FRANKLIN, DENNEY, WARD & LAWSON, PLC
Waynesboro, Virginia

ESTATE PLANNING DATA SHEET

YOUR NAME ____ BIRTH DATE ______________________

YOUR SPOUSE'S NAME ____ BIRTH DATE _______________

HOME ADDRESS____

CITY _____________________________________ STATE ______________ ZIP ________________________

HOME TELEPHONE (   )____

WORK PLACE: YOURS ____

ADDRESS ____

WORK TELEPHONE (   )____

WORK PLACE: SPOUSE'S ____

ADDRESS ____

WORK TELEPHONE (   )____

SOCIAL SECURITY #: YOURS ______________________ SPOUSE'S_________________________________

MARITAL STATUS: [ ] MARRIED [ ] SINGLE [ ] WIDOW(ER) [ ] DIVORCED
[ ] LEGALLY SEPARATED

UNITED STATES CITIZEN: YOU: [ ] YES [ ] NO; SPOUSE [ ] YES [ ] NO

DOCUMENTS TO HAVE READILY AVAILABLE FOR PLANNING AND ESTATE ADMINISTRATION

[ ] Existing Wills or Trust Agreements;
[ ] Life Insurance Policies;
[ ] Divorce Decrees and Property Settlement Agreements;
[ ] Deeds and Lease Agreements for Real Estate;
[ ] Employee Benefit and Retirement Plans;
[ ] Corporation Documents and Shareholder Agreements;
[ ] Partnership Agreements;
[ ] Deeds of Trust and Notes for Money Owed to You;
[ ] Last Year's Income Tax Returns;
[ ] Gift Tax Returns;
[ ] Any Other Relevant Information

I. CHILDREN:

1. NAME ________________________________ BIRTH DATE _________________

CHILD'S SPOUSE ________________________ MINOR CHILDREN? [ ]YES [ ]NO

CITY AND STATE _______________________

2. NAME _______________________________ BIRTH DATE _________________

CHILD'S SPOUSE ________________________ MINOR CHILDREN? [ ]YES [ ]NO

CITY AND STATE _______________________

3. NAME _______________________________ BIRTH DATE _________________

CHILD'S SPOUSE _______________________ MINOR CHILDREN? [ ]YES [ ]NO

CITY AND STATE ______________________

4. NAME ______________________________ BIRTH DATE _________________

CHILD'S SPOUSE _______________________ MINOR CHILDREN? [ ]YES [ ]NO

CITY AND STATE ______________________

If any children listed are from a prior marriage or are adopted, please so indicate.

II. BACKGROUND INFORMATION: (VERY IMPORTANT, PLEASE COMPLETE)

YOURS:

A. PREVIOUS MARRIAGES:

FORMER SPOUSE: _________________________
DATE & PLACE OF MARRIAGE: _________________________
HOW TERMINATED: _________________________
DATE TERMINATED: _________________________

B. DIVORCE OBLIGATIONS (PAY/RECEIVE):

CHILD SUPPORT: _________________________
ALIMONY: _________________________
LIFE INSURANCE: _________________________
OTHER TERMS: _________________________

YOUR SPOUSE'S:

C. PREVIOUS MARRIAGES:

FORMER SPOUSE: _________________________
DATE & PLACE OF MARRIAGE: _________________________
HOW TERMINATED: _________________________
DATE TERMINATED: _________________________

