

**INITIAL ESTATE PLANNING QUESTIONNAIRE**

DATE: \_\_\_\_\_

**PART A: ASSETS**

	Husband's Name	Wife's Name	Joint Names
ASSETS	_____	_____	_____
Residence (tax assessed value) \$	_____	\$ _____	\$ _____
Other Real Estate ( " " )	_____	_____	_____
Cash and Equivalents			
Checking Account(s)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Savings Account(s)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
CDs and Money Market Account(s)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Marketable Securities			
Stocks	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Taxable Bonds	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Tax-Exempt Bonds	_____	_____	_____
	_____	_____	_____
Mutual Funds	_____	_____	_____
	_____	_____	_____
Life-Insurance (from Part B)	_____	_____	_____
	_____	_____	_____
Business Interests (from Part C)	_____	_____	_____
Retirement Plans			
Pension/Profit Sharing	_____	_____	_____
IRAs	_____	_____	_____
Personal Property	_____	_____	_____
Other	_____	_____	_____
<hr/>			
TOTAL ASSETS	\$ _____	\$ _____	\$ _____
Expectancies (i.e., Inheritances)	_____	_____	_____
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TOTAL ASSETS AND EXPECTANCIES	\$ _____	\$ _____	\$ _____

## PART B: LIFE INSURANCE

Company	Type	Face Value	Cash Value	Insured	Owner	Beneficiary
		\$	\$			
		\$	\$			
		\$	\$			
		\$	\$			
		\$	\$			
		\$	\$			

**TOTAL CASH VALUE OF LIFE INSURANCE**

Applicant \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

(Include these amounts on Life Insurance line in Part A)

## PART C: BUSINESS INTERESTS

Name of Business \_\_\_\_\_

Percentage of Interest Owned by

Applicant \_\_\_\_\_% Spouse \_\_\_\_\_% Jointly \_\_\_\_\_%

Percentage Owned by Children

Name \_\_\_\_\_ %

Name \_\_\_\_\_ %

Name \_\_\_\_\_ %

Tax Basis of Business (if you know) \$ \_\_\_\_\_

Book Value of Business (if you know) \$ \_\_\_\_\_

**YOUR ESTIMATE OF PRESENT VALUE OF BUSINESS**

Husband \$ \_\_\_\_\_ Wife \$ \_\_\_\_\_ Jointly \$ \_\_\_\_\_

(Include these amounts on Business Interests line in Part A)

## PART D: INCOME

	Husband's Monthly Income	Wife's Monthly Income	Total Monthly Income
Net Salary or Wages ("Take-Home Pay")	\$	\$	\$
Social Security Benefits	\$	\$	\$
Retirement Benefits	\$	\$	\$
Interest	\$	\$	\$
Dividends	\$	\$	\$
Other	\$	\$	\$
<b>TOTAL INCOME</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**PART E: LIABILITIES**

	Husband's Name	Wife's Name	Joint Names
Liabilities (Give outstanding balances)			
Residence			
Primary Mortgage	\$ _____	\$ _____	\$ _____
Secondary Mortgage	_____	_____	_____
Other Real Estate Mortgages	_____	_____	
_____			
Personal Loans	_____	_____	
_____			
Income Taxes	_____	_____	
_____			
Other Debts	_____	_____	
_____			
<hr/> <hr/>			
TOTAL LIABILITIES	\$ _____	\$ _____	\$ _____

**PART F: NET WORTH**

	Husband's Name	Wife's Name	Joint Names
Total Assets (from Part A)	\$ _____	\$ _____	\$ _____
minus			
Total Liabilities (from Part E)	\$ _____	\$ _____	\$ _____
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NET WORTH (Assets minus liabilities)	\$ _____	\$ _____	\$ _____

**PART G: GIFTS**

(Gifts made in excess of \$10,000.00/year to an individual other than your spouse)

Recipient _____	Date _____	Amount
\$ _____		
Recipient _____	Date _____	Amount
\$ _____		
Recipient _____	Date _____	Amount
\$ _____		
Recipient _____	Date _____	Amount
\$ _____		

Return completed form to:

THOMPSON & MCMULLAN, PC  
100 SHOCKOE SLIP, THIRD FLOOR

RICHMOND, VIRGINIA 23219  
TELEPHONE: 804/643-4145  
FAX: 804/644-4491  
WWW.T-MLAW.COM

This Firm cannot counsel or assist in the transfer of assets which result in the imposition of a period of ineligibility under the Virginia Plan for Medical Assistance.  
Adapted from A. Budish, Avoiding the Medicaid Trap (1990), with gratitude to the author.

**ADDITIONAL INFORMATION**

Husband: \_\_\_\_\_

Address: \_\_\_\_\_

—

City/County of  
Residence: \_\_\_\_\_

Telephone (day) \_\_\_\_\_  
(evening) \_\_\_\_\_

Date of  
Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

—

Wife: \_\_\_\_\_

—

Date of  
Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

—

Date of  
Marriage: \_\_\_\_\_

Name of Nursing Home  
Spouse: \_\_\_\_\_

Last City/County of Residence of Nursing Home  
spouse: \_\_\_\_\_

Name of Nursing  
Home: \_\_\_\_\_

Address of Nursing  
Home: \_\_\_\_\_

Telephone of Nursing  
Home: \_\_\_\_\_

Date of Admission to Nursing  
Home: \_\_\_\_\_

Referred

by: \_\_\_\_\_

1. Is either Husband or Wife receiving Social Security benefits AND under the age of 65? \_\_\_\_
2. Is there any disabled child, or child under 21, of Husband or Wife? \_\_\_\_\_
3. Is there any child of Husband or Wife by a former union? \_\_\_\_\_
4. Has any child lived with the Husband or Wife during the entire 2 years before our planned interview? \_\_\_\_\_
5. List the persons with whom our Firm may communicate about you, your assets, an the estate plan you wish us to pursue for you:

NAME	RELATIONSHIP	PHONE	EMAIL