====

Alternate:

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-Mail: _____

Alternate Trustee Co-Trustee

(Space for Notes / Remarks)

TRUSTEES for your Revocable Trust (if applicable)

Initial Trustee: You Other:

Successor Trustees: _____

Your Successor Trustee will manage your trust assets if you become incapacitated during your lifetime and or your death. The Trustee can be an adult child, other relative, friend, accountant, attorney or bank. (Please provide Name, Address and Telephone Number) and indicate if you wish this individual to serve as the Sole Successor Trustee or Co-Trustee):

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-Mail: _____

 Sole Successor Trustee Co-Trustee

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-Mail: _____

 Sole Successor Trustee Co-Trustee

(Space for Notes / Remarks)

TRUSTEES for Other Types of Trusts (Please include Name, Address and Telephone Number) and indicate if they will be a Sole Successor Trustee or a Co-Trustee):

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-Mail: _____

Sole Successor Trustee

Co-Trustee

=====

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-Mail: _____

Sole Successor Trustee

Co-Trustee

=====

(Space for Notes / Remarks)

SPECIFIC TERMS FOR OTHER TRUSTS

HEMS

5 & 5 Power

Distribution Date: _____

Remainder Men:

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-Mail: _____

(Space for Notes / Remarks)

SECTION 4 - The People Who Will Implement Your Plan

Your Executor is the person who will settle your probate estate. He or she will pay your final expenses and distribute the property that passes through the probate process according to the instructions in your will. In your will you have the opportunity to nominate someone to serve as your Executor. If you decide to establish a Revocable Trust we still prepare a back up will for you called a "Pour-Over" Will. Please include your Executor's, Co-Executor's or Alternate Executor's Name, Address and Telephone Number.

Executor:

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-Mail: _____

First Nominee Co-Executor

=====

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-Mail: _____

Alternate Co-Executor

(Space for Notes / Remarks)

Guardian:

If both you and the other parent of your minor children die while your children are minors, the court will appoint a guardian to take care of your minor children [under age 18]. In your will you have the opportunity to nominate a guardian: the person(s) whom you would like to raise your children - and a trustee to manage the property left for them. The Guardian and the Trustee can be the same individual or different persons. Please provide the Name, Address and Telephone Number of your Primary/Co-Guardian and Alternate/Co-Guardian.

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-Mail: _____

Primary Co-Guardian
=====

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-Mail: _____

Alternate Co-Guardian

(Space for Notes / Remarks)

SECTION 5 - Powers of Attorney

A Durable Power of Attorney gives your agent the authority to make financial or medical decisions on your behalf. It is a flexible legal tool and is valid from the date it is signed until you die or revoke it. The power remains valid if you become disabled or incapacitated. No formal transfer of the title to your assets is required and the power can be revoked at any time. The financial and medical powers of attorney can provide you with the security of knowing that your affairs will be handled in the manner you desire by the person(s) you've chosen. Without a durable power of attorney a guardian must be appointed by the court to handle your affairs if you become disabled.

Durable Financial Power of Attorney (Please provide Name, Address and Telephone Number for your Primary Attorney in Fact and Alternates):

Primary Attorney in Fact:

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-Mail: _____

1st Alternate:

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-Mail: _____

2nd Alternate:

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-Mail: _____

In an Advance Medical Directive and Power of Attorney for Health Care you appoint a person to make medical decisions for you if you are unable to do so. Choose someone who knows you very well and cares about you. Make sure that you choose someone who is able to stand up for you so that your wishes are followed. An Advance Medical Directive is broader than a Living Will which only addresses end of life events.

The form we use was developed by the American Bar Association and the American Medical Association and incorporates the Virginia Advanced Medical Directive Statute.

Advance Medical Directive: (Please provide the Name, Address and Telephone Number for your Primary Agent for Health Care and your Alternates):

Primary Agent for Health Care:

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-Mail: _____

=====

1st Alternate:

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-Mail: _____

2nd Alternate:

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-Mail: _____

(Space for Notes / Remarks)

SECTION 6 - Financial Information

In lieu of completing this portion of the questionnaire, you may choose to bring a spreadsheet or statements to your appointment. A snapshot of your finances is needed for appropriate counsel.

Real Property

(Additional space for remarks is provided at the end of the form or feel free to attach a separate sheet of paper.)

