

ATLANTIC LAW PLC
ESTATE PLANNING QUESTIONNAIRE (UNMARRIED COUPLE)

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

CLIENT #1

CLIENT #2

Full Name

Full Name

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

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

Street Address

Apt/Unit #

City

State

Zip

Home #

Home #

Work #

Work #

Cell #

Cell #

E-mail:

E-mail:

Date of Birth:

Date of Birth:

U.S. Citizen? ___ Yes ___ No

U.S. Citizen? ___ Yes ___ No

Veteran? ___ Yes ___ No

Veteran? ___ Yes ___ No

If yes, dates of service: _____

If yes, dates of service: _____

Any Prior Marriage? ___ Yes ___ No

Any Prior Marriage? ___ Yes ___ No

If yes, date of divorce/separation
or death of prior spouse: _____

If yes, date of divorce/separation
or death of prior spouse: _____

Currently Employed? ___ Yes ___ No ___ Retired
Employer: _____

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: _____ Child of: ___ CL 1 & CL 2; ___ Client 1 only; ___ Client 2 only

Name: _____ Date of Birth: _____
 Address: _____
 Telephone Number: _____ E-mail address: _____
 Marital Status: _____ Child of: ___ CL 1 & CL 2; ___ Client 1 only; ___ Client 2 only

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 Address: _____
 Telephone Number: _____ E-mail address: _____
 Marital Status: _____ Child of: ___ CL 1 & CL 2; ___ Client 1 only; ___ Client 2 only

Name: _____ Date of Birth: _____
 Address: _____
 Telephone Number: _____ E-mail address: _____
 Marital Status: _____ Child of: ___ CL 1 & CL 2; ___ Client 1 only; ___ Client 2 only

- 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 all 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 want to consider your pets in your estate plan? ___ 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	Husband	Wife		
ASSETS	Husband	Wife	Joint	Liability
Residence	\$	\$	\$	\$
Other Real Estate	\$	\$	\$	\$
Business Interest	\$	\$	\$	\$
Automobile	\$	\$	\$	\$
Additional Automobile/Boat	\$	\$	\$	\$
<u>Bank Accounts</u> Checking: Savings: CDs: Money Market:				<u>Account Name/Type</u>
<u>Investments</u> Brokerage Accounts, Stocks/Bonds, IRAs, Retirement Accounts, 401ks				<u>Investment Name/Type</u>

Other Assets	\$	\$	\$	\$
Total Values:	\$	\$	\$	\$

VII. OTHER

Name/Address/Phone of Financial Advisor: _____

Name/Address/Phone of Tax Preparer: _____

VIII. DOCUMENTATION. Please bring all of the following applicable documents with you to your initial consultation:

- 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 represent that the information provided to Atlantic Law PLC in this questionnaire is accurate and complete, and the undersigned understand that Atlantic Law PLC will rely upon this information. The undersigned understand 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 all 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 acknowledge 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 #1

Client #2



Atlantic Law PLC

PLANNING FOR GENERATIONS. PLANNING FOR LIFE.

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