

**Law Offices of
Anthony W. McLaughlin, P.C.**

Mailing Address:
POB #4136
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Street Address:
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Manassas, VA 20110

703-349-4471 FAX 703-349-4472
E-Mail Tony@AMcLaughlinLaw.com

BASIC ESTATE CLIENT INFORMATION
[Strictly Confidential]

Legal Name: _____

Other Names used: _____

US citizen? Yes No. If no, what nationality: _____

Address: _____

County: _____ E-Mail: _____

Telephone: (home)_____ (work)_____ (cell)_____

Business/Employer: _____

Marital Status: Never married Divorced Widowed Married

If married, name of **Spouse**: _____

Telephone: (home)_____ (work)_____ (cell)_____

US citizen? Yes No. If no, what nationality: _____

CHILDREN: None **AGE or DOB**

- | | |
|----------|-------|
| 1) _____ | _____ |
| 2) _____ | _____ |
| 3) _____ | _____ |
| 4) _____ | _____ |
| 5) _____ | _____ |

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Mailing Address:
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• Number of grandchildren: _____ Range of Ages: _____

YES **NO**

• Any deceased children?

If yes, name: _____

If yes, survived by issue?

If yes, name(s): _____

• The name of the person(s)(Executor) that you want to be the decision maker concerning your estate upon your death:

- 1) _____
- 2) _____
- 3) _____

• The name of the person(s) (Guardian) that you want to raise a child that is under 18 (if applicable):

- 1) _____
- 2) _____

• The name of the person(s)(Trustee) that you want to make financial decisions for your child(ren), after your death, until your child comes of age,

- 1) _____
- 2) _____
- 3) _____

At what age do you wish the Trust to end: _____

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- The name of the person(s) that you want to make any Major Medical Decisions on your behalf: (Who do you want to have your Medical Power of Attorney)

1) _____
2) _____
3) _____

- State how you want your estate distributed among your beneficiaries?

State any specific concerns (not already mentioned) that you have regarding the distribution of your estate:

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- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| • Do any of your beneficiaries have a learning disability, special educational, medical or physical needs? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any relatives (other than children) who depend on you for all or part of their support? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you wish to disinherit any of your children, grandchildren or any other close relative? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If a named beneficiary dies before you, do you want the assets to go to that beneficiary's issue? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you expect to inherit substantial assets (\$100,000 +)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have an existing Will? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever executed a trust (either revocable or irrevocable)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever filed a Federal Gift Tax Return? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have an existing General Power of Attorney? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you currently hold any assets in Joint Tenancy with another person? | <input type="checkbox"/> | <input type="checkbox"/> |

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• **ESTIMATED* VALUE OF ESTATE**

<u>TYPE OF ASSET:</u>	<u>ESTIMATED VALUE</u>
• REAL ESTATE: (fair market value, <u>less</u> loans)	\$ _____
• SECURITIES: (stocks, bonds, mutual funds)	\$ _____
• CASH TYPE ASSETS: (cash, annuities, notes due you)	\$ _____
• BUSINESS INTERESTS: (sole proprietorship, partnerships, closely held corporation, etc.)	\$ _____
• RETIREMENT PLANS: (IRA, 401k, etc.**)	\$ _____
• VEHICLES: (autos, R.V., boat)	\$ _____
• PERSONAL PROPERTY: (jewelry, furniture, antiques)	\$ _____
TOTAL:	\$ _____

* Use best guess; this can be a “ballpark” estimate.

** Do not show benefits which will terminate at death (e.g., pension, social security, etc.).

Value of Life Insurance policies will be listed separately on the next page.

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LIFE INSURANCE

(do not include accidental death policies)

- "Cash Value" use best estimate (term policies normally have no cash value)
- "Face Value" is the amount payable at death

<u>COMPANY</u>	<u>CASH VALUE</u>	<u>FACE VALUE</u>	<u>BENEFICIARY</u>
	\$ _____	\$ _____	
	\$ _____	\$ _____	
	\$ _____	\$ _____	

• **BURIAL WISHES**

At my death, I wish to be: cremated buried.

If cremation, I would like my ashes disposed as follows:

If buried, I would like my remains interred as follows:

I have already made arrangements at:
