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## **INTAKE QUESTIONNAIRE AND MEDIATION AGREEMENT FOR PREMARITAL AGREEMENT, MARITAL AGREEMENT, OR CO-OWNERSHIP AGREEMENT**

### **THE PURPOSE OF THIS QUESTIONNAIRE**

This questionnaire is to be completed by a couple or individual wishing to enter into a written premarital agreement prior to marriage, a written marital agreement after marriage, or a written co-ownership agreement for unmarried couples.

Although both parties of course have the right to hire separate attorneys in connection with this matter, many couples prefer to go through this process together, via mediation, in order to minimize the expense and avoid the adversarial nature of being represented by two separate attorneys. The advantages of having two separate attorneys is that you would both receive completely independent, private, and confidential advice. By going through mediation in an effort to develop a written agreement and estate plan, you will be giving up these advantages.

If you choose mediation, the purpose of the mediation will be to attempt to arrive, in a cooperative and informal manner, at a mutually acceptable agreement that resolves all financial and legal issues that may arise in connection with your upcoming marriage, your existing marriage, or your co-ownership of property. A more detailed description of the mediation process follows this introductory section. If you do not choose to use mediation, but desire separate legal representation in connection with the preparation of a written agreement, then you should skip over the information below dealing with mediation.

The information you provide in this questionnaire is needed to help you organize your personal and financial information so that we can properly assist you in preparing an agreement that you are happy with. We recognize that this questionnaire is fairly lengthy. Keep in mind, however, that the more complete the information is, the better it will equip us throughout the mediation process to come up with the best possible agreement for you. The information you do provide should be as accurate as possible. If you are uncertain about exact information, simply note your uncertainty and give your best assessment. If exact information is required, that information can be obtained at a later date. Please do not fill out two separate forms. For any response that is the same for both of you, you do not need to fill in both sides - just write "same."

### **INSTRUCTIONS FOR PART 1.**

Part 1 gathers basic personal information required to begin the mediation or representation and to prepare the resulting written agreement. Please answer completely.

### **INSTRUCTIONS FOR PART 2.**

Part 2 of this questionnaire deals with issues involving estate planning. Many people think of a premarital or marital agreement as only dealing with what happens in the event of a divorce. However, the most important reason for such an agreement is to determine how your estate will be distributed if one of you dies during the marriage, especially if your marriage becomes a long-term marriage (which, of course, is the intended goal of all marriages). Therefore, even though you may have already completed an estate plan of your own, a new marriage may call for changes to that plan.

\* Certified Elder Law Attorney, National Elder Law Foundation. Certified Estate Advisor, National Association of Financial & Estate Planning. Virginia has no procedure for approving certifying organizations.

Your written agreement will guide the creation of your estate planning and asset protection documents, whether you wind up using Wills, Revocable Living Trusts, Irrevocable Living Trusts, or other advanced estate planning or asset protection techniques. One of the requirements of your agreement will typically be that both parties sign appropriate estate planning documents in order to give effect to the agreed-upon provisions in your agreement. In other words, in going through this mediation process, you will also be making most of your estate planning and asset protection decisions. It is therefore natural and logical to go through the mediation process with an experienced mediator – one who will prepare the written agreement at the conclusion of your mediation process – who also happens to be an estate planning and elder law attorney and can therefore prepare the estate planning documents needed to give effect to the provisions in your written agreement.

### **INSTRUCTIONS FOR PART 3.**

Part 3 deals with financial issues involving the Agreement. Please answer as many of these questions as you can.

### **INSTRUCTIONS FOR PART 4.**

Part 4 requests fairly detailed financial information, disclosure of which is a required part of the Agreement. Please complete in as much detail as possible.

### **DETAILED INFORMATION ABOUT THE MEDIATION PROCESS.**

1. The mediator, Evan H. Farr, will conduct an initial joint session with both of you to discuss all of the issues relevant to reaching an agreement, including the various estate planning options. The mediator will conduct additional joint sessions and/or separate confidential sessions as needed. The mediator will review any and all written submissions by either of you and may confer via telephone, fax, or email, with one or both of you at any time during the mediation process.
2. No formal rules of evidence shall apply at any time during the mediation process.
3. During the mediation process both of you must provide full and honest disclosure of all property, assets, and financial information. Lack of full and honest disclosure may invalidate any section or portion of any written agreement that may be based on such disclosure or lack thereof.
4. The mediator may provide you with factual legal information, but the mediator can not and does not provide you with legal advice, even though the mediator may also happen to be an attorney.
5. Both of you will at all times have the opportunity to have independent counsel of your choice present during the mediation, and both of you will at all times have the opportunity to consult with your own independent legal counsel at any time during mediation, and are encouraged to do so. In addition, either party may terminate or postpone any mediation session in order to seek counsel's advice. Furthermore, you both agree that you will obtain legal counsel prior to signing any written agreement or statement of understanding that may arise from the mediation process.
6. Neither of you shall be legally bound by anything said or done during the mediation process. However, you and your heirs will be legally bound by any written agreement that is signed by as a result of the mediation process.
7. The mediator shall not be subject to subpoena for any matter in connection with any written agreement, or in connection with the underlying mediation, nor shall the mediator voluntarily appear in any subsequent proceeding related to any of the matters arising from this mediation.
8. All proceedings in connection with the mediation, including statements made and documents prepared by any party, attorney or other participant are confidential and privileged and shall not be disclosed during or after the mediation to third parties or in any other judicial or administrative proceeding pending or subsequent to the mediation process, or in any document, unless both parties and the mediator otherwise agree, and shall not be or construed for any purpose as an admission

against interest or for any other purpose outside of the mediation. Rather, all communications made during the mediation process shall be considered compromise negotiations and shall thereby be inadmissible except as otherwise stated herein.

9. Mr. Farr's regular hourly rate (\$450/hour) is charged for all mediation time, including all telephone and email time with either or both parties. Such fee shall be shared equally by the parties unless other terms have been agreed upon and have been fully explained to the mediator. All hourly fees are due and payable at the end of each and every mediation session. The written contract that is prepared at the conclusion of the mediation process will be billed at a minimum base rate of \$2,995, payable in advance of preparation. Fees for preparation or revision of Estate Planning and Asset Protection documents after the written agreement is signed are charged according to the law firm's published fee schedule, available from the firm or via our Web site.
10. Either of you or the mediator may terminate this Agreement and may withdraw from, postpone, or terminate the mediation process at any time. Fees will only be owed for time spent by the mediator up until the time of termination.

#### **AGREEMENT**

By signing immediately below, we both acknowledge: that we have read all of the above; that we understand and agree to the above paragraphs numbered 1 through 10; and that we understand we have the right to obtain separate attorneys and receive independent and confidential advice. Nevertheless, we desire to waive that right and enter into mediation in connection with our agreement and estate planning needs. We both understand that we are waiving the privilege of attorney-client confidentiality with respect to each other.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## PART 1. PERSONAL INFORMATION

State the names requested below exactly as you want them to appear in your Premarital Agreement, Will and other estate planning documents. Where the space on the form is insufficient, please attach an additional sheet.

Name:

☐ Mr. ☐ Mrs.

☐ Dr. ☐ Ms. \_\_\_\_\_

Current Home Address:

\_\_\_\_\_  
\_\_\_\_\_

Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name of Business/Employer:

\_\_\_\_\_

Business Address:

\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

May we send you private and confidential messages?

☐ Yes ☐ No

Work Phone:

\_\_\_\_\_

Answering machine or voice mail on this line? ☐ Yes ☐ No

May we leave you private and confidential messages? ☐ Yes ☐ No

Home Phone:

\_\_\_\_\_

Answering machine or voice mail on this line? ☐ Yes ☐ No

May we leave you private and confidential messages? ☐ Yes ☐ No

Name:

☐ Mr. ☐ Mrs.

☐ Dr. ☐ Ms. \_\_\_\_\_

Current Home Address:

\_\_\_\_\_  
\_\_\_\_\_

Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name of Business/Employer:

\_\_\_\_\_

Business Address:

\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

May we send you private and confidential messages?

☐ Yes ☐ No

Work Phone:

\_\_\_\_\_

Answering machine or voice mail on this line? ☐ Yes ☐ No

May we leave you private and confidential messages? ☐ Yes ☐ No

Home Phone:

\_\_\_\_\_

Answering machine or voice mail on this line? ☐ Yes ☐ No

May we leave you private and confidential messages? ☐ Yes ☐ No

**Cell Phone:**

Answering machine or voice mail on this line? ☐ Yes ☐ No  
May we leave you private and confidential messages? ☐ Yes ☐ No

**Fax Number:**

Must we call first to tell you we are sending a fax? ☐ Yes ☐ No

Have you ever used any other name? ☐ Yes ☐ No  
Where? \_\_\_\_\_ Why? \_\_\_\_\_

Are you a citizen of the United States? ☐ Yes ☐ No

Are you now or have you ever been in the Military Service of the United States? ☐ Yes ☐ No

**Marital Status:**

☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

If currently married, date of marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Name of current spouse: \_\_\_\_\_

Prior spouse(s):

Name: \_\_\_\_\_

☐ Divorced ☐ Deceased - date: \_\_\_\_\_

Name: \_\_\_\_\_

☐ Divorced ☐ Deceased - date: \_\_\_\_\_

Name: \_\_\_\_\_

☐ Divorced ☐ Deceased - date: \_\_\_\_\_

**Name and Phone Numbers of Personal Advisors:**

Tax Accountant: \_\_\_\_\_

Financial Planner: \_\_\_\_\_

Life Ins. Agent: \_\_\_\_\_

**Safe Deposit Box Information:**

Bank: Name: \_\_\_\_\_

Branch Location: \_\_\_\_\_

Box Number: \_\_\_\_\_

Registered to: ☐ Self ☐ Self & Spouse

**Cell Phone:**

Answering machine or voice mail on this line? ☐ Yes ☐ No  
May we leave you private and confidential messages? ☐ Yes ☐ No

**Fax Number:**

Must we call first to tell you we are sending a fax? ☐ Yes ☐ No

Have you ever used any other name? ☐ Yes ☐ No  
Where? \_\_\_\_\_ Why? \_\_\_\_\_

Are you a citizen of the United States? ☐ Yes ☐ No

Are you now or have you ever been in the Military Service of the United States? ☐ Yes ☐ No

**Marital Status:**

☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

If currently married, date of marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Name of current spouse: \_\_\_\_\_

Prior spouse(s):

Name: \_\_\_\_\_

☐ Divorced ☐ Deceased - date: \_\_\_\_\_

Name: \_\_\_\_\_

☐ Divorced ☐ Deceased - date: \_\_\_\_\_

Name: \_\_\_\_\_

☐ Divorced ☐ Deceased - date: \_\_\_\_\_

**Name and Phone Numbers of Personal Advisors:**

Tax Accountant: \_\_\_\_\_

Financial Planner: \_\_\_\_\_

Life Ins. Agent: \_\_\_\_\_

**Safe Deposit Box Information:**

Bank: Name: \_\_\_\_\_

Branch Location: \_\_\_\_\_

Box Number: \_\_\_\_\_

Registered to: ☐ Self ☐ Self & Spouse

How Did you Hear About Our Firm: \_\_\_\_\_

# FAMILY & BENEFICIARY INFORMATION

Please list below all of your children. Please show the date of adoption of any adopted children. Be sure to include any deceased children, and indicate the date of death and the names of his or her surviving spouse and/or children. If you don't have any children, please list all other persons you want to name as beneficiaries of your estate, and indicate the percentage of your estate to go to each such beneficiary. Use separate sheets of paper if necessary. Please also be sure to also fill in each beneficiary's relationship to you. In this section and throughout the remainder of this questionnaire, you may use the following relationship codes:

**Children:** **CB**=Child of Both | **HC**=Husband's Child | **WC**=Wife's Child | **ACB**=Adopted Child of Both | **HAC**=Husband's Adopted Child | **WAC**=Wife's Adopted Child | **DCC**=Deceased Child w/Children | **DCN**=Deceased Child w/ No Children  
**Siblings:** **HB**=Husband's Brother | **HS**=Husband's Sister | **WB**=Wife's Brother | **WS**=Wife's Sister  
**Other:** **HN**=Husband's Niece/Nephew | **WN**=Wife's Niece/Nephew | **F**=Friend | **G**=Godchild

1. Name: \_\_\_\_\_ % \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cty/St/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Children (and their dates of birth):  
\_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_ % \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cty/St/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Children (and their dates of birth):  
\_\_\_\_\_  
\_\_\_\_\_

3. Name: \_\_\_\_\_ % \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cty/St/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Children (and their dates of birth):  
\_\_\_\_\_  
\_\_\_\_\_

1. Name: \_\_\_\_\_ % \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cty/St/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Children (and their dates of birth):  
\_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_ % \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cty/St/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Children (and their dates of birth):  
\_\_\_\_\_  
\_\_\_\_\_

3. Name: \_\_\_\_\_ % \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cty/St/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Children (and their dates of birth):  
\_\_\_\_\_  
\_\_\_\_\_

4. Name: \_\_\_\_\_ % \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cty/St/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Children (and their dates of birth):  
\_\_\_\_\_  
\_\_\_\_\_

5. Name: \_\_\_\_\_ % \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cty/St/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Children (and their dates of birth):  
\_\_\_\_\_  
\_\_\_\_\_

6. Name: \_\_\_\_\_ % \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cty/St/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Children (and their dates of birth):  
\_\_\_\_\_  
\_\_\_\_\_

Does any above-named beneficiary have any special medical, educational, or financial needs?  
☐ Yes ☐ No

In the event of your death, would your surviving spouse and/or children be likely to receive sufficient income from sources other than your estate, such as the continuance or resumption of a vocation or profession?

