

QUINTO & WILKS, P.C.
Attorneys at Law
3441 Commission Court
Lake Ridge, VA 22192
(703) 492-9955

CONFIDENTIAL PLANNING FORM

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 me represent 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 _____ (print name as shown on your checks)		Name _____ (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 o f Birth	Social Security
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D. FINANCIAL 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

3. Marketable Securities (stocks, bonds, mutual funds, etc.)

Kind of Security	Brokerage Firm	Value	Husband/Wife/Joint

4. IRAs

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

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5. Annuities

Type of Annuity	Company	\$Value Annuitant	Primary Beneficiary and Contingent Beneficiary
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6. Life Insurance

Company	Policy Number	Face Value	Owner	Beneficiary	Cash Value	Loans
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7. 529 Plan Account

Company/State	Value	Owner	Beneficiary
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8. Business Interests (explain interest - corporation, 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
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Investment Realty	Date Purchased	Purchase Price	Current Value	Owner Husband/Wife/Joint
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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
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13. 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: _____

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, grandchildren 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 _____

Second Choice _____

Wife

First Choice _____

Second Choice _____

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

Husband

First Choice _____

Second Choice _____

Wife

First Choice _____

Second Choice _____

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

Husband

First Choice _____

Second Choice _____

Wife

First Choice _____

Second Choice _____

I. LIVING WILL.

Husband

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 Proposed Health Care Agent _____

Address _____

Name of Proposed Alternate Health Care Agent _____

Address _____

Name of your physician _____

Wife

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 Proposed Health Care Agent _____

Address _____

Name of Proposed Alternate Health Care Agent _____

Address _____

Name of your physician _____

J. 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)

I hereby represent to the law offices of Quinto & Wilks, P.C. 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