

QUINTO & WILKS, P.C.
Attorneys at Law
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Lake Ridge, VA 22192
(703) 492-9955

CONFIDENTIAL PLANNING FORM

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 me represent 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

1. Name _____
(print name as shown on your checks)

Address _____

City/County _____ State _____ Zip _____

Birth Date _____

Social Security No. _____

U.S. Citizen Yes No

Yearly Income \$ _____

2. Prior Marriages

Full Name of Prior Spouse _____

How marriage terminated? Death _____ Divorce _____

Date of Death/Divorce _____

3. Domestic/Life Partner (if applicable)

Name _____

Address _____

City/County _____ State _____ Zip _____

Birth Date _____

Social Security No. _____

U.S. Citizen Yes No

Yearly Income \$ _____

Domestic Partnership Registration Filed? Yes No

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 SUMMARY

1. Checking/Savings

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

Location of CD	Value
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3. Marketable Securities (stocks, bonds, mutual funds, etc.)

Kind of Security	Brokerage Firm	Value
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4. IRAs

Bank/Brokerage Firm	\$ Balance	Primary Beneficiary and Contingent Beneficiary
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5. Annuities

Type of Annuity	Company	\$Value Annuitant	Primary Beneficiary and Contingent Beneficiary
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6. Life Insurance

Company	Policy Number	Face Value	Owner	Beneficiary	Cash Value	Loans
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7. 529 Plan Account

Company/State	Value	Owner	Beneficiary
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8. Business Interests (explain interest - corporation, 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
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Investment Realty	Date Purchased	Purchase Price	Current Value
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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
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13. Income/Retirement Income (e.g., pension), Social Security

Monthly \$ Payment _____

Income from Employment: _____

Social Security: _____

Pension: _____

Any other sources of family income: _____

E. DISPOSITIVE INTENTIONS

1. Children. Do you wish to provide primarily for your children? Yes ____ No ____
Do you wish to treat all your children equally? Yes ____ No ____
If not, why not? _____
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, grandchildren 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?

First Choice _____

Second Choice _____

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

First Choice _____

Second Choice _____

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

First Choice _____

Second Choice _____

I. LIVING WILL.

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 Proposed Health Care Agent _____

Address _____

Name of Proposed Alternate Health Care Agent _____

Address _____

Name of your physician _____

Quinto & Wilks, P.C.
Attorneys at Law

J. EXISTING ESTATE PLANNING DOCUMENTS.

_____ Will

_____ Trust

_____ Durable Power of Attorney for Assets

_____ Durable Power of Attorney for Health Care

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

I hereby represent to the law offices of Quinto & Wilks, P.C. 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.

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