Spouse? ☐ Yes ☐ No Children? ☐ Yes ☐ No

4. Name: \_\_\_\_\_ % \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cty/St/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Children (and their dates of birth):  
\_\_\_\_\_  
\_\_\_\_\_

5. Name: \_\_\_\_\_ % \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cty/St/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Children (and their dates of birth):  
\_\_\_\_\_  
\_\_\_\_\_

6. Name: \_\_\_\_\_ % \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cty/St/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Children (and their dates of birth):  
\_\_\_\_\_  
\_\_\_\_\_

Does any above-named beneficiary have any special medical, educational, or financial needs?  
☐ Yes ☐ No

In the event of your death, would your surviving spouse and/or children be likely to receive sufficient income from sources other than your estate, such as the continuance or resumption of a vocation or profession?

Spouse? ☐ Yes ☐ No Children? ☐ Yes ☐ No



# DISTRIBUTION OBJECTIVES

In the table below, please list any specific *amounts of money or percentages of your estate* that you would like to give to specific persons or institutions (including any charities) upon your death, *prior to* the distribution of the remainder of your estate. Please do not list personal effects or specific items of tangible personal property such as clothing, jewelry, furniture, furnishings, household goods, and vehicles, as these items may be disposed of via your Tangible Personal Property Directive (TPPD). We will provide you with a sample TPPD form in connection with your will. If you decide to use the TPPD, you will fill it out yourself and you can then add to it or modify it at any time, and simply keep an updated copy with your Will.

AMOUNT OR PERCENTAGE	PRIMARY BENEFICIARY	ALTERNATE BENEFICIARY	AMOUNT OR PERCENTAGE	PRIMARY BENEFICIARY	ALTERNATE BENEFICIARY

## DISTRIBUTION OF REAL ESTATE.

The first four options below assume that we will place in your agreement a definition for a “Long-Term Marriage,” so that your spouse will acquire certain rights to your real estate only if you have been married for a certain minimum number of years at the time of your death. Many couples use ten (10) years as the definition of a long-term marriage, but you can choose any number you wish if you decide to use this method at all.

### If Married and Living Together as Husband and Wife at the Time of Your Death, How Would You like to Dispose of Your Real Estate?

- |  |   |
|--|---|
| <input type="checkbox"/> If we have been married for at least ____ years, then give my spouse a life estate in our family residence (i.e., the right to continue to reside in the family residence for the remainder of my spouse's lifetime); upon the death of my spouse, distribute my real estate directly to my children in equal shares. | <input type="checkbox"/> If we have been married for at least ____ years, then give my spouse a life estate in our family residence (i.e., the right to continue to reside in the family residence for the remainder of my spouse's lifetime); upon the death of my spouse, distribute my real estate directly to my children in equal shares.          |
| <input type="checkbox"/> Give my real estate to my spouse if we have been married for at least ____ years, or if my spouse dies before me, then sell my real estate as an expense of administering my trust/estate, and distribute the net proceeds as part of my residuary estate.  | <input type="checkbox"/> Give my real estate to my spouse if we have been married for at least ____ years, or if my spouse dies before me, then sell my real estate as an expense of administering my trust/estate, and distribute the net proceeds as part of my residuary estate.   |
| <input type="checkbox"/> Give my real estate to my spouse if we have been married for at least ____ years, or if my spouse dies before me, then give my real estate directly to my children in equal shares.   | <input type="checkbox"/> Give my real estate to my spouse if we have been married for at least ____ years, or if my spouse dies before me, then give my real estate directly to my children in equal shares.  |
| <input type="checkbox"/> Give my real estate to my spouse if we have been married for at least ____ years, or if my spouse dies before me, then give my Trustee the power to either sell the real estate and distribute the proceeds, hold the real estate in trust, or distribute the real estate directly to my children in equal shares.    | <input type="checkbox"/> Give my real estate to my spouse if we have been married for at least ____ years, or if my spouse dies before me, then give my Executor or Trustee the power to either sell the real estate and distribute the proceeds, hold the real estate in trust, or distribute the real estate directly to my children in equal shares. |
| <input type="checkbox"/> Sell my real estate as an expense of administering my trust/estate, and distribute the net proceeds as part of my residuary estate.   | <input type="checkbox"/> Sell my real estate as an expense of administering my trust/estate, and distribute the net proceeds as part of my residuary estate.  |
| <input type="checkbox"/> Give my Trustee the power to either sell the real estate and distribute the proceeds, hold the real estate in trust, or distribute the real estate directly to my children in equal shares.   | <input type="checkbox"/> Give my Trustee the power to either sell the real estate and distribute the proceeds, hold the real estate in trust, or distribute the real estate directly to my children in equal shares.  |
| <input type="checkbox"/> Directly to my children, in equal shares.   | <input type="checkbox"/> Directly to my children, in equal shares.  |
| <input type="checkbox"/> Other (please be as specific as possible, using additional sheets).   | <input type="checkbox"/> Other (please be as specific as possible, using additional sheets).  |

## DISTRIBUTION OF RESIDUARY ESTATE DURING MARRIAGE

Please select your residuary beneficiaries (those who will inherit all that is left over after your specific distributions listed above, if any) if you die while still married and living together as husband and wife.

- ☐ All to my spouse if we have been married for at least \_\_\_\_ years, or if my spouse dies before me, then to my children in equal shares.
- ☐ All in trust to provide support for my spouse for the remainder of my spouse's lifetime, if we have been married for at least \_\_\_\_ years; upon my spouse's death, to my children in equal shares.
- ☐ All to my children, in equal shares.
- ☐ All to my beneficiaries listed above, in the shares indicated above.
- ☐ Other: \_\_\_\_\_

- ☐ All to my spouse if we have been married for at least \_\_\_\_ years, or if my spouse dies before me, then to my children in equal shares.
- ☐ All in trust to provide support for my spouse for the remainder of my spouse's lifetime, if we have been married for at least \_\_\_\_ years; upon my spouse's death, to my children in equal shares.
- ☐ All to my children, in equal shares.
- ☐ All to my beneficiaries listed above, in the shares indicated above.
- ☐ Other: \_\_\_\_\_

## DISTRIBUTION OF RESIDUARY ESTATE IF MARRIAGE TERMINATED:

Please select your residuary beneficiaries (those who will inherit all that is left over after your specific distributions listed above, if any). if you are to die after your marriage has already been terminated.

- ☐ All to my children, in equal shares.
- ☐ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ All to my children, in equal shares.
- ☐ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Death of a Beneficiary:** If a named beneficiary predeceases you, please indicate how you would like that beneficiary's share to be distributed:

- ☐ The share of a deceased beneficiary should be distributed to that beneficiary's living children in equal shares, or if there are no living children, then this share should be redistributed proportionally among my other residuary beneficiaries.
- ☐ The share of a deceased beneficiary should be redistributed proportionally among my other residuary beneficiaries.

# GUARDIANS, EXECUTORS, AND TRUSTEES

**GUARDIANS FOR MINOR CHILDREN.** If you have minor children (under age 18), you must designate in your will a guardian or co-guardians to raise the children in the event of the death of both parents. If you name a married couple as co-guardians, then you also need to indicate whether you want one of them to serve as sole guardian if the couple were to separate or divorce. If you want one of them to remain as sole guardian, then you need to indicate that person as the “Primary” Guardian by checking the appropriate box below.

## Guardian(s).

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cty/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Primary: ☐ husband / ☐ wife / ☐ neither

## First Alternate Guardian(s).

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cty/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Primary: ☐ husband / ☐ wife / ☐ neither

## Second Alternate Guardian(s).

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cty/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Primary: ☐ husband / ☐ wife

## Additional Questions About Your Guardians.

Should the acting Guardian(s) be permitted to live in your family’s home, rent-free, until the Guardianship is terminated? ☐ Yes ☐ No

Should the primary acting Guardian be entitled to receive income compensation (e.g., if the Guardian resigns from a job in order to raise your children) from your executor and/or trustee? ☐ Yes ☐ No

## Guardian(s).

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cty/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Primary: ☐ husband / ☐ wife / ☐ neither

## First Alternate Guardian(s).

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cty/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Primary: ☐ husband / ☐ wife / ☐ neither

## Second Alternate Guardian(s).

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cty/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Primary: ☐ husband / ☐ wife

Should the acting Guardian(s) be permitted to live in your family’s home, rent-free, until the Guardianship is terminated? ☐ Yes ☐ No

Should the primary acting Guardian be entitled to receive income compensation (e.g., if the Guardian resigns from a job in order to raise your children) from your executor and/or trustee? ☐ Yes ☐ No

**EXECUTOR OF YOUR WILL.** You must nominate an executor, preferably with at least one or two alternates. Your executor winds up your affairs at your death by putting your probate estate (property that you own that is not in a trust and does not have a joint owner or a named beneficiary) through probate. As part of the probate process, your executor will have to make at least one appearance in court to officially “qualify” as Executor, and will have to prepare and file various legal and financial documents. Your executor must see to it that your assets are all accounted for, that any claims, expenses, and taxes are paid, and then distributes your property to trustees or beneficiaries you have named. Naming co-executors creates a built-in balancing of powers, but at the same time will cause more difficult administration of the estate due to the fact that the signature of both executors will be required for every estate transaction.

**First Executor**

☐ Spouse (if married at time of death) ☐ Other:

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cty/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

☐ Remaining Order Same as Guardians.

**First Alternate Executor**

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cty/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Second Alternate Executor**

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cty/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**First Executor**

☐ Spouse (if married at time of death) ☐ Other:

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cty/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

☐ Remaining Order Same as Guardians.

**First Alternate Executor**

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cty/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Second Alternate Executor**

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cty/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**TRUSTEE OF YOUR TRUST.** Your trustee has the responsibility for the long-range management of property that is to be held in trust for the benefit of the beneficiaries of trusts that may be created upon death through your will (testamentary trusts) or during your lifetime (living trusts). Trustees are usually family members, but can also be corporations (if qualified to act) or other individuals. Because corporate trustees must charge percentage-based fees for their services, they may decline to accept small trusts. Though not generally recommended, you may choose to have co-trustees. Naming co-trustees creates a built-in balancing of powers, but at the same time will cause more difficult administration of the trust due to the fact that the agreement of both trustees will be required for every trust transaction. If you wish to select co-trustees, you may want to choose them for how well their strengths complement one another.

☐ ☐ **Surviving Spouse to Act of Sole Trustee of Living Trust (if married at time of death)**

☐ **Remaining Order Same as Executor.**

**Primary Trustee**

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cty/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**First Alternate Trustee**

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cty/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Second Alternate Trustee**

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cty/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

☐ ☐ **Surviving Spouse to Act of Sole Trustee of Living Trust (if married at time of death)**

☐ **Remaining Order Same as Executor.**

**Primary Trustee**

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cty/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**First Alternate Trustee**

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cty/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Second Alternate Trustee**

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cty/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

## **DELAYED DISTRIBUTIONS.**

**Step 1:** If you have minor children or if you desire to delay final distribution of your estate until your children (or other beneficiaries) have reached an adequate level of maturity, you must choose from various trust options, explained below. Please read the explanations after each of the following options and then select one of the three options that best meets your desires.

☐ **Option 1 -- No Trust:**

Each beneficiary's inheritance may be paid, at the **election of the executor**, to the beneficiary, to a guardian or a custodian under a Uniform Gifts To Minors Act, OR the executor may hold the bequest until the beneficiary attains the age of 18 or 21. The guardian or custodian or executor may use the trust funds at any time for the health, education and support of your beneficiaries, and whatever is left will be distributed at the age indicated above -- either 18 or 21.

☐ **Option 2 -- Single Trust:**

The entire inheritance shall be held by the trustee in a **single trust**. The trustee may make unequal distributions during the term of the trust. Whatever is left in the trust, if anything, will be distributed equally when your youngest beneficiary attains the age(s) indicated below. This option will allow the trustee to accommodate a particular beneficiary's needs by distributing more of the inheritance to that beneficiary during the term of the trust.