D. DIVORCE OBLIGATIONS (PAY/RECEIVE):

CHILD SUPPORT: _________________________
ALIMONY: _________________________
LIFE INSURANCE: _________________________

OTHER TERMS: ___________________________

E. ARE THERE SPECIAL NEEDS FOR ANY CHILD? [ ] YES [ ] NO
IF YES, PLEASE EXPLAIN: ____

F. DO YOU OR YOUR SPOUSE SUPPORT OR EXPECT TO SUPPORT ANYONE ELSE SUCH AS A PARENT OR OTHER PERSON? [ ] YES [ ] NO

IF YES, PLEASE EXPLAIN: ____

G. MILITARY SERVICE: (BRANCH, RANK, SERIAL #, DATES):
YOURS: ____
YOUR SPOUSE'S ____

H. DESCRIBE ANY SIGNIFICANT HEALTH PROBLEMS:
YOURS: ____
YOUR SPOUSE'S ____

I. NAME & ADDRESS OF PHYSICIAN: ______________________________

J. HAVE YOU EVER LIVED IN A COMMUNITY PROPERTY STATE? (AZ, CA, TX, ID, LA, NM, NV, WA & WI) [ ] YES [ ] NO

K. NAMES OF OTHER COUNTRIES IN WHICH YOU HAVE LIVED, IF ANY

L. HAVE YOU OR YOUR SPOUSE EVER HAD A NAME CHANGE (OTHER THAN BY REASON OF MARRIAGE)? [ ] YES [ ] NO

M. DID YOU MAKE GIFTS BEFORE 1982 IN EXCESS OF $3,000 IN VALUE TO ANY PERSON IN ANY YEAR? [ ] YES [ ] NO
AFTER 1981 IN EXCESS OF $10,000 IN VALUE TO ANY PERSON IN ANY YEAR? [ ] YES [ ] NO
AFTER 2001 IN EXCESS OF $11,000 IN VALUE TO ANY PERSON IN ANY YEAR? [ ] YES [ ] NO

N. DID YOUR SPOUSE MAKE GIFTS BEFORE 1982 IN EXCESS OF $3,000 IN VALUE TO ANY PERSON IN ANY YEAR? [ ] YES [ ] NO
AFTER 1981 IN EXCESS OF $10,000 IN VALUE TO ANY PERSON IN ANY YEAR? [ ] YES [ ] NO
AFTER 2001 IN EXCESS OF $11,000 IN VALUE TO ANY PERSON IN ANY YEAR? [ ] YES [ ] NO

O. DO YOU OR YOUR SPOUSE WISH TO FORGIVE ANY LOANS AT DEATH? [ ] YES [ ] NO

P. ARE THERE ANY SPECIFIC INSTRUCTIONS FOR YOUR OR YOUR SPOUSE'S BURIAL? [ ] YES [ ] NO

Q. DO YOU OR YOUR SPOUSE HAVE A PRE- OR POST-NUPTIAL AGREEMENT? [ ] YES [ ] NO
(If so, bring a copy with you.)

R. DO YOU WANT YOUR RESIDENCE TO PASS:
_____ Upon death to your spouse
_____ Other: ____

III. KEY PEOPLE IN YOUR ESTATE PLAN:

A. **EXECUTORS** OF WILLS (List persons, banks or trust companies that you would like to consider as potential executors of your estate):

FIRST _[ ] Spouse [ ] Other____

ADDRESS ____

ALTERNATE ____

ADDRESS ____

SECOND ALTERNATE ____

ADDRESS ____

B. **TRUSTEES** OF TESTAMENTARY OR REVOCABLE LIVING TRUSTS (List persons, banks or trust companies that you would like to consider as potential trustees):

ORIGINAL _[ ] Spouse [ ] Other____

1ST SUCCESSOR ____

2ND SUCCESSOR ____

3RD SUCCESSOR ____

C. **GUARDIANS** FOR MINOR CHILDREN:

FIRST ____

SECOND ____

THIRD ____

IV. DISPOSITION OF YOUR ESTATE (Where your assets are to go after death):
(Use this as a guide for further discussion)

[ ] YES [ ] NO Would you like to prepare a separate written list of specific items of property as a guide for your Executor/Trustee in the distribution of your personal estate, such as jewelry, furniture, furnishings, vehicles, art, antiques, china, silver, and the like?

A. If you plan to make specific bequests, complete the following:

Beneficiary:
Address:
Asset/Cash Sum:
Alternate:

Beneficiary:
Address:
Asset/Cash Sum:
Alternate:

Beneficiary:
Address:

Asset/Cash Sum:
Alternate:

Beneficiary:
Address:
Asset/Cash Sum:
Alternate:

B. If your spouse survives you:

______ All to spouse
______ All to spouse except the following specific items:
____
____

C. If your spouse predeceases you:

1) To children

______ Outright, equal shares, no trust
______ Outright, no trust
______% to ____
______% to ____
______% to ____

______ Trust
______ equal shares
______ unequal shares
______% to ____
______% to ____
______% to ____

______ Separate trusts for each beneficiary; distribution at age ______.

______ One trust for all beneficiaries, distribution when each reaches age ______.

______ One trust for all beneficiaries distribution when youngest reaches age ______.

______ Tier distribution
______% at ________ years
______% at ________ years
Balance at __________ years

______ Distributions other than for support, education, welfare and/or medical:________________________________
____

______ Special trust instructions ______________________________
____

2) Other beneficiaries:____
____
____

3) Charitable beneficiaries: ____

V. ADVISORS:

	NAME	ADDRESS	PHONE
A. ACCOUNTANT:			
B. OTHER ATTORNEY:			
C. STOCKBROKER:			
D. FINANCIAL PLANNER:			
E. LIFE INSURANCE AGENT:			
F. OTHER ADVISORS:			

VI. OTHER INFORMATION YOU WOULD LIKE TO PROVIDE:

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Waynesboro, Virginia

ESTATE PLANNING DATA SHEET

I. INVENTORY OF ASSETS (Please complete with full information):

To indicate ownership, please use the following: **C** owned entirely by you
S owned entirely by your spouse
J owned jointly with your spouse with right of survivorship
O other partial ownership (provide details)

Include the full value of the property except in the case of property designated **O.** *For property designated* **O,** *include only the value of your interest or your spouse's interest.*

A. REAL ESTATE (Including condominium apartment)

DESCRIPTION	DATE PURCHASED	COST PLUS IMPROVEMENTS	CURRENT VALUE	MORTGAGE PAYABLE	NET CURRENT VALUE	OWNED BY

B. OWNERSHIP INTEREST IN BUSINESS (Put additional businesses on back of page)

1. Name of business or company: ______________________________

2. Business address: ______________________________

3. Type of business entity (e.g., S-Corporation, LLP)
____

4. Your ownership interest (percentage, # of shares, units, etc.) ______________________________

   Spouse's ownership interest (percentage, # of shares, units, etc.)
____

5. Value of your ownership interest ____

Value of spouse's ownership interest ____

Value of entire business ____

6. Names and ownership interests of other owners.

7. Do you have a plan for transferring your interest at death or retirement? ________________

If so, provide details. ____

8. Do you have a buy-sell agreement? ________________ If so, include a copy.

9. Do you have key-person and/or disability insurance for you or your spouse? ____________

If so, include details. ____

For the "owned by" column of the following sections, please continue to use these ownership codes:

C owned entirely by you
S owned entirely by your spouse
J owned jointly with your spouse with right of survivorship
O other partial ownership (provide details)

Include the full value of the property except in the case of property designated **O.** *For property designated* **O,** *include only the value of your interest or your spouse's interest.*

C. STOCKS AND BONDS
(You may attach copies of brokerage or investment accounts.)

1. Listed Securities (stocks and bonds)

NO. OF SHARES OR DATE MARKET

DESCRIPTION	FACE VALUE	ACQUIRED	ORIGINAL COST	VALUE	OWNED BY

2. U.S. Government Bonds (e.g., Series "E" or "EE" bonds)

FACE VALUE	PAYABLE ON DEATH TO	ISSUE DATE	CURRENT VALUE	OWNED BY

D. CASH AND NOTES

1. Cash

NAME & ADDRESS OF BANK	ACCOUNT NUMBER	CHECKING OR SAVINGS	TRUST ACCOUNT BENEFICIARY	CURRENT BALANCE	OWNED BY

2. Mortgages and Promissory Notes Owed to You

NAME OF MORTGAGEE OR CREDITOR	FACE VALUE	UNPAID BALANCE	REPAYMENT TERMS	INTEREST RATE	OWNED BY

E. LIFE INSURANCE (Please show values in this section without reduction for loans, but be sure to include life insurance policy loans in part II.)

Policies Owned by and Insuring You:

COMPANY AND POLICY NUMBER	POLICY TYPE (GROUP, TERM WHOLE LIFE, ETC.)	ANNUAL PREMIUM	CASH SURRENDER VALUE	FACE VALUE OR DEATH BENEFIT	DESIGNATED BENEFICIARY

Policies Owned by You and Insuring Others:

COMPANY AND POLICY NUMBER	POLICY TYPE (GROUP, TERM WHOLE LIFE, ETC.)	ANNUAL PREMIUM	CASH SURRENDER VALUE	FACE VALUE OR DEATH BENEFIT	DESIGNATED BENEFICIARY

Policies Owned by Spouse and Insuring Spouse:

COMPANY AND POLICY NUMBER	POLICY TYPE (GROUP, TERM WHOLE LIFE, ETC.)	ANNUAL PREMIUM	CASH SURRENDER VALUE	FACE VALUE OR DEATH BENEFIT	DESIGNATED BENEFICIARY

Policies Owned by Spouse and Insuring Others:

COMPANY AND POLICY NUMBER	POLICY TYPE (GROUP, TERM WHOLE LIFE, ETC.)	ANNUAL PREMIUM	CASH SURRENDER VALUE	FACE VALUE OR DEATH BENEFIT	DESIGNATED BENEFICIARY

