



HART & HART ATTORNEYS, LTD.

40 W. MAIN ST., PO BOX 567, SALEM, VA 24153
540-375-3281 F/540-375-7677 *office@hhatty.com*

Estate Planning Information

FAMILY, PERSONAL & FINANCIAL INFORMATION

CONFIDENTIAL

Date Prepared: _____

Reviewed: _____

Hart & Hart Attorneys, Ltd. with its predecessor firms has served the Salem and Roanoke Valley for over 110 years. It was founded by (Judge) John Marion Hart and James P. Hart, Sr. in 1894. James P. Hart, Jr. joined the firm in 1929; John Lawrence Hart joined in 1951. Ross C. Hart now continues the firm's traditions of helping the residents of the area in Estate Planning, Probate, Wills & Trusts as well as other areas of Elder Law.

For more copies of the forms in this booklet, please go to the firm's website:

www.hhatty.com

This booklet is helpful to plan an estate, and as a list helpful to those who will be carrying out the wishes expressed in one's final documents. It should be reviewed each year for accuracy and a new one completed every five years.

Hart & Hart Attorneys, Ltd. looks forward to working with you as you plan your estate.

A handwritten signature in black ink, appearing to read "Ross C. Hart". The signature is written in a cursive style with a horizontal line underneath the name.

Personal Information

Last Name: _____ (Maiden Name): _____

First Name: _____ Middle Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Telephone: _____

E-Mail address: _____

Employment: _____ Retired _____ Employed _____ Self-Employed

_____ Not employed outside of the home

Occupation (former if retired): _____

Employer: (last if retired) _____

Street Address: _____

City/State/Zip: _____

Business Telephone: (_____) _____ -

Social Security Number: _____

Date of Birth: _____ Place: _____

Citizenship: _____

Mother's maiden name: _____

Marital Information _____ Married _____ Divorced? _____ Spouse deceased?

Times Married: _____

Spouse Personal Information

Last Name: _____ (Maiden Name): _____

First Name: _____ Middle Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Telephone: _____

E-Mail address: _____

Employment: _____ Retired _____ Employed _____ Self-Employed
 _____ Not employed outside of the home

Occupation (former if retired): _____

Employer: (last if retired) _____

Street Address: _____

City/State/Zip: _____

Business Telephone: (_____) _____ - _____

Social Security Number: _____

Date of Birth: _____ Place: _____

Citizenship: _____

Mother's maiden name: _____

Times Married: _____

Current Marriage information

Date of Marriage: _____
 (Month) (Day)(Year)

Place of Marriage: _____
 (City) (State)

Is there a pre-marital or marital agreement? ___ (No) ___ (Yes – **Bring copy**)

Children born of this marriage? ___ No ___ Yes – Number? _____ List on attached Schedule

Have you and your spouse ever lived in a community property jurisdiction?
 (Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Puerto Rico, Texas and Washington).
 _____ No _____ Yes

States or Foreign Countries lived in **after** marriage (current on top; oldest on bottom)

FROM	TO	STATE OR COUNTRY	CITY	COMMENT
	Now	Virginia		

Previous Marriages? No Yes (list below)

	FROM	TO	SPOUSE NAME	CHILDREN?	ENDED BY
1				(No) (Yes)	
2				(No) (Yes)	
3				(No) (Yes)	
4				(No) (Yes)	

Complete one of these sheets for each child you have.

CHILD # _____

Child's Last Name: _____ First: _____ Middle: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Cell: _____

Date of Birth: _____ Birthplace: _____
(Month) (Day) (Year) (City/County & State)

Social Security Number: _____ Citizenship: US Other: _____

Does this child have any significant medical, physical or other problems: No Yes (explain in remarks)

Born in **current** Marriage? Yes No -> Other Parent's Name? _____

Child Support: _____ Payable Until _____ Age: _____

Married? No Yes - Spouse Name _____ Does child have children? _____

<i>Grandchild Name</i>	<i>Date of Birth</i>	<i>Comment</i>
<i>A</i>		
<i>B</i>		
<i>C</i>		
<i>D</i>		

Other Remarks about this child: _____

Complete one of these sheets for each child you have.

CHILD # _____

Child's Last Name: _____ First: _____ Middle: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Cell: _____

Date of Birth: _____ Birthplace: _____
(Month) (Day) (Year) (City/County & State)

Social Security Number: _____ Citizenship: US Other: _____

Does this child have any significant medical, physical or other problems: No Yes (explain in remarks)

Born in **current** Marriage? Yes No -> Other Parent's Name? _____

Child Support: _____ Payable Until _____ Age: _____

Married? No Yes - Spouse Name _____ Does child have children? _____

<i>Grandchild Name</i>	<i>Date of Birth</i>	<i>Comment</i>
<i>A</i>		
<i>B</i>		
<i>C</i>		
<i>D</i>		

Other Remarks about this child: _____

Complete one of these sheets for each child you have.

CHILD # _____

Child's Last Name: _____ First: _____ Middle: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Cell: _____

Date of Birth: _____ Birthplace: _____
(Month) (Day) (Year) (City/County & State)

Social Security Number: _____ Citizenship: US Other: _____

Does this child have any significant medical, physical or other problems: No Yes (explain in remarks)

Born in **current** Marriage? Yes No -> Other Parent's Name? _____

Child Support: _____ Payable Until _____ Age: _____

Married? No Yes - Spouse Name _____ Does child have children? _____

<i>Grandchild Name</i>	<i>Date of Birth</i>	<i>Comment</i>
<i>A</i>		
<i>B</i>		
<i>C</i>		
<i>D</i>		

Other Remarks about this child: _____

Complete one of these sheets for each child you have.

CHILD # _____

Child's Last Name: _____ First: _____ Middle: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Cell: _____

Date of Birth: _____ Birthplace: _____
(Month) (Day) (Year) (City/County & State)

Social Security Number: _____ Citizenship: US Other: _____

Does this child have any significant medical, physical or other problems: No Yes (explain in remarks)

Born in **current** Marriage? Yes No -> Other Parent's Name? _____

Child Support: _____ Payable Until _____ Age: _____

Married? No Yes - Spouse Name _____ Does child have children? _____

<i>Grandchild Name</i>	<i>Date of Birth</i>	<i>Comment</i>
<i>A</i>		
<i>B</i>		
<i>C</i>		
<i>D</i>		

Other Remarks about this child: _____

Individuals to handle matters after your death

<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>Relationship</i>	<i>Comment</i>
<i>Executor/Administrator of your estate (first and second choice)</i>				
<i>Trustee for any trust established in your will (first & second choice)</i>				
<i>Guardian of minor children (first and second choice)</i>				

Advisors, Doctors & Professionals

	NAME	ADDRESS	PHONE	COMMENT
ACCOUNTANT				
STOCK BROKER				
FINANCIAL ADVISOR				
TRUST OFFICER				
BANKER				
PRIMARY DOCTOR				
OTHER <i>specify</i>				
OTHER <i>specify</i>				
OTHER <i>specify</i>				

PROPERTY LIST Page 1

IA	VIRGINIA REAL ESTATE OWNED	Co-owned?		Office only								
		Spouse	other									
a.	Description (address) Value (assessed)											
b.	Description (address) Value (assessed)											
IB	NON-VIRGINIA REAL ESTATE OWNED											
a.	Description (address) Value (assessed)											
IC	MONEY AND DEPOSITS	Location (Bank/CU Name)	Account #	Amount	Co-owned?		Office only					
					Spouse	other						
					a.	Cash						
					b.	Checking Accounts						
					c.	Savings Accounts						
					d.	Money market						
					e.	Certificates of Deposit						
f.	Other deposit accounts											

PROPERTY LIST Page 2

2A	PERSONAL PROPERTY	Description	Location	Value	Co-owned? Spouse other	Office only
a.	Vehicles (cars, trucks, boats, trailers)					
b.	Antiques, Art, Guns & Collections (coin, stamp, etc.)					
c.	Furs & Jewelry					
d.	Household Furnishings					
2B	LIFE INSURANCE Company	Beneficiary	Policy #	Amount	Policy Owner	Office only
2C	MISCELLANEOUS					
a.	Business ownership?	<input type="checkbox"/> NO	<input type="checkbox"/> YES (explain)			
b.	Interest in estate/trust of another	<input type="checkbox"/> NO	<input type="checkbox"/> YES (explain)			
c.	Receiving Trust Income?	<input type="checkbox"/> NO	<input type="checkbox"/> YES (explain)			
d.	Annuity?	<input type="checkbox"/> NO	<input type="checkbox"/> YES (explain)			
e.	Stocks, Mutual Funds, Brokerage?	<input type="checkbox"/> NO	<input type="checkbox"/> YES (explain)			
f.	401K, IRA or other Retirement?	<input type="checkbox"/> NO	<input type="checkbox"/> YES (explain)			

Miscellaneous Information

Other than children, do you or your spouse have any other dependents? ____ No __ Yes
Explain:

Any Military service? __ No __ Yes -> Who? _____

Branch: _____ Grade/rank: _____

Serial number: _____ Service Dates: _____

Comments:

Do you or your spouse have significant health problems. _____ No _____ Yes
Explain:

Have you, your spouse or any child had a name changed by a court? __ No __ Yes ->
Explain.

Prior Gifts -- Have you or spouse made gifts in excess of \$10,000 in value to any donee in any one year after 1981 or over \$3000 before 1982 ____ No _____ Yes
Explain:

Have any living trusts been created? __ No __ Yes -> provide details and bring a copy.

Have gifts been made under Uniform Gifts to Minors Act? _ No __ Yes
give details on custodian and property.

Do you or spouse wish to forgive any debts owed to you at your death? __ No __ Yes

Do you or your spouse want to make a gift to a church, college/university or other charity?
_____ No _____ Yes? If yes, give details.

Do you or your spouse have specific instructions or wishes for burial, cremation or donation of body organs? ? ____ No __ Yes

Do you, your spouse or children anticipate receiving any inheritances? _ No __ Yes
If yes, give source, estimated amount and beneficiary:

Are any assets held by you or spouse recently inherited?

Other

Please use this page to add information related to the questions and to further explain your wishes as to distribution of your property after your death.