☐ **Option 3 -- Separate Trusts:**

Each beneficiary's inheritance shall be held by the trustee in a **separate trust fund for each beneficiary**. Whatever is left in each beneficiary's trust, if anything, will be distributed to that beneficiary when he or she attains the age(s) indicated below. This option gives the trustee less flexibility, but ensures that all of your beneficiaries are treated equally.

**Step 2:** Now that you have chosen what format of trust to use, please read the explanations after each of the following options and then select one of the three options that best meets your desires:

☐ **Option A -- Full Support Until Termination of Trust:**

The trustee may use any amount from the trust, at any time, for the health, education and support of the beneficiary, until the trust is terminated at the final age selected below, at which time the trustee distributes the entire remaining trust balance to the beneficiary.

☐ **Option B -- Full Support Until First Age-Based Distribution.**

The trustee may use any amount from the trust, until the first age-based distribution selected below, for the health, education and support of the beneficiary. After said first age-based distribution, the trustee shall distribute income only to the beneficiary until the final age-based distribution, at which time the trustee distributes the entire remaining trust balance to the beneficiary.

☐ **Option C -- Full Support Until First Age-Based Distribution Combined with Incentive-Based Lump-Sum Distributions.**

The trustee may use any amount from the trust, until the first age-based distribution selected below, for the health, education and support of the beneficiary. After said first age-based distribution, the trustee shall distribute income only (except for the incentives provided below) to the beneficiary until the final age-based distribution. Prior to the final distribution, the trustee is authorized to offer incentive-based lump-sum distributions, in the trustee's discretion.

## TRUST TERMINATION AND AGE-BASED DISTRIBUTIONS:

Select the age or milestone at which the trust is to terminate (along with any interim age-based or milestone-based distributions), at which time your beneficiaries receive their inheritances outright and can use the funds in any way they choose.

- ☐ All at age 18
- ☐ All at age 21
- ☐ All at age 23
- ☐ All at age 25 (default age if nothing checked)
- ☐ All at age 30
- ☐ ½ at age 23, remainder at 25
- ☐ ½ at age 25, remainder at 30
- ☐ ⅓ at age 23, ½ of remainder at 25, balance at 30
- ☐ ⅓ at age 25, ½ of remainder at 30, balance at 35
- ☐ ½ at age \_\_\_\_\_, remainder at \_\_\_\_\_
- ☐ ⅓ at age \_\_\_\_\_, ½ of remainder at \_\_\_\_\_, balance at \_\_\_\_\_.
- ☐ Immediately (all my beneficiaries are currently over 18)
- ☐ Other (please specify): \_\_\_\_\_

- ☐ All upon obtaining a Bachelor's-Level Degree (BLD) or at age \_\_\_\_\_.
- ☐ All upon obtaining a Master's-Level Degree (MLD) or at age \_\_\_\_\_.
- ☐ All upon obtaining a Doctoral-Level Degree (DLD) or at age \_\_\_\_\_.
- ☐ All upon marriage.
- ☐ ½ at BLD, remainder at MLD or at age \_\_\_\_\_.
- ☐ ½ at MLD, remainder at DLD or at age \_\_\_\_\_.
- ☐ ⅓ at BLD, ½ of remainder at MLD, balance at DLD or at age \_\_\_\_\_.
- ☐ ½ at BLD, remainder upon marriage or age \_\_\_\_\_.
- ☐ ⅓ at BLD, ½ of remainder upon marriage, balance upon birth of first child or age \_\_\_\_\_.
- ☐ ⅓ at BLD, ½ of remainder at MLD, balance upon marriage or age \_\_\_\_\_.

### TAX CONSIDERATIONS:

If you have children, how important is it to you to leave as much of your estate as possible to your children?

- ☐ Very important
- ☐ Fairly important
- ☐ Slightly important
- ☐ Not important

How important is it to you to arrange your affairs so as to minimize or avoid estate tax?

- ☐ Very important
- ☐ Fairly important
- ☐ Slightly important
- ☐ Not important

If you have children, how important is it to you to leave as much of your estate as possible to your children?

- ☐ Very important
- ☐ Fairly important
- ☐ Slightly important
- ☐ Not important

How important is it to you to arrange your affairs so as to minimize or avoid estate tax?

- ☐ Very important
- ☐ Fairly important
- ☐ Slightly important
- ☐ Not important

### How Federal Estate Tax Works

Federal tax law allows an unlimited transfer of property to a surviving spouse without imposing any estate tax. This is a result of what is called the "unlimited marital deduction." In addition to the unlimited marital deduction, Federal tax law allows every individual to transfer a specific amount tax-free during his or her lifetime, or at death, to a beneficiary or beneficiaries other than a spouse. This amount, called the "exemption equivalent amount" or "unified credit amount," is currently scheduled to increase through the year 2009. In 2010, the federal estate tax is scheduled to be completely phased out, only to be re-instated the following year with the exemption back down to \$1,000,000. The current unified credit amount and the scheduled increases through 2011 are shown in the table to the right.

Year	Exempt Amount
2002	\$1,000,000
2003	\$1,000,000
2004	\$1,500,000
2005	\$1,500,000
2006	\$2,000,000
2007	\$2,000,000
2008	\$2,000,000
2009	\$3,500,000
2010	unlimited
2011 +	\$1,000,000

**Without Tax Planning:** Accordingly, if you are married and you leave everything to your spouse without proper tax planning, then upon your death your estate will not have to pay any federal estate taxes due to the effect of



the unlimited marital deduction. However, upon the death of your spouse, all amounts in excess of the unified credit amount will be subject to Estate Tax at rates starting at 37%. The highest taxable rate is 55% for the year 2001, 50% for 2002, and then is reduced by one percentage point per year until 2007 when it hits 45%.

**Example of Estate Tax Without Tax Planning:** For example, let's assume you and your spouse have a combined taxable estate of \$1,500,000 (note that your taxable estate included everything you own or have control over - including life insurance proceeds -- at the time of your death). If you were to die in the year 2002 leaving everything to your spouse, no estate taxes would be due at that time. If your spouse then were to die in the year 2003, the first \$1,000,000 would pass free of Estate Tax, but the remaining \$500,000 would be fully subject to Estate Tax. This is because your estate's Unified Credit was lost when you left everything to your surviving spouse under the unlimited marital deduction.

**Tax Planning Using a Credit Shelter Trust:** The primary way to avoid or minimize this tax problem for most married couples is to establish an estate plan so that upon the death of the first spouse a "Credit Shelter Trust" (also called a "ByPass Trust") is created. Typically, the purpose of the Credit Shelter Trust ("CST") is to provide support for the surviving spouse during his or her lifetime, with the remainder of the trust then going to the children upon the death of the surviving spouse. Because the children are the ultimate beneficiaries of the CST, the amount going into the CST is able to qualify for the Unified Credit.

**Example of an Estate Plan With a Credit Shelter Trust:** Using the above example, upon your death your estate would be left to a CST instead of directly to your spouse. Your spouse could be the trustee of the CST and would be allowed to receive all the income from the CST and five percent or five thousand dollars from the principal of the CST every year. Your spouse can even withdraw additional principal from the CST so long as the money withdrawn is not used by your spouse to exceed the standard of living established while you were alive. Upon the death of your spouse, the CST will terminate and whatever is left in the CST will go to your children -- completely free of Estate Tax, even if the amount they receive has grown to be more than went in there at the time of your death.

**TAX DECISIONS:** Please select and initial one of the options below:

- ☐ We do not have a large enough estate to be concerned with estate tax issues, and therefore we have no need for tax planning. If selecting this option, please initial here: \_\_\_\_\_|\_\_\_\_\_
- ☐ We may have a large enough estate to warrant discussion of tax issues, but we do not wish to discuss tax planning at this time. If selecting this option, please initial here: \_\_\_\_\_|\_\_\_\_\_
- ☐ We are concerned with estate tax issues, and would like to discuss these issues with you further. If selecting this option, please initial here: \_\_\_\_\_|\_\_\_\_\_
- ☐ We are concerned with estate tax issues, and would like to establish an estate plan using a Credit Shelter Trust upon the death of the first spouse. If selecting this option, please initial here: \_\_\_\_\_|\_\_\_\_\_

**Estate Protection Using a Credit Shelter Trust and/or Marital Trust:** Many married couples use a CST (and sometimes an additional Marital Trust – a trust that qualifies for the unlimited marital deduction but places some restriction on the surviving spouse's use of the trust funds) in order to provide for a surviving spouse while also protecting their estate for their children and guarding against the possible dissipation of the marital estate as the result of a surviving spouse becoming remarried again and/or having additional children (whether through birth or adoption). To accomplish this, the surviving spouse's rights to use the principal of the CST (and/or the Marital Trust) are written either to terminate or be reduced in the event the surviving spouse becomes remarried.

**ESTATE PROTECTION DECISIONS:** If you decide to establish an estate plan using a Credit Shelter Trust (with or without Marital Trust) upon the death of the first spouse, then you should also decide on certain variables concerning the surviving spouse’s rights in the CST. In the table below, please select one of the options in each of the two outside columns.

If Surviving Spouse Is Not Remarried	The Surviving Spouse Shall Receive All Income From the CST and Shall Have the Following Rights to Distributions of Principal:	If Surviving Spouse Is Remarried
<input type="checkbox"/>	<b>Maximum Rights:</b> (1) Five percent of the principal per year, plus (2) unlimited support <i>without regard to need</i> .	<input type="checkbox"/>
<input type="checkbox"/>	<b>5% + More if Needed:</b> (1) Five percent of principal per year, plus (2) unlimited <i>need-based</i> support.	<input type="checkbox"/>
<input type="checkbox"/>	<b>5% Only:</b> Five percent of principal per year only. No additional principal regardless of need.	<input type="checkbox"/>
<input type="checkbox"/>	<b>Need-Based Only:</b> Unlimited <i>need-based</i> support only.	<input type="checkbox"/>
<input type="checkbox"/>	<b>No Rights to Principal:</b> Income only.	<input type="checkbox"/>

**Community property.** If you have ever lived in one of the states listed below, or if you own real estate in one of these states, please circle the name of the state and indicate whether you have entered into any agreement about whether that property is separate property.

Arizona
California
Idaho
Louisiana
Nevada
New Mexico
Texas
Washington
Wisconsin

Any Agreement?
☐Yes
☐No

Arizona
California
Idaho
Louisiana
Nevada
New Mexico
Texas
Washington
Wisconsin

Any Agreement?
☐Yes
☐No

**Other Matters.** Describe or list here any facts or concerns that do not seem to be covered by the other sections of this questionnaire and that you believe may be relevant in connection with your estate plan.

Remainder of Page Intentionally Blank - Please Continue to Part 2

## PART 2.

### DISABILITY PLANNING:

Planning for your disability is an integral part of the estate planning process. The following additional two documents should always be completed as part of your overall estate plan. If for some reason you do not want either of the following documents, simply do not fill out the following two sections.

**ADVANCE MEDICAL DIRECTIVES.** An Advance Medical Directive (also called a Health Care Power of Attorney or Medical Power of Attorney) authorizes another person (called your "Health Care Agent"), to make decisions with respect to your health care in the event that you are physically or mentally unable to do so as certified by two physicians. This document also takes the place of what used to be called "Living Will," allowing you to indicate your wishes concerning the use of artificial or extraordinary measures to save your life in the event of a terminal illness or injury. You can also use this document to indicate your wishes with regard to organ donation, disposition of bodily remains, and funeral arrangements. If you have not already executed an Advance Medical Directive, it is highly recommended by legal and health care professionals that you do so.

☐ **Same Order as Executor.**

#### Primary Agent

☐ Spouse (if married at time of death) ☐ Other:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cty/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Other Phone(s) \_\_\_\_\_

Circle One: Pager | Mobile | Fax |  
Other

#### First Alternate Agent

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cty/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Other Phone(s) \_\_\_\_\_

Circle One: Pager | Mobile | Fax |  
Other

#### Second Alternate Agent

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cty/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Other Phone(s) \_\_\_\_\_

Circle One: Pager | Mobile | Fax |  
Other

☐ **Same Order as Executor**

#### Primary Agent

☐ Spouse (if married at time of death) ☐ Other:

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cty/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Other Phone(s) \_\_\_\_\_

Circle One: Pager | Mobile | Fax |  
Other

#### Primary Agent

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cty/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Other Phone(s) \_\_\_\_\_

Circle One: Pager | Mobile | Fax |  
Other

#### Second Alternate Agent

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cty/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Other Phone(s) \_\_\_\_\_

Circle One: Pager | Mobile | Fax |  
Other

**GENERAL POWER OF ATTORNEY.** A Durable General Power of Attorney authorizes your "Attorney-in-Fact" to act on your behalf and sign your name to legal and/or financial documents. The General Power of Attorney is a very valuable tool in the event that, due to age, illness, or injury, you are unable to carry on your legal and financial affairs. Having a General Power of Attorney will generally avoid the need to go through the time-consuming, expensive, and publicly embarrassing process whereby someone has to go to court to have you declared mentally or physically incompetent and then one or more persons need to be appointed to serve as your legal guardian and/or conservator, which process is subject to ongoing court supervision. If you have not already executed a Durable General Power of Attorney, it is highly recommended that you do so.

