
THE LAW OFFICE OF JOHN F. RICHTER, P.L.C.

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ESTATE PLANNING QUESTIONNAIRE

Thank you choosing **The Law Office of John F. Richter, PLC** to handle your estate planning needs. The information you provide will be used to help prepare your Last Will and Testament or Trust, Durable Power of Attorney and Medical Directive. Please complete this form to the best of your ability and return it to our office. The estate documents will be prepared based upon the information provided in this questionnaire. The Law Office of John F. Richter PLC does not provide estate planning advice nor do we provide tax advice. We advise you seek other professionals for these services.

If you are married and desire to implement a joint estate plan with your spouse, please complete two separate forms.

Name: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: _____

Marital Status: _____

Do you currently have any of the following documents?

Last Will and Testament: yes no

Revocable Living Trust: yes no

Durable Power of Attorney: yes no

Do you currently have an Agreement with anyone regarding your estate? yes no

If so, please identify:

EXECUTOR(S)

Please provide the name, address and relationship of person you would like to serve as your Executor:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Relationship: _____

If this person is unable to act as your Executor please identify a Successor Executor with address and relationship to you:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Relationship: _____

If the Successor Executor is unable to act as your Successor Executor, please identify a 2nd Successor Executor with address and relationship to you:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Relationship: _____

BENEFICIARY(S)

Please provide name and address of beneficiary(s):

1. Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

2. Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

3. Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

4. Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

5. Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Each named beneficiary will receive the same percentage of your estate unless you want a specific dollar amount or percentage to go to certain beneficiaries. Specific items like furniture, jewelry or family items should be identified on a separate sheet which will be attached to your will. Use the space below to identify any institutions such as a school or charity which you may want to leave a specific dollar amount or percentage.

REAL ESTATE

Do you own any real estate? yes no

Please provide a description of property and indicate if you own this property with someone else:

1.

2.

3.

GUARDIANS FOR MINOR CHILDREN

If you have children under the age of twenty-one please indicate who you would like to act as sole Guardian of your child/children and please provide an address of the named Guardian:

1. Name:

Address:

City:

 State:

 ZIP:

If this person is unable to act as Guardian please identify a Successor Guardian with address:

2. Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Would you like to establish a Testamentary Trust to provide funds for minor children until they reach the age of twenty-one?

yes no

Would you like the above named Guardian to also act as Trustee of the Testamentary Trust?

yes no

If no, please identify the Trustee with current address:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Submitted this _____ day of _____.

_____(SEAL)