



**DAVID B. WILKS, ESQUIRE**

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**CONFIDENTIAL PLANNING FORM FOR MARRIED COUPLES**

Date: \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

***Please do your best in completing this form. Your accuracy and completeness in responding will help our firm properly advise you. If you have the information in document form, bring the documents to the appointment. If the question doesn't apply or you don't understand, leave blank.***

**A. PERSONAL DATA**

Husband

Wife

Name \_\_\_\_\_  
(print name as shown on your checks)

Name \_\_\_\_\_  
(print name as shown on your checks)

Address \_\_\_\_\_

City/County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

U.S. Citizen Yes No U.S. Citizen Yes No

Yearly Income \$ \_\_\_\_\_ Yearly Income \$ \_\_\_\_\_

Prior Marriages

Husband Full Name of Prior Spouse: \_\_\_\_\_

How marriage terminated? Death \_\_\_\_\_ Divorce \_\_\_\_\_

Date of Death/Divorce: \_\_\_\_\_

Wife Full Name of Prior Spouse: \_\_\_\_\_

How marriage terminated? Death \_\_\_\_\_ Divorce \_\_\_\_\_

Date of Death/Divorce: \_\_\_\_\_

**B. CHILDREN**

(For Status, use one of the following: M = married; S = single; D = divorced; W = widow; MN = minor child; A = adult; AD = adopted; SC = stepchild; FC = foster child)

Name	Address	Phone #	D.O.B.	Status	Child of husband(h), wife (w), or both (b)
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Deceased children? \_\_\_\_\_

Any issue surviving deceased child? \_\_\_\_\_

Are all your children in good health? Yes \_\_\_\_\_ No \_\_\_\_\_

Are any of your children blind? Yes \_\_\_\_\_ No \_\_\_\_\_

Are any of your children disabled? Yes \_\_\_\_\_ No \_\_\_\_\_

Are any of your children receiving SSI or other form of government entitlement? Yes \_\_\_\_\_ No \_\_\_\_\_

Do any of your family members have any problems with:

Aids? Yes \_\_\_\_\_ No \_\_\_\_\_

Drug Addiction? Yes \_\_\_\_\_ No \_\_\_\_\_

Alcoholism? Yes \_\_\_\_\_ No \_\_\_\_\_

Spendthrifts? Yes \_\_\_\_\_ No \_\_\_\_\_

Marital Problems? Yes \_\_\_\_\_ No \_\_\_\_\_

**C. GRANDCHILDREN (if applicable)**

Grandchild's Name	Address With Zip Code	Date of Birth	Social Security
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**D. FINANCIAL/ASSET SUMMARY**

**1. Checking/Savings**

Name/Location of Bank/Savings and Loan/Credit Union	Account #	Balance	Husband/Wife/Joint
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**2. Savings Certificates (CDs)**

Location of CD	Value	Husband/Wife/Joint
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**3. Marketable Securities (stocks, bonds, mutual funds, etc.)**

Kind of Security	Brokerage Firm	Value	Husband/Wife/Joint
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**4. IRAs**

Bank/Brokerage Firm	\$ Balance	Owner	Primary Beneficiary and Contingent Beneficiary

**5. Annuities**

Type of Annuity	Company	\$Value	Annuitant	Primary Beneficiary and Contingent Beneficiary

**6. Life Insurance**

Company	Policy Number	Face Value	Owner	Beneficiary	Cash Value	Loans

**7. 529 Plan Account**

Company/State	Value	Owner	Beneficiary

**8. Business Interests (explain interest - corporation, LLC, partnership, sole proprietorship)**

\_\_\_\_\_  
\_\_\_\_\_  
Valuation of Business? \_\_\_\_\_

**9. Anticipated Inheritances – Do you expect to inherit or receive any property from anyone? (from whom/in what amount/in what form/outright/in trust)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. Real Property**

Personal Residence	Date Purchased	Purchase Price	Current Value	Owner Husband/Wife/Joint
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Investment Realty	Date Purchased	Purchase Price	Current Value	Owner Husband/Wife/Joint
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**11. Personal Property (vehicles (include make/year, approximate value and owner); items of unusual interest; artistic items of unusual value)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. Promissory Notes/Trust Deeds (amounts owed to you)**

Debtor	Face Value	Balance Owed	Title Held	Action
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**13. Digital Assets (Online bank accounts, music, videos and social media accounts)**

If your computer were destroyed, what would be lost that you would want back?

