

THE REYNOLDS LAW GROUP

ESTATE PLANNING QUESTIONNAIRE

This questionnaire will be used by The Reynolds Law Group throughout your estate planning process. **Please complete all sections and return to us by one of the following methods:**

- Fax to: 804.272.3317
- Email to: jreynolds@reynoldslawplc.com
- Mail to: The Reynolds Law Group, 2727 McRae Road, Richmond, VA, 23235

PLEASE RETAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS. Upon receiving your completed questionnaire, we will contact you to continue the planning process. Our document, "Overview of Firm Services", may help you prepare for your planning meeting by providing some initial information about planning options and associated costs. If you have not yet received it, please call us at 804.272.1491 to request a copy.

If you were referred to us, please tell us so we know whom we can thank for the referral:

HOW WERE YOU REFERRED? _____
Name/Company Phone

CLIENT INFORMATION

Full and accurate names are required throughout this document. This information will be used in the preparation of your estate planning documents, so accuracy is necessary. **CHANGES OR CORRECTIONS MAY RESULT IN ADDITIONAL CHARGES.**

CLIENT 1

Legal Name: _____ Date of Birth: _____
First MI Last

Occupation: _____ SSN: _____

SPOUSE

Legal Name: _____ Date of Birth: _____
First MI Last

Occupation: _____ SSN: _____

CONTACT INFORMATION

Mailing Address: _____
Street

City, State, ZIP City/County: _____
(e.g., Henrico County)

Home Phone: _____ Fax Number: _____

Cell Phone: _____ Work Phone: _____

Email address: _____ Best Contact Time/ Method: _____

INFORMATION ABOUT YOUR OTHER ADVISORS

The attorneys at The Reynolds Law Group look forward to working in cooperation with your current team of advisors. We will contact them regarding your matters only with your authorization.

ADVISORS	ADVISOR NAME/COMPANY AFFILIATION	PHONE
CPA		
FINANCIAL ADVISOR		
INSURANCE AGENT		
OTHER ADVISOR/ATTORNEY		

INFORMATION ABOUT YOUR CHILDREN AND/OR BENEFICIARIES

Please provide the full names for all children or other beneficiaries. Information about additional children or beneficiaries may be provided on a separate sheet attached to this questionnaire.

CHILDREN (FIRST, MIDDLE, LAST)	DATE OF BIRTH	SEX	MARITAL STATUS	NUMBER OF CHILDREN

OTHER BENEFICIARIES (FIRST, MIDDLE, LAST)	SEX	RELATIONSHIP

NAMING YOUR AGENTS AND REPRESENTATIVES

1. **AGENT/ATTORNEY-IN-FACT FOR YOUR GENERAL POWER.** The General Power of Attorney grants your Agent the power to act on your behalf (as if he or she were you) in order to manage your financial affairs and pay your bills. This is particularly important if you become incapacitated or if for any other reason you are unable to sign your name.

NOTE: Please enter all names completely as First, Middle, Last.

NAMED AGENT	CLIENT 1	SPOUSE
<u>FIRST AGENT :</u> (IF MARRIED, USUALLY YOUR SPOUSE)		
<u>FIRST-CO AGENT (IF ANY):</u> (E.G., A SIBLING OR ADULT CHILD)		
<u>SECOND AGENT:</u> (E.G., A SIBLING OR ADULT CHILD)		
<u>SECOND-CO AGENT (IF ANY):</u> (E.G., A SIBLING OR ADULT CHILD)		

2. **AGENT FOR YOUR MEDICAL POWER OF ATTORNEY.** This agent has specific powers to consult with your health care providers and make health care decisions for you when you are unable.

NAMED AGENT	CLIENT 1	SPOUSE
<u>FIRST AGENT:</u> (IF MARRIED, USUALLY YOUR SPOUSE)		
<u>FIRST-CO AGENT (IF ANY):</u> (E.G., A SIBLING OR ADULT CHILD)		
<u>SECOND AGENT:</u> (E.G., A SIBLING OR ADULT CHILD)		
<u>SECOND-CO AGENT (IF ANY):</u> (E.G., A SIBLING OR ADULT CHILD)		

QUESTIONS/COMMENTS:

3. **GUARDIAN OF MINOR OR INCAPACITATED CHILDREN.** Please provide your nominees for individuals to be named as guardian(s) of your minor or incapacitated children.

FIRST CHOICE Full Name(s): _____

SECOND CHOICE Full Name(s): _____

4. **HIPAA MEDICAL RECORDS AND INFORMATION RELEASE AUTHORIZATIONS.** This release authorizes the hospital or other medical providers to release information or records to certain family members or others you designate.

