



**INDIVIDUAL
PERSONAL INFORMATION
QUESTIONNAIRE**

CONFIDENTIAL

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PERSONAL INFORMATION

Legal Name _____
(name most often used to title property and accounts)

Also Known As _____ Prefer to be called _____

Home Telephone _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Employer _____ Business Telephone _____

E-mail Address _____ It is okay to communicate with me via my E-mail address.

Cellular Telephone _____

CHILDREN AND/OR OTHER FAMILY MEMBERS

Name	Birth date	Parent or Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments: _____

Advisors

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

YOUR PERSONAL CONCERNS

Please rate the following as to how important they are to you:

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

Description

- _____ Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.
- _____ Providing for and protecting children.
- _____ Providing for and protecting grandchildren.
- _____ Disinheriting a family member.
- _____ Providing for charities at the time of death.
- _____ Plan for the transfer and survival of a family business.
- _____ Avoiding or reducing your estate taxes.
- _____ Avoiding probate.
- _____ Reduce administration costs at time of your death.
- _____ Avoiding a conservatorship (“living probate”) in case of a disability.
- _____ Avoiding will contests or other disputes upon death.
- _____ Protecting assets from lawsuits or creditors.
- _____ Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.
- _____ Plan for a child with disabilities or special needs, such as medical or learning disabilities.
- _____ Protecting children’s inheritance from the possibility of failed marriages.
- _____ Provide that your death shall not be unnecessarily prolonged by artificial means or measures

Other Concerns (Please list below):

PROPERTY INFORMATION

**INSTRUCTIONS FOR COMPLETING
THE *PROPERTY INFORMATION* CHECKLIST**

General Headings

This *Property Information* checklist is designed to help you list all the property you own and what it is worth. If you do not own property under a particular heading, just leave that section blank. Under certain headings you may own more property than can be listed on this checklist. If so, use **extra sheets** of paper to list your additional property.

Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

“Owner” of Property

How you own your property is **extremely important** for purposes of properly designing and implementing your estate plan. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Use
If in your name alone, with no other person	I
Joint Tenancy with someone, i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

REAL PROPERTY

TYPE: Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

FURNITURE AND PERSONAL EFFECTS

TYPE: List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*).

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total) _____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

AUTOMOBILES, BOATS AND RVS

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

BANK & SAVINGS ACCOUNTS

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*). *Do not include IRAs or 401(k)s here* If Account is in your name for the benefit of a minor, please specify and give minor's name.

Name of Institution and account number	Type	Owner	Amount
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<i>Total</i>			<hr/>

STOCKS AND BONDS

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (*indicate type below*)

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<i>Total</i>				<hr/>

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

TOTAL _____

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Total _____

OTHER ASSETS

TYPE: Money owed to you; Anticipated Inheritance, gift, or Lawsuit Judgments; or any asset not mentioned above.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i> _____

SUMMARY OF VALUES

ASSETS	Amount
	<u>Total Value</u>
Real Property	_____
Furniture and Personal Effects	_____
Automobiles, Boats and RV's	_____
Bank and Savings Accounts	_____
Stocks and Bonds	_____
Life Insurance and Annuities	_____
Retirement Plans	_____
Other Assets	_____
Total Assets:	_____

PLEASE RETURN THIS COMPLETED QUESTIONNAIRE TO OUR OFFICE AT LEAST **48 HOURS** PRIOR TO YOUR APPOINTMENT BY MAIL, EMAIL, OR FAX.