\_\_\_\_\_

If you forgot your passwords, which online accounts would you access first?

\_\_\_\_\_

What digital online assets have sentimental value to you and your loved ones?

\_\_\_\_\_

Does anyone presently have access to your online accounts?

\_\_\_\_\_

**14. Income/Retirement Income (e.g., pension), Social Security**

Monthly \$ Payment \_\_\_\_\_

Husband's Income from Employment: \_\_\_\_\_

Husband's Social Security: \_\_\_\_\_

Husband's Pension: \_\_\_\_\_

Wife's Income from Employment: \_\_\_\_\_

Wife's Social Security: \_\_\_\_\_

Wife's Pension: \_\_\_\_\_

Any other sources of family income: \_\_\_\_\_

\_\_\_\_\_

**15. Pets:** Do you wish to provide money for the care of your pets upon your death or incapacity? If so, then we will provide you with a separate questionnaire concerning the specifics of such instructions.  Yes Provide Pet Questionnaire

**16. Guns:** Do you own any guns or gun collections? Do you own any guns classified as Class III weapons under federal law? If so, then we will provide you with a separate questionnaire concerning the disposition of these weapons.  Yes Provide Gun Questionnaire

**E. DISPOSITIVE INTENTIONS**

1. Spouse and Children. Do you wish to provide primarily for your spouse and secondarily for your children? Yes \_\_\_\_\_  
No \_\_\_\_\_

Do you wish to treat all your children equally? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, why not? \_\_\_\_\_

After your spouse's death, at what age do you want distribution to your children?  
\_\_\_\_\_ (e.g., a plan might provide "immediate" or "1/3 at age 25, 1/3 at age 30, 1/3 at age 35")

2. **Grandchildren.** Do you want to leave a specific amount of money or a percentage of your estate to your grandchildren?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you wish to treat all your grandchildren equally? Yes \_\_\_\_\_ No \_\_\_\_\_

If you do not want to treat all your grandchildren equally, why not?

\_\_\_\_\_

How much do you want to leave your grandchildren? \_\_\_\_\_

At what age do you want distribution to your grandchildren? \_\_\_\_\_

3. **Charities.** Do you want to leave a specific amount of money or other assets to any charity? Yes \_\_\_\_\_ No \_\_\_\_\_

(1) Name of Charity \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Amount \$ \_\_\_\_\_

(2) Name of Charity \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Amount \$ \_\_\_\_\_

4. **Other Beneficiaries.** Do you want your Will to benefit anyone other than children, grand-children or a charity?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please list the name of beneficiary and relationship:

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Amount \$ \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Amount \$ \_\_\_\_\_

(3) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Amount \$ \_\_\_\_\_

F. **EXECUTOR.** Whom do you wish to serve as your Executor?

**Husband:**

First Choice:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Wife:**

First Choice:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**G. TRUSTEE. Whom do you wish to serve as your Trustee?**

**Husband:**

First Choice:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_



Alternate:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Wife:**

First Choice:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**H. GUARDIAN.** If you have a minor or disabled child or children, whom do you wish to act as Guardian?

**Husband:**

First Choice:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Wife:**

First Choice:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**I. POWER OF ATTORNEY (Financial Power)**

**Husband:** Are they the same as Executors?  Yes (skip to Select Option)  No (fill in selections below)

Spouse is first primary Agent  Yes  No

Primary Agent:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Agent:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**SELECT ON OF THE FOLLOWING OPTIONS:**

**Immediate power:** effective upon signing

**Springing power:** effective only upon medical certification of incapacity

**Wife:** Are they the same as Executors?  Yes (skip to Select Option)  No (fill in selections below)

Spouse is first primary Agent  Yes  No

Primary Agent:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Agent:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**SELECT ON OF THE FOLLOWING OPTIONS:**

**Immediate power:** effective upon signing

**Springing power:** effective only upon medical certification of incapacity

**J. ADVANCE MEDICAL DIRECTIVE (Living Will)**

**Husband:** Are they the same as listed in Power of Attorney?  Yes (skip to Select Option)  No (fill in selections below)

Spouse is first primary Agent  Yes  No

Primary Agent:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Agent:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Do you want your Living Will to provide for withdrawal of artificial food and fluid?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you want to donate your eyes or organs? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of your physician \_\_\_\_\_

**Wife:** Are they the same as listed in Power of Attorney?  Yes (skip to Select Option)  No (fill in selections below)

Spouse is first primary Agent  Yes  No

Primary Agent:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Agent:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Do you want your Living Will to provide for withdrawal of artificial food and fluid?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you want to donate your eyes or organs? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of your physician \_\_\_\_\_

**K. EXISTING ESTATE PLANNING DOCUMENTS.**

**Husband:**

\_\_\_\_\_ Will

\_\_\_\_\_ Trust

\_\_\_\_\_ Durable Power of Attorney for Assets

\_\_\_\_\_ Durable Power of Attorney for Health Care

Date Executed: \_\_\_\_\_ (designate if date differs for each document)

**Wife:**

\_\_\_\_\_ Will

\_\_\_\_\_ Trust

\_\_\_\_\_ Durable Power of Attorney for Assets

\_\_\_\_\_ Durable Power of Attorney for Health Care

Date Executed: \_\_\_\_\_ (designate if date differs for each document)

**L. YOUR CONCERNS: Please rate the following as to how important they are to you:**

*(H high concern, S some concern, L low concern, N/A no concern or not applicable)*

<u>Description</u>	<u>Level of Concern</u>
1. Desire to get affairs in order and to create a comprehensive plan to manage affairs in case of death or disability	_____
2. Providing for and protecting children	_____
3. Providing for and protecting grandchildren	_____
4. Disinheriting a family member	_____
5. Providing for charities at the time of death	_____
6. Planning for the transfer and survival of a family business	_____
7. Avoiding or reducing estate taxes	_____
8. Avoiding probate	_____

- 9. Reducing administration costs at death \_\_\_\_\_
- 10. Avoiding conservatorship in the event of incapacity \_\_\_\_\_
- 11. Protecting assets from lawsuits and creditors \_\_\_\_\_
- 12. Preserving the privacy of affairs in case of death or incapacity from business competitors, predators and curiosity seekers \_\_\_\_\_
- 13. Avoiding will contests and other disputes at death \_\_\_\_\_
- 14. Planning for a child with special need such as medical or learning disabilities \_\_\_\_\_
- 15. Protecting a child or grandchild's inheritance from failed marriages \_\_\_\_\_
- 16. Providing that your death will not be unnecessarily prolonged by artificial means \_\_\_\_\_

Other concerns that you may have (List Below)

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**M. OTHER IMPORTANT FAMILY QUESTIONS**

- 1. Are you making payments pursuant to a divorce or property settlement agreement?  Yes  No
- 2. Have you been widowed? *If a federal and/or state estate tax return was filed, please provide copies*  Yes  No
- 3. Are you currently the beneficiary of any else's trust? If so please provide a copy if possible  Yes  No

**I hereby represent to the law offices of Legacy Law Group that the information contained in this intake form is accurate and complete, and I understand the law firm will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.**

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NAME(S) OF PERSON(S) WHO PREPARED  
THIS FORM

# PRIVATE POLICY NOTICE

Pursuant to the Gramm-Leach-Bliley Act, Public Law Number 106-102, and the rule issued by the Federal Trade Commission regarding the Privacy of Consumer Financial Information, 16 Code of Federal Regulations, Part 313, law firms which provide tax preparation and tax planning services to their clients are categorized as financial service providers and are required to provide written notice to certain clients regarding disclosure of non-public personal information.

## **Information We Collect**

As attorneys, we may collect certain non-public personal information about our clients from our clients, with their authorization, from third parties such as accountants, financial advisors, insurance agents, financial institutions and other advisors.

## **Parties to Whom We Disclose Information**

We do not disclose any non-public personal information about our clients or former clients to anyone, except as required by law, or as authorized by that client.

## **Confidentiality and Security of Your Personal Information**

Except as otherwise stated in this notice, we restrict access to non-public personal information about our clients to those attorneys and other employees of our firm who must use that information for our firm to provide services to you. We maintain physical, electronic and procedural safeguards designed to comply with applicable laws and regulations and our rules of ethics to guard your personal information from unauthorized access or alteration.

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