Property 1:

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Titled: Self Jointly with

Fair Market Value: _____ Less Mortgage: _____

Equity: _____

=====

Property 2:

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Titled: Self Jointly with

Fair Market Value: _____ Less Mortgage: _____

Equity: _____

=====

(Space for Notes / Remarks)

Bank Accounts

Checking, Savings and CD's (Please include the Name of the Bank/Brokerage or Mutual Fund, type of account, how the account is named, if it has a POD designation and the approximate value of the account):

(Additional space for remarks is provided at the end of the form or feel free to attach a separate sheet of paper.)

Bank Name: _____

Account Type: _____

Account Name: _____

Approximate Value: _____

Pay On Death: Yes No

=====

Bank Name: _____

Account Type: _____

Account Name: _____

Approximate Value: _____

Pay On Death: Yes No

=====

Bank Name: _____

Account Type: _____

Account Name: _____

Approximate Value: _____

Pay On Death: Yes No

=====

Bank Name: _____

Account Type: _____

Account Name: _____

Approximate Value: _____

Pay On Death: Yes No

Money Market, Mutual Funds, Stocks, and Bonds (Please include the Name of the Bank/Brokerage or Mutual Fund, type of account, how the account is named, if it has a POD designation and the approximate value of the account):

(Additional space for remarks is provided at the end of the form or feel free to attach a separate sheet of paper.)

Bank Name: _____

Account Type: _____

Account Name: _____

Approximate Value: _____

Pay One Death: Yes No

=====

Bank Name: _____

Account Type: _____

Account Name: _____

Approximate Value: _____

Pay On Death: Yes No

=====

Bank Name: _____

Account Type: _____

Account Name: _____

Approximate Value: _____

Pay On Death: Yes No

=====

Bank Name: _____

Account Type: _____

Account Name: _____

Approximate Value: _____

Pay On Death: Yes No

Retirement Accounts (Please include the Name of the Bank/Brokerage or Mutual Fund, type of account, how the account is named, if it has a beneficiary designation and who it is, who the contingent beneficiary is, and the approximate value of the account):

(Additional space for remarks is provided at the end of the form or feel free to attach a separate sheet of paper.)

Bank Name: _____

Account Type: _____

Beneficiary (Designated): _____

Beneficiary (Contingent): _____

Approximate Value: _____

Bank Name: _____

Account Type: _____

Beneficiary (Designated): _____

Beneficiary (Contingent): _____

Approximate Value: _____

Bank Name: _____

Account Type: _____

Beneficiary (Designated): _____

Beneficiary (Contingent): _____

Approximate Value: _____

Bank Name: _____

Account Type: _____

Beneficiary (Designated): _____

Beneficiary (Contingent): _____

Approximate Value: _____

Life Insurance Policies (Please include the name of the Insurance Company, Policy Number and Value, the name of the owner of the policy and names of the designated beneficiary and contingent beneficiary):

(Additional space for remarks is provided at the end of the form or feel free to attach a separate sheet of paper.)

Company Name: _____

Policy Number: _____

Value: _____

Policy Owner Name: _____

Beneficiary (Designated): _____

Beneficiary (Contingent): _____

Company Name: _____

Policy Number: _____

Value: _____

Policy Owner Name: _____

Beneficiary (Designated): _____

Beneficiary (Contingent): _____

Motor Vehicles: (Please include Year, Make and Model and Estimated Value of the Vehicle):

(Additional space for remarks is provided at the end of the form or feel free to attach a separate sheet of paper.)

Year: _____ Make: _____ Model: _____ Est.Value: _____

Business Interests: (Please include Name of the Business, Type of Business, % Owned and Estimated Value):

(Additional space for remarks is provided at the end of the form or feel free to attach a separate sheet of paper.)

Business Name: _____

Business Type: _____

Ownership %: _____

Est Value: _____

SECTION 7 - Sources of Retirement Income

(Please list current sources of retirement income, if you are retired, or estimated future sources of retirement income if you are still working):

Social Security - Self Monthly Amount \$ _____

Military Pension Monthly Amount \$ _____

Federal Pension Monthly Amount \$ _____

Other Pension Monthly Amount \$ _____

IRA Monthly Amount \$ _____

Total Income Monthly Amount \$ _____

SECTION 8 - Financial Advisors

(Please list the Name, Address and Telephone Number of any accountant, stockbroker, financial planner or life insurance agent):

(Additional space for remarks is provided at the end of the form or feel free to attach a separate sheet of paper.)

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-Mail: _____

Full Name: _____

Address: _____

Addr2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-Mail: _____

