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Estate Planning Questionnaire

Wills

Name:

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.

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

Age

Son/Daughter

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

Address:

5.	The name and address of other individuals to be named as beneficiari	ies in your will:
Name:	: Address:	Relationship:
6. Alterna	Would you like to name your spouse or partner as Primary Executor? The name and address of your Primary Executor if not your spouse of ate Executor if your spouse or partner is selected above:	
Name:	: Address:	
7 signific Name:	Name and address of Second Alternate Executor (if applicable) shoul cant other or First Alternate Executor be unable to serve: Address:	d your spouse or
8. childre	The name and address of the individual you would like to appoint as en should your spouse or significant other predecease you.	guardian of your
Name:	: Address:	
9. should	The name and address of the person you would like to appoint as alted your first choice be unable to serve.	rnate Guardian
Name:	: Address:	

10.	Describe ho	ow you	would 1	like the	balance	of your	estate	(other	than	specific	personal
propert	ty bequeathe	d in the	separate	e writter	n memora	ndum m	entione	d above	e) to l	oe distrib	outed, for
exampl	le, all to spor	use or si	gnifica	nt other,	but if m	y spouse	or sign	nificant	other	predece	ases me,
to my c	children in ed	qual shai	res:								

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 descendant'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.

Revocable Living Trust (also known as an Inter-Vivos Trust) This document is drafted and can be funded either during your lifetime or at the time of your death through a pour-over will which pours the assets into the trust when you die. The Revocable Living Trust can also be named as an alternate beneficiary of accounts after your spouse. After the death of the surviving Grantor, the funds owned by the trust are distributed as per the trust terms by the Alternate Trustee to serve the health, education and welfare needs of the beneficiaries up until the age you select below which serves as the date of the final distribution. Upon each individual beneficiary attaining this age, the remaining funds in each beneficiaries share are distributed to the beneficiary free of trust. The benefit of a Revocable Living Trust is that it is private and not subject to the supervision of the court. In addition, you can fund it during your lifetime and assets in the trust at the time of your death and accounts naming the Trust as beneficiary avoid probate.

Funding the Revocable Living Trust

Personal Property – Your personal property such as items in the house (furniture, fixtures, appliances, jewelry, artwork and other household items) are transferred at the time of the signing of the Estate Planning Documents by executing an Assignment of Personal Property which transfers your interest in personal property to the trust thereby taking it out of your probate estate.

Real Property – your primary residence is transferred by your attorney drafting a deed transferring your ownership from yourselves as individuals to yourselves as Trustees of the Revocable Living Trust thereby taking it out of your probate estate.

Accounts – your intangible assets such as life insurance, retirement accounts, investment accounts, savings and checking accounts can either name the Trust as the beneficiary or hold a Payable on Death designation, thereby transferring the funds to the Trust or the individual named at the time of your death, thereby taking it out of your probate estate.

If you would like to have a Revocable Living Trust to provide for the care of your beneficiaries please the form of trust and provide the following additional information:

- 12. The age at which you would want your children to receive the final distribution of principal of the trust.
- 13. The name and address of the person you would like to appoint at the death of the survivor of yourself and your spouse as Alternate Trustee.

Name:	Address:

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

Name: Address:

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:

N.T.	A 1 1
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:
Name:	Address:
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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: