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PERSONAL & FINANCIAL QUESTIONNAIRE

PERSONAL INFORMATION

1. Marital Status			
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated or about to divorce			
2. Your Name (First, Middle, Last)	Soc. Sec. No.	Date of Birth	
3. Spouse's Name (First, Middle, Last)	Soc. Sec. No.	Date of Birth	
4. Home Address (Number, Street)	City	State Zip	
5. Email:			
6. Home Phone ()	Your Work Phone ()	Spouse's Work Phone ()	
7. Employer	Your Occupation	Your Annual Income	
8. Spouse's Employer	Spouse's Occupation	Spouse's Annual Income	
Circle or fill in your answers		You	Your Spouse
9. Are you a U.S. citizen?.....		Yes No	Yes No
10. Do you have a will or trust now?		Yes No	Yes No
11. Have you checked your free credit report within the last year		Yes No	Yes No

Children: (full legal name and date of birth)

1. _____
2. _____
3. _____
4. _____
5. _____

NAME/SOURCE OF REFERRAL: _____

NAME OF ACCOUNTANT/CPA: _____

NAME OF FINANCIAL PLANNER: _____

Beneficiaries: (full legal names, relationship and amounts)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

MANAGEMENT DECISIONS: YOUR ESTATE MANAGEMENT TEAM

LAST WILL & TESTAMENT:

Personal Representative/Executor: Manages the probate and settlement of your estate. Can be your spouse, adult children, trusted friends, and/or a corporate fiduciary. **Successor Personal Representative:** Back-up Manager-Steps in after your first personal representative dies/resigns; in the case of a living trust at your death or disability. Can be your adult children, trusted friends, and/or a corporate fiduciary. (Please provide full legal name and relationship)

1. _____
2. _____
3. _____
4. _____

Guardians For Minor Children: Responsible adult who will raise your children if something happens to you. (Please provide full legal name and relationship)

1. _____
2. _____
3. _____
4. _____

Do you want a trust created at the death of both parents to hold funds for the benefit of your children until they reach a mature age? ____ Yes ____ No

If so, at what ages do you wish the trust assets to be distributed to the children outright and free of trust?

_____ (1/4) one-quarter at 25, (1/4) one-quarter at 30 and balance at 35.

_____ Other _____

_____ **Trustees under the Last Will & Testament:**

1. _____
2. _____
3. _____
4. _____

REVOCABLE LIVING TRUST:

Trustee: Manages the administration and investments in your trust. This should be someone with financial responsibility and experience. If you are creating a trust of which your spouse is to be both the beneficiary and trustee (e.g, a tax saving Credit Shelter Trust (B Trust) you *should* also name a co-trustee to make discretionary decisions. **Successor Trustee (or Co Trustee):** Back-up Manager-Steps in after your first Trustee dies/resigns. This can be your adult children, trusted friends, and/or a corporate fiduciary. (Please provide full legal name and relationship)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

DURABLE GENERAL FINANCIAL POWER OF ATTORNEY:

A *Durable General Power of Attorney* appoints an agent that can make any decision and do any act that you can, and it will continue to be in force even after you become incapacitated. It is a very powerful document and should only be granted with great care, and then only to a person that you have the utmost trust in. If you wish a Durable General Power of Attorney provide the following: (full legal name and relationship)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

HEALTH CARE POWER OF ATTORNEY AND ADVANCE MEDICAL DIRECTIVE:

A *Durable Power of Attorney for Health Care* gives broader protection. Do you want to appoint someone (spouse, child, friend) to make health care decisions for you when you are unable to, but not necessarily terminal? If so provide the following: (full legal name and relationship)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

DO YOU HAVE LONG TERM CARE INSURANCE? _____ YES _____ NO
DO YOU HAVE LIFE INSURANCE? _____ YES _____ NO

This information is true and accurate to be best of my knowledge and belief.

Date: _____

Date: _____

PLEASE INDICATE APPROXIMATE VALUE OF EACH ITEM

	JOINT TITLE	INDIVIDUAL TITLE (1)	INDIVIDUAL TITLE (2)
Home Residence			
Other Real Estate			
Other Real Estate			
Savings Account			
Checking Account			
Money Market Funds			
Cert. of Deposit			
Stock			
Mutual Funds			
Bonds			
Bond Funds			
Other Marketable Securities			
Business Assets			
Sub S-Corps.			
Closely Held Business			
Partnership Interests			
Notes Receivable			
Annuities			
Life insurance – Death Benefits (indicate whether term or whole life)			
IRA's			
Pension Plans			
Interests in Trusts			
Anticipated Gifts/Inheritances			
Vehicles			
Other Assets			
Total Assets			
Home Mortgage			
Other Mortgage			
Personal Debt			
Auto Loans			
Other Debt			
Total Liabilities			
Net Worth			

Please check the appropriate statement:

- a. ____ To the best of our knowledge, **our total assets, including life insurance, do not presently exceed \$5,000,000** nor are our total assets likely to exceed \$5,000,000 in the near future.
- b. ____ As of the date above my **total assets exceed \$5,000,000.**