Policies Owned by Others and Insuring You or Your Spouse:

COMPANY AND POLICY NUMBER	POLICY TYPE (GROUP, TERM WHOLE LIFE, ETC.)	ANNUAL PREMIUM	CASH SURRENDER VALUE	FACE VALUE OR DEATH BENEFIT	DESIGNATED BENEFICIARY

F. TRUSTS CONTAINING GENERAL POWERS OF APPOINTMENT HELD BY YOU

INSTRUMENT CON-FERRING POWER	DATE POWER CREATED	VALUE OF PROPERTY SUBJECT TO POWER

(provide copy of instrument creating power)

G. TRUSTS CONTAINING GENERAL POWERS OF APPOINTMENT HELD BY YOUR SPOUSE

INSTRUMENT CON-FERRING POWER	DATE POWER CREATED	VALUE OF PROPERTY SUBJECT TO POWER

(provide copy of instrument creating power)

H. YOUR ANNUITIES AND RETIREMENT BENEFITS (Include Keogh plans and IRAs)
For "type of plan" indicate nonqualified, deferred compensation, pension, profit-sharing, IRA, or the like.

TYPE OF PLAN	ANNUITY OR LUMP SUM PAYOUT	DESIGNATED BENEFICIARY	AMOUNT OF YOUR CONTRIBUTION	APPROXIMATE VALUE

(provide copies of contracts, plans, etc.)

I. YOUR SPOUSE'S ANNUITIES AND RETIREMENT BENEFITS (Include Keogh plans and IRAs)
For "type of plan" indicate nonqualified, deferred compensation, pension, profit-sharing, IRA, or the like.

TYPE OF PLAN	ANNUITY OR LUMP SUM PAYOUT	DESIGNATED BENEFICIARY	AMOUNT OF YOUR CONTRIBUTION	APPROXIMATE VALUE

(provide copies of contracts, plans, etc.)

J. MISCELLANEOUS PROPERTY INTERESTS

NATURE OF THE PROPERTY	APPROXIMATE VALUE	OWNED BY

II. DEBTS, LOANS AND LIENS Current Value

Debts Owed

By you ____________

By your spouse ____________

By you and your spouse jointly ____________

Bank Loans

To you ____________

To your spouse ____________

To you and your spouse jointly ____________

Insurance Policy Loans

On policies owned by you ____________

On policies owned by your spouse ____________

Installment Contracts

Payable by you ____________

Payable by your spouse ____________

Payable by you and your spouse jointly ____________

Contingent Liabilities (guaranty, indemnity agreements)

Yours ____________

Your spouse's ____________

III. APPROXIMATE ANNUAL INCOME <u>Amount</u>

Salary
Yours ____________

Your spouse's ____________

Fees
Paid to you ____________

Paid to your spouse ____________

Commissions
Paid to you ____________

Paid to your spouse ____________

Interest income
Yours ____________

Your spouse's ____________

Dividend income
Yours ____________

Your spouse's ____________

Pensions received
Yours ____________

Your spouse's ____________

Annuities
Paid to you ____________

Paid to your spouse ____________

Royalties received

By you ____________

By your spouse ____________

Trust income

Received by you ____________

Received by your spouse ____________

Payments received on mortgages, installment sales, etc.

By you ____________

By your spouse ____________

TOTAL ____________

IV. FUTURE INHERITANCES

Do you or your spouse expect to inherit property from parents or others?

From Whom?	Estimated Amount

SUMMARY
(Recapitulation--For Lawyer Use)

ASSETS	CURRENT INCLUDABLE VALUE **C** **S** **J** **O**
1. Real estate (current value)	______
2. Value of business interests	______
3. Listed securities	______
4. U.S. Government Bonds	______
5. Cash	______
6. Mortgages and promissory notes owed to client(s)	______
7. Life insurance includable in estate	______
8. General powers of appointment	______
9. Annuities, retirement benefits	______
10. Miscellaneous property interests	______
11. Gift tax paid on gifts within last 3 years	______
	C **S** **J** **O**
TOTAL ASSETS:	______

LIABILITIES	
1. Mortgages payable	______
2. Bank loans	______
3. Insurance policy loans	______
4. Debts, etc.	______
	C **S** **J** **O**
TOTAL LIABILITIES:	______

	C	S	J	O
NET CURRENT ESTATE:				