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Estate Planning Questionnaire

Wills

A simple will provides for the disposition of property owned by you at the time of your death and included in your probate estate in any manner you chose. Certain property such as jointly owned real property, life insurance, retirement plans and employee death benefits pass outside of probate and are not subject to distribution by will. Specific personal property such as jewelry, artwork etc. can be bequeathed through a separate written memorandum pursuant to Virginia Code §64.2-400. This written memorandum may be changed at any time prior to your death without requiring a codicil (amendment) to the will. I recommend that burial and organ donations be discussed with your executor since your will may not go through probate until after the funeral of the deceased. A simple will can also name a guardian for your child or children should you pass away prior to the child reaching the age of 18.

Please provide the following information for the preparation of a will:

1. Your full name:
2. Your Current Address:
3. Your spouse's or significant other's full name if applicable:
4. The name and address of children to be named as beneficiaries in your will:

Name:	Address:	Son/Daughter	Age
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5. The name and address of other individuals to be named as beneficiaries in your will:

Name: Address: Relationship:

6. Would you like to name your spouse or partner as Primary Executor? Yes No

The name and address of your Primary Executor if not your spouse or partner or First Alternate Executor if your spouse or partner is selected above:

Name: Address:

7 Name and address of Second Alternate Executor (if applicable) should your spouse or significant other or First Alternate Executor be unable to serve:

Name: Address:

8. The name and address of the individual you would like to appoint as guardian of your children should your spouse or significant other predecease you.

Name: Address:

9. The name and address of the person you would like to appoint as alternate Guardian should your first choice be unable to serve.

Name: Address:

10. Describe how you would like the balance of your estate (other than specific personal property bequeathed in the separate written memorandum mentioned above) to be distributed, for example, all to spouse or significant other, but if my spouse or significant other predeceases me, to my children in equal shares:

11. Should all named beneficiaries mentioned above predecease you how would you like your estate to be distributed, i.e., to a specific charity or organization or via the Virginia Intestacy Statute?

To Charity or Institution Specified Below Virginia Intestacy Statute

The Virginia Intestacy Statute applies to individuals who die without a Will or with a Will that is determined to be invalid. The distribution stipulated in the Virginia Intestacy Statute is paraphrased as follows:

If the decedent is not survived by children or grandchildren, the estate passes to the surviving spouse.

If the decedent is survived by children or their descendants, one or more of whom are not children or their descendants of the surviving spouse, two-thirds of the decedent's estate will pass to all the decedent's children and their descendants and the remaining one-third of such estate shall pass to the decedent's surviving spouse.

If there is no surviving spouse, the decedent's estate passes to the decedent's children or their descendants.

There are no surviving children or their descendants then it passes go to the decedent's parents, or surviving parent.

Power of Attorney

A power of attorney gives the person named, your “agent” or “attorney-in-fact” the power to act on your behalf in either a limited, such as granting signature authority for the sale of real estate, or general, granting the holder of the power the ability to do anything you could do acting on your own behalf. The power of attorney may be effective immediately or upon the occurrence of a specified event such as your incapacity due to illness or accident. This is known as a “springing power of attorney.” In addition, the power may expire at your incapacity or be durable and continue should you become incapacitated. Unless stated otherwise, the Power of Appointment is effective upon your incapacity verified by your attending physician.

If you would like me to prepare a Power of Attorney, please submit the following information:

Would you like to name your spouse or partner as Primary Holder of the Power of Appointment?

Yes No

If so, would you like the Power of Appointment to your spouse or partner to be effective immediately or upon your incapacity?

Immediately Upon Incapacity

15. The name and address of your Primary Holder of the Power of Appointment if not your spouse or partner or First Alternate Holder of the Power of Appointment if your spouse or partner is selected above:

Name: Address:

16. Name and address of Second Alternate Holder of the Power of Appointment should the Primary or First Alternate Holder be unable or unwilling to serve:

Name: Address:

Advance Medical Directive

An Advance Medical Directive or Living Will is your expression of how you want to be treated in certain medical conditions such as whether or not you wish to be given life-sustaining treatment should you be terminally ill or injured. Advance Medical Directives do not determine your medical treatment in situations which are not considered terminal. You appoint the person to make medical decisions for you when you are unable to express your preferences in the Advance Medical Directive.

If you would like me to prepare an Advance Medical Directive, please submit the following information:

Would you like to name your spouse or partner as Primary Holder of the Power of Appointment?
Yes No

If so, would you like the Power of Appointment to your spouse or partner to be effective immediately or upon your incapacity?
Immediately Upon Incapacity

17. The name and address of your Primary Holder of the Power of Appointment if not your spouse or partner or First Alternate Holder of the Power of Appointment if your spouse or partner is selected above:

Name: Address:

18. Name and address of Second Alternate Holder of the Power of Appointment should the Primary or First Alternate Holder be unable or unwilling to serve:

Name: Address: