

**ESTATE PLANNING QUESTIONNAIRE**  
**OF**

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**Prepared For:**

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## ESTATE PLANNING QUESTIONNAIRE

### FAMILY INFORMATION

Full Name:	Spouse's Full Name:
Home Address:	
Telephone: Cell: Work:	Telephone: Cell: Work:
Home Telephone:	
Email:	Email:
Birthdate:	Birthdate:
Social Security Number:	Social Security Number:
Employer Name & Business Address:	Employer Name & Business Address:
Citizenship:	Citizenship:
Principal Residence State and County:	Principal Residence State and County:

CHILDREN			
Full Name:	Birthdate:	Address:	Telephone:

  

GRANDCHILDREN			
Full Name:	Birthdate:	Address:	Telephone:
(Parents: _____)			
(Parents: _____)			
(Parents: _____)			
(Parents: _____)			
(Parents: _____)			

  

(Parents: _____)			
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<b>OTHER DEPENDENTS</b>				
Full Name / Relationship:	Address:	Telephone:	Degree of Dependency	Date of Birth

<b>PARENTS</b>			
	Father's Name	Mother's Name	Living or Deceased
Self:			
Spouse:			

<b>ADVISORS</b>			
	Name:	Address:	Telephone:
Financial Advisor:			
Accountant:			
Life Insurance Advisor:			
Stockbroker:			

APPOINTMENTS			
MEDICAL DIRECTIVE (Agent to Make Health Care Decisions):			
	Name:	Telephone:	Relationship:
Self:	<u>Primary:</u>		
	<u>Alternate:</u>		
Spouse:	<u>Primary:</u>		
	<u>Alternate:</u>		
Self:		Spouse:	
Donation of organs/tissue/body/body parts? Yes <b>or</b> No For Any Purpose ____ <b>or</b> For Transplant Only ____		Donation of organs/tissue/body/body parts? Yes <b>or</b> No For Any Purpose ____ <b>or</b> For Transplant Only ____	
Is Cremation a Possibility? Yes No		Is Cremation a Possibility? Yes No	

POWER OF ATTORNEY (Agent)		
	Name:	Relationship:
Self:	<u>Primary:</u>	
	<u>Alternate:</u>	
Spouse:	<u>Primary:</u>	
	<u>Alternate:</u>	

WILL (Executor)			
	Name:	Address	Relationship:
Self:	<u>Primary:</u>		
	<u>Alternate:</u>		
Spouse:	<u>Primary:</u>		
	<u>Alternate:</u>		

TRUST DESIGNATIONS		
Self:	Trustee's Name:	Address and Telephone:
	Alternate Trustee's Name:	Address and Telephone:
Spouse:	Trustee's Name:	Address and Telephone:
	Alternate Trustee's Name:	Address and Telephone:

### GUARDIANSHIP

Dependent Children:	Guardian's Name:	Address and Telephone:
	Alternate Guardian's Name:	Address and Telephone:

## **DISTRIBUTION OBJECTIVES**

1. Upon your death, how and to whom do you want your assets distributed?
  
  
  
  
  
  
  
  
  
  
2. If you and your spouse both die prematurely, do you want your children to receive property at age of majority or should it be held until they reach a more mature age? (This includes multiple distribution dates from trust)
  
  
  
  
  
  
  
  
  
  
3. Do any of your children have special educational, medical or financial needs?
  
  
  
  
  
  
  
  
  
  
4. Do you wish to make bequests to a religious organization or to any other charitable organization?
  
  
  
  
  
  
  
  
  
  
5. If none of your children are living at the time of your and your spouse's death, do you want your estate to go?
  
  
  
  
  
  
  
  
  
  
6. Will the survivor and children live in your present home? If both parents die, will house be sold?
  
  
  
  
  
  
  
  
  
  
7. Do either you or your spouse have children from a previous marriage? Are you a party to a property settlement agreement or prenuptial agreement?



ASSETS (CASH AND PERSONAL EFFECTS)			
	Bank Name and Account Number	With Whom Owned? <i>(Self; Spouse; etc.)</i>	Amount
Checking Account (s):			
Savings Account (s):			
Certificates of Deposit:			
Treasury Bonds:			

STOCKS AND MUTUAL FUNDS (NON-IRA)			
Company/Fund Name/Brokerage	Ownership (Joint/Ind)	Account #	Value

LIFE INSURANCE POLICIES AND ANNUITIES				
Policy Number; Type; Company	Insured	Beneficiary	Owner	Face Amount

<b>RETIREMENT: 401(k), 403(b), TSP, Traditional IRA, Roth IRA</b>			
Company where account held/ acct #/ name of employer	Primary Beneficiary	Contingent Beneficiary	Value

PERSONAL PROPERTY			
	Self	Spouse	Value
Automobiles			
Club Memberships			
Household Furnishings			
Jewelry			
Collections (Art, etc.)			

MUNICIPAL BONDS, NOTES, AND BILLS			
Issuer	Date of Purchase	Maturity	Current Value

<b>REAL ESTATE</b>		
Legal Description:		
County/State Located:	Owners:	Form of Ownership:
Date of Acquisition/Cost:	Current Market Value:	Mortgage Amount:
<b>REAL ESTATE</b>		
Legal Description:		
County/State Located:	Owners:	Form of Ownership:
Date of Acquisition/Cost:	Current Market Value:	Mortgage Amount:

BUSINESS INTEREST			
Name:			
Percent Owned:  Owned jointly with Spouse?	Type (C Corporation / Partnership; Sole Proprietorship; S Corporation; LLC):	Has Spouse Participated in the Business?	
Estimated Fair Market Value of Your Interest?	Any Plans to Dispose of Business Interest During Your Lifetime?  If so, please describe:	What are Your Wishes as to Disposition of Ownership After Death or During Your Lifetime?	Is there a Buy/Sell or Redemption Agreement?  Yes  No  If so, please furnish a copy for review.

LIABILITIES (not previously listed, e.g., mortgages on real estate)			
Date Due	Creditor	Rate	Current Balance

***Privacy Notice***

*As an estate planning attorney, I receive and collect nonpublic personal information from various forms and statements that you provide. I do not disclose such information, except as instructed to do so by you. I maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.*