



a division of
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NISHANIAN, P.C.



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CONFIDENTIAL PLANNING FORM FOR MARRIED COUPLES

Date: _____ Home Phone No. _____
Business Phone No. _____ Cell Phone No. _____
E-Mail Address: _____

Please do your best in completing this form. Your accuracy and completeness in responding will help our firm properly advise you. If you have the information in document form, bring the documents to the appointment. If the question doesn't apply or you don't understand, leave blank.

A. PERSONAL DATA

<u>Husband</u>		<u>Wife</u>	
Name _____		Name _____	
(print name as shown on your checks)		(print name as shown on your checks)	
Address _____			
City/County _____		State _____	Zip _____
Birth Date _____		Birth Date _____	
Social Security No. _____		Social Security No. _____	
U.S. Citizen Yes No		U.S. Citizen Yes No	
Yearly Income \$ _____		Yearly Income \$ _____	

Prior Marriages

Husband Full Name of Prior Spouse: _____

How marriage terminated? Death _____ Divorce _____

Date of Death/Divorce: _____

Wife Full Name of Prior Spouse: _____

How marriage terminated? Death _____ Divorce _____

Date of Death/Divorce: _____

B. CHILDREN

(For Status, use one of the following: M = married; S = single; D = divorced; W = widow; MN = minor child; A = adult; AD = adopted; SC = stepchild; FC = foster child)

Name	Address	Phone #	D.O.B.	Status	Child of husband(h), wife (w), or both (b)
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Deceased children? _____

Any issue surviving deceased child? _____

Are all your children in good health?	Yes _____	No _____
Are any of your children blind?	Yes _____	No _____
Are any of your children disabled?	Yes _____	No _____
Are any of your children receiving SSI or other form of government entitlement?	Yes _____	No _____

Do any of your family members have any problems with:

Aids?	Yes _____	No _____
Drug Addiction?	Yes _____	No _____
Alcoholism?	Yes _____	No _____
Spendthrifts?	Yes _____	No _____
Marital Problems?	Yes _____	No _____

C. GRANDCHILDREN (if applicable)

Grandchild's Name	Address With Zip Code	Date of Birth	Social Security
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D. FINANCIAL/ASSET SUMMARY

1. Checking/Savings

Name/Location of Bank/Savings and Loan/Credit Union	Account #	Balance	Husband/Wife/Joint
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2. Savings Certificates (CDs)

Location of CD	Value	Husband/Wife/Joint
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3. Marketable Securities (stocks, bonds, mutual funds, etc.)

Kind of Security	Brokerage Firm	Value	Husband/Wife/Joint
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4. IRAs

Bank/Brokerage Firm	\$ Balance	Owner	Primary Beneficiary and Contingent Beneficiary

5. Annuities

Type of Annuity	Company	\$Value	Annuitant	Primary Beneficiary and Contingent Beneficiary

6. Life Insurance

Company	Policy Number	Face Value	Owner	Beneficiary	Cash Value	Loans

7. 529 Plan Account

Company/State	Value	Owner	Beneficiary

8. Business Interests (explain interest - corporation, LLC, partnership, sole proprietorship)

Valuation of Business? _____

9. Anticipated Inheritances – Do you expect to inherit or receive any property from anyone? (from whom/in what amount/in what form/outright/in trust)

10. Real Property

Personal Residence	Date Purchased	Purchase Price	Current Value	Owner Husband/Wife/Joint
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Investment Realty	Date Purchased	Purchase Price	Current Value	Owner Husband/Wife/Joint
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. Personal Property (vehicles (include make/year, approximate value and owner); items of unusual interest; artistic items of unusual value)

12. Promissory Notes/Trust Deeds (amounts owed to you)

Debtor	Face Value	Balance Owed	Title Held	Action
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. Digital Assets (Online bank accounts, music, videos and social media accounts)

If your computer were destroyed, what would be lost that you would want back?

If you forgot your passwords, which online accounts would you access first?

What digital online assets have sentimental value to you and your loved ones?

Does anyone presently have access to your online accounts?

14. Income/Retirement Income (e.g., pension), Social Security

Monthly \$ Payment _____

Husband's Income from Employment: _____

Husband's Social Security: _____

Husband's Pension: _____

Wife's Income from Employment: _____

Wife's Social Security: _____

Wife's Pension: _____

Any other sources of family income: _____

15. Pets: Do you wish to provide money for the care of your pets upon your death or incapacity? If so, then we will provide you with a separate questionnaire concerning the specifics of such instructions. Yes Provide Pet Questionnaire

16. Guns: Do you own any guns or gun collections? Do you own any guns classified as Class III weapons under federal law? If so, then we will provide you with a separate questionnaire concerning the disposition of these weapons. Yes Provide Gun Questionnaire

E. DISPOSITIVE INTENTIONS

1. Spouse and Children. Do you wish to provide primarily for your spouse and secondarily for your children? Yes _____
No _____

Do you wish to treat all your children equally? Yes _____ No _____

If not, why not? _____

After your spouse's death, at what age do you want distribution to your children?
_____ (e.g., a plan might provide "immediate" or "1/3 at age 25, 1/3 at age 30, 1/3 at age 35")

2. **Grandchildren.** Do you want to leave a specific amount of money or a percentage of your estate to your grandchildren?

Yes _____ No _____

Do you wish to treat all your grandchildren equally? Yes _____ No _____

If you do not want to treat all your grandchildren equally, why not?

How much do you want to leave your grandchildren? _____

At what age do you want distribution to your grandchildren? _____

3. **Charities.** Do you want to leave a specific amount of money or other assets to any charity? Yes _____ No _____

(1) Name of Charity _____
Address _____
City _____ State _____ Zip _____
Amount \$ _____

(2) Name of Charity _____
Address _____
City _____ State _____ Zip _____
Amount \$ _____

4. **Other Beneficiaries.** Do you want your Will to benefit anyone other than children, grand-children or a charity?

Yes _____ No _____

If so, please list the name of beneficiary and relationship:

(1) Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Amount \$ _____

(2) Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Amount \$ _____

(3) Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Amount \$ _____

F. **EXECUTOR.** Whom do you wish to serve as your Executor?

Husband:

First Choice:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Alternate:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Wife:

First Choice:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Alternate:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

G. TRUSTEE. Whom do you wish to serve as your Trustee?

Husband:

First Choice:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Alternate:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Wife:

First Choice:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Alternate:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

H. GUARDIAN. If you have a minor or disabled child or children, whom do you wish to act as Guardian?

Husband:

First Choice:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Alternate:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Wife:

First Choice:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Alternate:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

I. POWER OF ATTORNEY (Financial Power)

Husband: Are they the same as Executors? Yes (skip to Select Option) No (fill in selections below)

Spouse is first primary Agent Yes No

Primary Agent:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Alternate Agent:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

SELECT ON OF THE FOLLOWING OPTIONS:

Immediate power: effective upon signing

Springing power: effective only upon medical certification of incapacity

Wife: Are they the same as Executors? Yes (skip to Select Option) No (fill in selections below)

Spouse is first primary Agent Yes No

Primary Agent:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Alternate Agent:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

SELECT ON OF THE FOLLOWING OPTIONS:

Immediate power: effective upon signing

Springing power: effective only upon medical certification of incapacity

J. ADVANCE MEDICAL DIRECTIVE (Living Will)

Husband: Are they the same as listed in Power of Attorney? Yes (skip to Select Option) No (fill in selections below)

Spouse is first primary Agent Yes No

Primary Agent:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Alternate Agent:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Do you want your Living Will to provide for withdrawal of artificial food and fluid?

Yes _____ No _____

Do you want to donate your eyes or organs? Yes _____ No _____

Name of your physician _____

Wife: Are they the same as listed in Power of Attorney? Yes (skip to Select Option) No (fill in selections below)

Spouse is first primary Agent Yes No

Primary Agent:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Alternate Agent:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Do you want your Living Will to provide for withdrawal of artificial food and fluid?

Yes _____ No _____

Do you want to donate your eyes or organs? Yes _____ No _____

Name of your physician _____

K. EXISTING ESTATE PLANNING DOCUMENTS.

Husband:

_____ Will

_____ Trust

_____ Durable Power of Attorney for Assets

_____ Durable Power of Attorney for Health Care

Date Executed: _____ (designate if date differs for each document)

Wife:

_____ Will

_____ Trust

_____ Durable Power of Attorney for Assets

_____ Durable Power of Attorney for Health Care

Date Executed: _____ (designate if date differs for each document)

L. YOUR CONCERNS: Please rate the following as to how important they are to you:

(H high concern, S some concern, L low concern, N/A no concern or not applicable)

Description

Level of Concern

1. Desire to get affairs in order and to create a comprehensive plan to manage affairs in case of death or disability _____
2. Providing for and protecting children _____
3. Providing for and protecting grandchildren _____
4. Disinheriting a family member _____
5. Providing for charities at the time of death _____
6. Planning for the transfer and survival of a family business _____
7. Avoiding or reducing estate taxes _____
8. Avoiding probate _____

- 9. Reducing administration costs at death _____
- 10. Avoiding conservatorship in the event of incapacity _____
- 11. Protecting assets from lawsuits and creditors _____
- 12. Preserving the privacy of affairs in case of death or incapacity from business competitors, predators and curiosity seekers _____
- 13. Avoiding will contests and other disputes at death _____
- 14. Planning for a child with special need such as medical or learning disabilities _____
- 15. Protecting a child or grandchild's inheritance from failed marriages _____
- 16. Providing that your death will not be unnecessarily prolonged by artificial means _____

Other concerns that you may have (List Below)

M. OTHER IMPORTANT FAMILY QUESTIONS

- 1. Are you making payments pursuant to a divorce or property settlement agreement? Yes No
- 2. Have you been widowed? *If a federal and/or state estate tax return was filed, please provide copies* Yes No
- 3. Are you currently the beneficiary of any else's trust? If so please provide a copy if possible Yes No

I hereby represent to the law offices of VANDERPOOL, FROSTICK & NISHANIAN, P.C. t/a the Legacy Law Group that the information contained in this intake form is accurate and complete, and I understand the law firm will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

NAME(S) OF PERSON(S) WHO PREPARED
THIS FORM

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Pursuant to the Gramm-Leach-Bliley Act, Public Law Number 106-102, and the rule issued by the Federal Trade Commission regarding the Privacy of Consumer Financial Information, 16 Code of Federal Regulations, Part 313, law firms which provide tax preparation and tax planning services to their clients are categorized as financial service providers and are required to provide written notice to certain clients regarding disclosure of non-public personal information.

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Parties to Whom We Disclose Information

We do not disclose any non-public personal information about our clients or former clients to anyone, except as required by law, or as authorized by that client.

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