



SHEPARD & TURNER
PLC

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Client Confidential Form

Name

Name

Date of Completion

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Please bring this completed form with you to our first meeting. You may also fax the completed form to the attorney working with you. The attorney’s fax number is his or her direct dial telephone number.

Personal and Family Information

Client 1

First	Middle	Last	Preferred name	Date of Birth
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Home Address

Personal Email	Work Email
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Home Phone	Cell Phone
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Client 2

First	Middle	Last	Preferred name	Date of Birth
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Home Address

Personal Email	Work Email
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Home Phone	Cell Phone
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1. Are Client 1 and Client 2 married? YES NO
2. Have Clients entered into a premarital, post-marital or other marital agreement? * YES NO
3. Is either Client a party to a property settlement agreement? * YES NO
4. Does either Client have existing estate planning documents? * YES NO
5. Does either Client have a serious health issue? YES NO
6. Is either Client a citizen of a country other than the United States? YES NO

*Please bring a copy of any such agreements or documents to the initial meeting.

Child 1

First	Middle	Last	Preferred name	Date of Birth
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Home Address

Personal Email	Work Email
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Home Phone	Cell Phone
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Child 2

First	Middle	Last	Preferred name	Date of Birth
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Home Address

Personal Email	Work Email
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Home Phone	Cell Phone
------------	------------

Child 3

First	Middle	Last	Preferred name	Date of Birth
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Home Address

Personal Email	Work Email
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Home Phone	Cell Phone
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7. Are any of the children adopted or from a previous relationship? YES NO
8. Do any of the children or grandchildren have creditor issues? YES NO
9. Do any of the children or grandchildren have serious health issues? YES NO

Assets

Real Estate (current tax assessment or appraisal)	Client 1	Client 2	Jointly Titled	Address
Primary Residence	\$	\$	\$	
Vacation Home	\$	\$	\$	
Other Real Estate	\$	\$	\$	

Bank Accounts (Non-IRA)	Client 1	Client 2	Jointly Titled	Comments
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

Brokerage Accounts/Marketable Securities (Non-IRA)	Client 1	Client 2	Jointly Titled	Comments
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

IRA, Roth IRA, 401(k), 403(b) and other qualified assets	Client 1	Client 2	Comments
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

Other Assets	Client 1	Client 2	Jointly Owned	Comments
Tangible Property (cars, boats, furniture, jewelry, art, collections)	\$	\$	\$	
Closely-Held Business	\$	\$	\$	
Life Insurance Death Benefit	\$	\$	\$	
	\$	\$	\$	

Total Assets	\$	\$	\$
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Liabilities

Real Estate Mortgages	Client 1	Client 2	Joint Mortgage/Debt	Address
Primary Residence	\$	\$	\$	
Vacation Home	\$	\$	\$	
Other Real Estate	\$	\$	\$	
Home Equity Loans and Lines of Credit	\$	\$	\$	

Other Debts	Client 1	Client 2	Jointly Titled	Comments
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

Total Liabilities	\$	\$	\$
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Assets minus Liabilities	\$	\$	\$
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10. Is either Client a guarantor of the debt of another person or entity? YES NO
11. Does either Client own publicly traded or other partnership interests? YES NO
12. Does either Client own real estate outside of Virginia? YES NO
13. List closely held businesses, including (i) types of businesses (*i.e.*, S corporation, C corporation, limited liability company, limited or general partnership, sole proprietorship), (ii) percentage ownership interests of Client 1 and/or Client 2, (iii) types of ownership interests (*i.e.*, voting, non-voting, etc.), (iv) existence of partner or shareholder agreements, (v) any other important items involving the businesses. Please bring a copy of such agreements to the initial meeting.

Life Insurance Details

Client 1

Insured	Owner	Ins. Company	Type (Term, Permanent, Group)	Beneficiaries (Primary and Contingent)	Face Amount	Death Benefit

Client 2

Insured	Owner	Ins. Company	Type (Term, Permanent, Group)	Beneficiaries (Primary and Contingent)	Face Amount	Death Benefit

Retirement Plan Details

Client 1

Account Type (Traditional IRA, Roth IRA, 401(k), 403(b), Inherited IRA)	Company	Account Number	Account Value	Loan Amount	Primary Beneficiary	Contingent Beneficiaries

Client 2

Account Type (Traditional IRA, Roth IRA, 401(K), 403(b), Inherited IRA)	Company	Account Number	Account Value	Loan Amount	Primary Beneficiary	Contingent Beneficiaries

Advisors

	Name	Company/Telephone
Accountant/CPA		
Financial Planner		
Life Insurance Agent(s)		
Investment Advisor(s)		
Trustees of Trusts of which either Client is a beneficiary (primary contact)		
Other Advisor(s)		

Other Issues To Be Discussed At Initial Meeting

14. Has either Client ever lived in a *community property state* – Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington or Wisconsin? YES NO
15. Has either Client made taxable gifts, *i.e.*, gifts in excess of \$10,000 since 1981? YES NO
16. Is either Client interested in making charitable gifts? YES NO
17. Has Client received any substantial gifts or inheritances? YES NO
18. Does either Client anticipate receiving a substantial gift or inheritance? YES NO
19. Is either Client or any family member a grantor, beneficiary or trustee of an existing trust? YES NO
20. Does either Client have special requests regarding funeral, burial or cremation, or donation of body and/or organs? YES NO
21. How should your assets be distributed if your named beneficiaries are not living?

Fiduciaries

At our initial meeting, we will thoroughly discuss Fiduciary duties and responsibilities. Prior to our meeting, please think about the names of the person(s) or institution(s) you may want to serve in the following capacities;

- 22. Primary Executor(s)_____
- 23. Alternate Executor(s)_____
- 24. Primary Trustee(s)_____
- 25. Alternate Trustee(s)_____
- 26. Guardian of Minor Children_____
- 27. Alternate Guardian of Minor Children_____
- 28. Primary Agent under Power of Attorney_____
- 29. Alternate Agent under Power of Attorney_____
- 30. Agents under Advance Medical Directive

	Agent(s)	Alternate Agent(s)
Name(s)		
Home Address		
Email		
Cell Phone		
Home Phone		
Work Phone		