

ATLANTIC LAW PLC
ESTATE PLANNING QUESTIONNAIRE (SINGLE)

So that Atlantic Law PLC can provide you with quality advice, it is important that you do your best to complete this questionnaire accurately and thoroughly and bring it with you to your appointment. Please understand that all information that you provide in this questionnaire will be kept confidential.

I. PERSONAL DATA

Full Name

How to write name on formal documents (*if different*)

Street Address

Apt/Unit #

City

State

Zip

Home #

Work #

Cell #

E-mail:

Date of Birth:

Is your home in a Condo/Homeowner's Assoc?

U.S. Citizen? Yes No

Veteran? Yes No

If yes, dates of service:

Any Prior Marriage? Yes No

If yes, date of divorce/separation (circle one)
or death of prior spouse:

Currently Employed? Yes No Retired
Employer:

II. CHILDREN (Please attach additional pages or write on back if necessary)

Name: _____ Date of Birth: _____

Address: _____

Telephone Number: _____ E-mail address: _____

Marital Status: _____

Name: _____ Date of Birth: _____

Address: _____

Telephone Number: _____ E-mail address: _____

Marital Status: _____

Name: _____	Date of Birth: _____
Address: _____	
Telephone Number: _____	E-mail address: _____
Marital Status: _____	

Name: _____	Date of Birth: _____
Address: _____	
Telephone Number: _____	E-mail address: _____
Marital Status: _____	

- Are all of your children/grandchildren in good health? Yes No
- Are any of your children/grandchildren blind? Yes No
- Are any of your children/grandchildren disabled? Yes No
- Have all of your children/grandchildren completed their education? Yes No
- Are any of your children/grandchildren receiving SSI or other government entitlements? Yes No
- Do any of your family member have any problems with:
- Drug addiction? Yes No
 - Alcoholism? Yes No
 - Marital Difficulty? Yes No
 - Spendthrift (i.e., making poor financial decisions)? Yes No
- Do you trust your children's/grandchildren's spouses? Yes No
- Are you concerned about potential litigation against you? Yes No
- Do you have any pets you want to consider in your estate plan? Yes No
- Are you currently or do you want to be an organ donor? Yes No

III. GRANDCHILDREN (Please attach additional pages or write on the back if necessary)

Do you wish to take your grandchildren into consideration when planning for your estate? Yes No

Name: _____	Date of Birth: _____
Parent of Grandchild: _____	

Name: _____	Date of Birth: _____
Parent of Grandchild: _____	

Name: _____	Date of Birth: _____
Parent of Grandchild: _____	

Name: _____	Date of Birth: _____
Parent of Grandchild: _____	

IV. LIFE INSURANCE (Please attach copies of all policies)

Company Name:	Type: (Term, Whole, Universal, etc.)	Death benefit:	Face Value:	Cash Value:

V. OTHER INSURANCE: Long-term Care, Disability, Umbrella Personal Liability, etc.

Company Name:	Type of Policy:

VI. FINANCIAL SUMMARY (Please list additional assets on a separate page if necessary)

INCOME	Client	
ASSETS	Client	Liability
Residence	\$	\$
Other Real Estate	\$	\$
Business Interest	\$	\$
Automobile	\$	\$
Additional Automobile/Boat	\$	\$
<u>Bank Accounts</u> Checking:	<u>Account Name/Type</u>	

Savings: CDs: Money Market:		
<u>Investments</u> Brokerage Accounts, Stocks/Bonds, IRAs, Retirement Accounts, 401ks		<u>Investment Name/Type</u>
<u>Other Assets</u>	\$	\$
Total Values:	\$	\$

VII. OTHER

Name/Address/Phone of Financial Adviser: _____

Name/Address/Phone of Tax Preparer: _____

VIII. DOCUMENTATION. Please bring the following documents to your initial consultation, as applicable:

- Existing:
 - Wills
 - Trusts
 - Powers of Attorney
 - Advance Medical Directives
- Premarital or Marital Agreements
- Deeds to all your real property
- Current real estate tax assessments
- Insurance Policies (Life, Disability, Long-Term Care)
- Savings Bonds, Stock Certificates
- Vehicle/Boat Titles
- Current financial account statements (bank, retirement, 401k, CDs, brokerage, mutual funds, annuities)

CERTIFICATION – By signing below, the undersigned hereby represents that the information provided to Atlantic Law PLC in this questionnaire is accurate and complete, and the undersigned understands that Atlantic Law PLC will rely upon this information. The undersigned understands that if the information contained herein is inaccurate or incomplete, then the advice provided by Atlantic Law PLC and its attorneys may not be accurate or appropriate. If you agree to hire me as your attorney and I agree to represent you, then we will both sign an Engagement Letter, which will state the terms and conditions under which I and Atlantic Law PLC will provide you with legal representation. The undersigned acknowledges that unless both client and attorney sign an Engagement Letter, that no attorney/client relationship has been formed and attorney and Atlantic Law PLC will take no action on behalf of the undersigned client.

Client

Date



Atlantic Law PLC

PLANNING FOR GENERATIONS. PLANNING FOR LIFE.

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