☐ **Same Order as Executor.**

☐ Spouse (if married at time of death)      ☐ Other:

**Primary Attorney-in-Fact**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cty/St/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

**First Alternate Attorney-in-Fact**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cty/St/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

**Second Alternate Attorney-in-Fact**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cty/St/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

☐ **Same Order as Executor**

☐ Spouse (if married at time of death)      ☐ Other:

**Primary Attorney-in-Fact**

Name(s): \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cty/St/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

**First Alternate Attorney-in-Fact**

Name(s): \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cty/St/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

**Second Alternate Attorney-in-Fact**

Name(s): \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cty/St/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

**Types of Powers of Attorney:** There are three basic types of Power of Attorney that we can prepare for you: one that only becomes effective upon Medical Certification (i.e., after two doctors have certified that you are unable to carry on your legal and financial affairs), one that is effective without any Medical Certification; or one that is effective immediately for a spouse, but only becomes effective upon Medical Certification for your alternates. Please indicate your desires regarding when your power of attorney should become effective by checking one of the below three options.

- ☐ Power of Attorney Is Effective Immediately and Will Continue Until Revoked.
- ☐ Power of Attorney Is Effective Only Upon Medical Certification
- ☐ Power of Attorney Is Effective Immediately for My Spouse, but Only Upon Medical Certification for any alternates.

- ☐ Power of Attorney Is Effective Immediately and Will Continue Until Revoked.
- ☐ Power of Attorney Is Effective Only Upon Medical Certification
- ☐ Power of Attorney Is Effective Immediately for My Spouse, but Only Upon Medical Certification for any alternates.

## PART 3. FINANCIAL QUESTIONS

1. Will a joint household be established?  
☐ YES    ☐ NO (If no, please explain on a separate sheet of paper)
2. If a joint household is being established, then:
  - a. Will a new residence be purchased?    ☐ NO    ☐ YES, and
    - i.    ☐ The new residence be owned jointly with right of survivorship.
    - ii.    ☐ The new residence be owned without right of survivorship?
    - iii.    ☐ The new residence be owned solely by \_\_\_\_\_
  - b. Are the parties going to live in a currently-owned residence?    ☐ NO    ☐ YES
    - i.    If yes, the residence currently belong to \_\_\_\_\_.
    - ii.    If yes, is title to the residence going to be changed?    ☐ NO    ☐ YES
3. Is any other real estate to be purchased by either party?    ☐ NO    ☐ YES
4. Will each party maintain control of his/her separate property, *i.e.*, property acquired by each before the marriage?    ☐ YES    ☐ NO
  - a. If yes, does this include household belongings?  
☐ YES    ☐ NO (If no, please explain on a separate sheet of paper)

### **For Marital and Premarital Contracts Only:**

5. Is each party to waive his/her right in any retirement funds of the other party upon death during the marriage?    ☐ YES    ☐ NO (If no, please explain on a separate sheet of paper)
6. Is each party to waive his/her right in any retirement funds of the other party upon separation and/or divorce?    ☐ YES    ☐ NO (If no, please explain on a separate sheet of paper)
7. If either party is planning to give up employment because of the marriage, please explain on a separate sheet of paper what financial arrangements, if any, are being made to compensate.
8. Are living expenses during the marriage to be shared equally by the parties?  
☐ YES    ☐ NO (If no, please explain on a separate sheet of paper)
9. Is each party to waive spousal support in the event of separation and/or divorce?  
☐ YES    ☐ NO (If no, please explain on a separate sheet of paper)

*Please Continue to Part 4*

2.13. If the parties now have, or may in the future have, joint biological and/or adopted children, is this agreement to contain:

2.13.1. provisions regarding calculation or waiver of child support? ☐ YES ☐ NO

2.13.2. provisions regarding whether one parent shall be permitted to move out of the area?  
☐ YES ☐ NO

*Remainder of Page Intentionally Blank - Please Continue to Part 4*

## PART 4. PERSONAL AND MARITAL FINANCIAL ASSETS

Using the Asset Summary Table below and the attached Schedules, please provide the approximate value of your estates as of today. Please note that the Husband column is for assets owned solely by the male partner and the Wife column is for assets owned solely by the female partner – whether or not married. The Joint column is for any assets that may already be titled jointly in the name of both of you. The approximate value of each asset owned should appear in only one of the columns.

### ASSET SUMMARY TABLE

	HUSBAND	WIFE	JOINT
Equity in Virginia Real Estate (Sched. A)	\$	\$	\$
Equity in Real Estate not in VA. (Sched. A)	\$	\$	\$
Investments - Non-Retirement (Sched. B)	\$	\$	\$
Ordinary Bank Accounts (Sched. C)	\$	\$	\$
Life Insurance - Death Benefit (Sched. D) (Include Accidental Death Benefit)	\$	\$	\$
Tangible Personal Property (Sched. E)	\$	\$	\$
Business or Trust Property (Sched. F)	\$	\$	\$
Vested Retirement Assets (Sched. G)	\$	\$	\$
Anticipated Inheritances (Sched. H)	\$	\$	\$
Powers of Appointment (Sched. J)	\$	\$	\$
Other Property (Sched. K)	\$	\$	\$
<b>ASSET TOTALS:</b>	\$	\$	\$
Liabilities, Excluding Mortgages (Sched. L)	\$	\$	\$

Date Questionnaire completed: \_\_\_\_\_

How Did you Hear About Our Firm: \_\_\_\_\_

#### Office Use

☐ Pending Final Decision    ☐ Pending Receipt of Additional Information    ☐ Pending Receipt of Deposit

Documents to be Prepared in addition to Premarital Agreement:

☐ Will(s): \_\_\_\_\_ ☐ Power(s) of Attorney : \_\_\_\_\_ ☐ Advance Medical Directive(s): \_\_\_\_\_

☐ Revocable Living Trust(s): \_\_\_\_\_ ☐ Irrevocable Trust(s): \_\_\_\_\_

Deposit Due: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Payment Type: \_\_\_\_\_

# ASSET SCHEDULES

The following abbreviations may be used to describe certain attributes of particular assets:

T/E = Tenants by the entirety  
 JT = Joint tenancy with right of survivorship  
 TC = Tenancy in common  
 S = Sole Ownership  
 H = Husband's name alone  
 W = Wife's name alone  
 FMV = Fair market value (or your best guess)  
 CV = Cash value  
 PV = Proceeds of life insurance policy

## SCHEDULE A - REAL ESTATE

☐ Check this box if you do not own any real estate

### Primary personal residence:

Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Type of Property: ☐ Single Family ☐ Townhouse ☐ Condo  
 How you hold title (see above list of abbreviations): \_\_\_\_\_  
 FMV: \_\_\_\_\_ Mortgage Balance, if any: \_\_\_\_\_

### Other real estate (attach separate sheet if necessary):

Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Type of Property: ☐ Single Family ☐ Townhouse ☐ Condo ☐ Timeshare ☐ Commercial ☐ Unimproved  
 Current Use: ☐ Second Home ☐ Vacation Property ☐ Rental ☐ Not used  
 How you hold title (see above list of abbreviations): \_\_\_\_\_  
 FMV: \_\_\_\_\_ Mortgage Balance, if any: \_\_\_\_\_

Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Type of Property: ☐ Single Family ☐ Townhouse ☐ Condo ☐ Timeshare ☐ Commercial ☐ Unimproved  
 Current Use: ☐ Second Home ☐ Vacation Property ☐ Rental ☐ Not used  
 How you hold title (see above list of abbreviations): \_\_\_\_\_  
 FMV: \_\_\_\_\_ Mortgage Balance, if any: \_\_\_\_\_

## SCHEDULE B - NON-RETIREMENT INVESTMENT ACCOUNTS

### Brokerage Accounts

Name/Description	How Title Held	Approximate value



**Mutual Funds**

Name/Description	How Title Held	Approximate value

**Individual publicly traded stocks and corporate bonds**

Name/Description	How Title Held	Approximate value

**Individual Municipal bonds**

Name/Description	How Title Held	Approximate value

**Individual Long-term U.S. Treasury Notes and Bonds**

Name/Description	How Title Held	Approximate value

**Certificates of deposit**

Name/Description	How Title Held	Approximate value

**Short-term U.S. obligations (T-bills)**

Name/Description	How Title Held	Approximate value

**SCHEDULE C - ORDINARY BANK ACCOUNTS AND CASH ON HAND****Checking accounts, including money market accounts**

Name/Description	How Title Held	Approximate value

**Savings accounts**

Name/Description	How Title Held	Approximate value

**SCHEDULE D - LIFE INSURANCE****Ordinary Life Insurance (Whole or Universal)**

Named Insured:	
Company:	Policy/Certificate No.:
Policy Owner:	
Beneficiary Designation:	
Amount of Insurance:	Cash value:
Amount of additional accidental death benefits, if any:	
Loans against policy, if any:	

Named Insured:	
Company:	Policy/Certificate No.:
Policy Owner:	

Beneficiary Designation:	
Amount of Insurance:	Cash value:
Amount of additional accidental death benefits, if any:	
Loans against policy, if any:	

### Term or Group Term Insurance

Named Insured:	
Company:	Policy/Certificate No.:
Policy Owner:	
Beneficiary Designation:	
Amount of Insurance:	
Amount of additional accidental death benefits, if any:	
Loans against policy, if any:	

Named Insured:	
Company:	Policy/Certificate No.:
Policy Owner:	
Beneficiary Designation:	
Amount of Insurance:	
Amount of additional accidental death benefits, if any:	
Loans against policy, if any:	

### Other life insurance or other insurance having life insurance features

Named Insured:	
Company:	Policy/Certificate No.:
Policy Owner:	
Beneficiary Designation:	
Amount of Insurance:	
Amount of additional accidental death benefits, if any:	
Loans against policy, if any:	

### SCHEDULE E - TANGIBLE PERSONAL PROPERTY

Personal and household effects: If you think that the general categories do not provide an adequate description, please provide additional detail. Also state your best estimate of the value of each kind of property and who owns it (how you hold title).

#### Automobiles

Description	How Title Held	Approximate value

#### Valuable jewelry (indicate if insured)

Description	Owned By	Approximate value

#### Valuable works of art (indicate if insured)

Description	Owned By	Approximate value

#### Valuable antiques

Description	Owned By	Approximate value

#### Other valuable collections, e.g., coins, stamps, or gold

Description	Owned By	Approximate value

#### Other valuable tangible personal property that does not seem to be covered by any of the other categories

Description	Owned By	Approximate value

### SCHEDULE F - BUSINESS/TRUST INTERESTS

**Closely held business interests.** Describe any interest you have in a family or other business with limited shareholders. Include the nature of the business, its form of organization (e.g., corporation, partnership, or the like), whether you are active in its operations, and your estimate of its value. If it is a corporation, please indicate whether an "S election" is in force with respect to the corporation.

Description	Owned By	Approximate value

With respect to any such business, do you believe it would continue to operate successfully in the event of your permanent absence from it or the permanent absence of some other key person? ☐ Yes ☐ No

#### Limited or General Partnership interests

Description	Owned By	Approximate value

#### Other business interests

Description	Owned By	Approximate value

#### Interests in trusts

Description	Owned By	Approximate value

### SCHEDULE G - PENSION/RETIREMENT PLANS

**Pension & profit-sharing plans:** IRAs, 401(k) plans, TSPs, KEOUGHS, ESOPs or other tax-favored employee-benefit plans that may be payable upon death in a lump sum.

Description	Owner	Beneficiary	Approximate Vested value


#### SCHEDULE H - ANTICIPATED INHERITANCES

**Anticipated inheritances.** If you or any other members of your immediate family are likely to receive substantial inheritances in the foreseeable future from persons other than your spouse, describe your best estimate of the value and the nature of each inheritance.

Description	Current Owner	Possible Beneficiary	Approximate amount

#### SCHEDULE J - POWERS OF APPOINTMENT

If you possess a general power of appointment (the right to decide how to distribute someone else's assets), or have at any time exercised or released a general power of appointment, please provide details below, and provide us with the governing instruments

Description	Who Gave Power	Who Has Power	Approximate amount

#### SCHEDULE K - OTHER PROPERTY

Describe the general nature, form of ownership, and your estimate of the value of any asset or interest of value that does not seem to fit in any of the categories above

Description	Owned By	Approximate value

#### SCHEDULE L - LIABILITIES

Describe here any substantial liabilities not reflected in the asset information you have provided above. If they are secured, indicate the nature of the security. Also show any substantial contingent liabilities, such as personal guarantees you have made on obligations of a business, a family member, or any other person. Indicate whether you have insured against any of the obligations in the event of your death, or if the obligations do not survive your death.

Description	Owned By	Approximate value

*End of Document*