AUTHORIZED PARTIES	CLIENT 1	SPOUSE
FIRST PARTY: (USUALLY YOUR SPOUSE)		
SECOND PARTY: (USUALLY A FAMILY MEMBER)		
THIRD PARTY: (USUALLY A FAMILY MEMBER)		

5. **NAMING YOUR EXECUTOR.** The Executor, also known as the Personal Representative, is the person named in a will to handle to property of someone who has died. The Executor collects the probate property, pays debts and taxes, and then distributes what is left, as specified in the will. The Executor also handles any probate court proceedings (if needed), submits required reports, and notifies people and organizations of the death.

EXECUTORS	CLIENT 1	SPOUSE
FIRST CHOICE: (USUALLY YOUR SPOUSE)		
CO-EXECUTOR (IF ANY): (E.G., A SIBLING OR ADULT CHILD)		
SECOND CHOICE: (E.G., A SIBLING OR ADULT CHILD)		
CO-2ND EXECUTOR (IF ANY): (E.G., A SIBLING OR ADULT CHILD)		

QUESTIONS/COMMENTS:

6. **NAME YOUR TRUSTEE (COMPLETE FOR TRUSTS ONLY—the Trustee is often the same as the Executor).** A Trustee’s purpose is to safeguard the trust and distribute trust income or principal as directed in the trust document. A Trustee has complete control over the assets in the trust. Usually, you are the **TRUSTEE** of your own revocable living trust, ensuring that during your lifetime you retain complete control over the assets in the trust. You can change, amend or revoke your revocable living trust at any time during your lifetime. A husband and wife usually serve as **CO-TRUSTEE**. You will also need to name a **SUCCESSOR TRUSTEE** who takes control over your trust at the death or incapacity of the initial **TRUSTEE**.

TRUSTEES	CLIENT 1	SPOUSE
Initial Trustee: (USUALLY YOURSELF)		
Co-Trustee: (USUALLY YOUR SPOUSE)		
1st Successor Trustee: (USUALLY OUR SPOUSE)		
Co-1st Successor (if any): (USUALLY A TRUSTED FAMILY MEMBER)		
2nd Successor: (NON-FAMILY MEMBER, E.G., YOUR CPA)		
Co- 2nd Successor (if any): (NON-FAMILY MEMBER, E.G., YOUR CPA)		

MARKET VALUE AND OWNERSHIP OF ASSETS AND LIABILITIES

Effective estate planning requires an understanding of your approximate net worth. This worksheet may help you summarize your finances. Your attorney will consider this information, along with information about your planning goals and special circumstances to help identify the planning strategy best for you.

APPROXIMATE CURRENT VALUE	CLIENT 1	SPOUSE	JOINT TITLE
Bank Accounts (checking/savings/money market)	\$	\$	\$
Investment/Brokerage Accounts (non-IRA assets)	\$	\$	\$
Bonds (held directly, e.g., savings bonds)/Bank CD's	\$	\$	\$
Annuities	\$	\$	\$
Stocks (held directly in certificate form or a DRIP)	\$	\$	\$
Life Insurance Death Benefit Amount (all policies)	\$	\$	\$
Cash Value of Life Insurance (all policies)	\$	\$	\$
Residential Real Estate	\$	\$	\$
Commercial or Investment Real Estate	\$	\$	\$
Personal Property (cars, boat, personal effects, etc.)	\$	\$	\$
Interests in Corporations, Partnerships, LLCs, etc.	\$	\$	\$
Value of Loans Being Repaid to You by Others	\$	\$	\$
Retirement Accounts (401(k)s, IRAs, Roth IRAs, etc.)	\$	\$	\$
Miscellaneous Assets (coins, art, antiques, etc.)	\$	\$	\$
TOTAL ASSETS	\$	\$	\$
TOTAL LIABILITIES (Mortgages and unsecured debt/credit cards)	\$	\$	\$
NET WORTH	\$	\$	\$
ESTIMATED ANNUAL INCOME (all sources)	\$	\$	\$

OTHER FINANCIAL NOTES (ATTACH A SEPARATE SHEET, IF NEEDED):

QUESTIONS FOR YOU

Please provide a copy of any existing estate planning documents and any documents that pertain to any of the following questions to which you answer “yes”:

Questions (please check "Yes" or "No" for your answer):	Yes	No
1. Do you or your spouse own real property in any state other than Virginia?		
2. Have you or your spouse previously been married?		
3. Have you or your spouse signed a pre-nuptial or post-nuptial agreement?		
4. Are you or your spouse the current beneficiary of anyone else's trust?		
5. Are you or your spouse currently making annual gifts to anyone?		
6. Have you or your spouse ever filed a gift tax return?		
7. If married, have you and your spouse ever lived in a "community property" state? (Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington or Wisconsin)		
8. Are you interested in making charitable gifts at death?		
9. Do any of your children or beneficiaries have special educational, medical, or physical needs or receive any government benefits for support?		
10. Do you have existing wills, trusts, powers of attorney or other estate planning documents?		
11. Do you or your spouse have any significant health issues or concerns?		
12. Do you own assets jointly with any person other than your spouse (e.g. child, parent, or sibling)?		

QUESTIONS/COMMENTS: