
Word & Word PLC

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CONFIDENTIAL

Personal Planning Data

Confidential information subject to attorney-client privilege; not to be disclosed to unauthorized persons.

PERSONAL PLANNING DATA

Personal Data

Name and Residence

Husband

Wife

Full name	_____	_____
Other names used	_____	_____
Present address (include country)	_____	_____
Home Phone and fax	Phone _____	Fax _____
U.S. address (if different from above)	_____	_____
Phone and fax	Phone _____	Fax _____
Email address	_____	_____

Business

Occupation	_____	_____
Employer or firm	_____	_____
Business address	_____	_____

Business phone and fax	Phone _____	Phone _____
	Fax _____	Fax _____
Email address	_____	_____

Preferred mailing	Home	Office	Home	Office
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Birthdate/place	_____	_____
Citizenship	_____	_____
Social Security No.	_____	_____
Safe deposit box location	_____	_____
Persons with access	_____	_____

Prior Marriages

Husband

Wife

Former spouse	_____	_____
Marriage date/place	_____	_____
	Death Divorce	Death Divorce
	on _____	on _____

Obligations to or from:

Former spouse	_____	_____
Child support	_____	_____
Alimony	_____	_____
Life Insurance	_____	_____
Other	_____	_____

Children and Deceased Children -*Note if Adopted (A) or if child only of husband (H) or wife (W)

Name	_____ []*	_____ []*
Nickname	_____	_____
Date of birth (age)	_____ []*	_____ []*
Place of birth	_____	_____
Address if other than client's	_____	_____
Social Security No.	_____	_____
Spouse's name	_____	_____
Date of marriage	_____	_____
Children of this child (name and birth date)	_____ [/ /]	_____ [/ /]
	_____ [/ /]	_____ [/ /]
	_____ [/ /]	_____ [/ /]

Name	_____ []*	_____ []*
Nickname	_____	_____
Date of birth (age)	_____ []*	_____ []*
Place of birth	_____	_____
Address if other than client's	_____	_____
Social Security No.	_____	_____
Spouse's name	_____	_____
Date of marriage	_____	_____
Children of this child (name and birth date)	_____ [/ /]	_____ [/ /]
	_____ [/ /]	_____ [/ /]
	_____ [/ /]	_____ [/ /]

Parents **Address (City,State)** **Age (or date of death)** **Husband's**

F _____

M _____

Approximate size of estate _____

Husband's
Brothers and Sisters **Address (City, State)** **Age (or date of death)**

Wife's Parents

Address (City, State)

Age (or date of death)

F _____

M _____

Approximate size of estate _____

**Wife's
Brothers and Sisters**

Address (City,State)

Age (or date of death)

Dependents

Persons (other than minor children) partially or wholly dependent upon husband or wife for support now or possibly in the future. _____

Interspousal Agreements (Please attach copies.)

Have you ever executed a premarital agreement or any other agreement between spouses regarding your property? If so attach a copy. _____

Trusts

Does any member of family receive income from any trust? _____
If yes, who created the trust? _____

Have either husband or wife ever created a trust except as part of a will? _____
If yes, describe. _____

Does any member of family expect to be named a trust beneficiary? _____
If yes, describe. _____

Please furnish copies of all instruments relating to the trusts described above as well as a current list of assets and a statement of trust income.

Gifts, Inheritances

Are any gifts or inheritances likely to be received by husband, wife or children? _____
From whom? _____

Do either husband or wife make, or intend to make gifts to any person? _____
If yes, describe. _____

Have either husband or wife made gifts to any person in excess of \$3,000 in any year prior to 1982 or in excess of \$10,000 in any year after 1981? _____
If yes, furnish copy of gift tax returns.

Do either husband or wife expect to receive a gift of over \$10,000 from a third person? _____
If yes, describe. _____

Planning Objectives and Priorities

Any especially important or unusual estate planning objectives or problems: _____

Executor(s) and successor executor(s): _____

Trustee(s) and successor trustees(s): _____

Person(s) to be guardian(s) of the person of minor children if neither husband nor wife is living: _____

Person(s) to be guardian(s) of the estate of minor children if neither husband nor wife is living: _____

Alternate, if person(s) named above cannot serve: _____

Ages at which children/grandchildren should receive property in addition to distributions to provide reasonable care, support and education.

Charitable interests _____

Miscellaneous Documents

Husband

Wife

"Living Will" or "Advance Medical Directive" in case of terminal illness

*Already have
Wish to discuss*

*Already have
Wish to discuss*

Durable Power of Attorney

*Already Have
Wish to discuss*

*Already have
Wish to discuss*

Gifts authorized?

Yes No

Yes No

Funeral preferences including burial or cremation

ASSET SCHEDULE

***Indicate whether separate property of husband (h), separate property of wife (w), or jointly owned (jt).**

<u>Real Property</u>	<u>Approximate Value</u>	<u>Titled</u>
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Home (brief description)

Mortg. Balance due \$ _____
Financial institution or contract vendor:

Recreational Property

Mortg. Balance due \$ _____
Financial institution or contract vendor:

Other Real Property (brief description and location)

<u>Shares of Stocks/Brokerage Accounts*</u>	<u>Approximate Value</u>	<u>Titled</u>
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Listed on NY or AM exchange

Listed on Foreign exchange (Country _____)

Over-the-counter

Closely held

<u>Bonds*</u>	<u>Approximate Value</u>	<u>Titled</u>
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U.S. Series E

U.S. Government

Corporate

 United States
 Foreign (country _____)

Municipal

Financial Institution Accounts

Approximate Value

Titled

Checking account

Bank _____
Branch _____

Savings account

Bank _____
Branch _____

Bank _____
Branch _____

Certificates of Deposit

Bank _____
Branch _____

Bank _____
Branch _____

Life Insurance - List Owner, Insured, and Beneficiary

<u>Policy</u>	<u>Owner</u>	<u>Insured</u>	<u>Beneficiary</u>	<u>Face Value</u>	<u>Cash Value**</u>
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**Indicate if any loan outstanding on policy. (Generally, term policy has no cash value.)

Limited Partnerships, Other Investments

Approximate Value

Business Interests

Miscellaneous Property

Furniture and furnishings

Antiques

Automobiles

Boats

Others

Collectibles

Retirement Programs

Approximate Value

Owner

Payment provisions:

Pension and Profit Sharing Plans

Payment provisions:

Beneficiary:

Advisors

(Please provide name, address and phone number.)

A. Accountant:

B. Other Attorney:

C. Stockbroker:

D. Financial Planner:

E. Life Insurance Agent:

F. Other Advisors:
