WILL QUESTIONNAIRE

Your Name	S.S.N.	Telephone
Date of Birth		
If Married, Name of Spouse	S.S.N.	
Spouse's Date of Birth		
Mailing Address		
City or County of Residence		
Names and ages of all children. I and indicate whether any are adop		
Name	Date of Birth	
Name	Date of Birth	
Name	Date of Birth	
(Continue with additional names	on reverse side.)	
Do you own any real estate or per	rsonal property located outside	de Virginia?
If married, have you during this n New Mexico, Nevada, Texas, Wa		alifornia, Idaho, Louisiana,
Do you have any trusts for yourse Sell Agreement, Stock Purchase Athe trust or other document to our	Agreement or partnership? I	
Please indicate approximate size retirement plans, and all other ass		nsurance, real estate,
Please provide a summary of you property is owned (your name, sp face value of life insurance and be answering 9. above. You may su If you have questions about any obeneficiary designation, please br	ouse's name, or joint names) eneficiary, and value of all a bstitute a recent financial sta of your assets, such as the for), include cash value and ssets taken into account in attement for sheets A and B.

11.	Do you have living wills or powers of attorney?
12.	If you have minor children, you may want to name a Guardian for your child(ren). Please list the proposed Guardian below. Before you list them, you should discuss this with them.
13.	You should also name an Executor.
14.	With minor children, you may be creating a trust for the benefit of your minor children. You should name a Trustee for the trust.
15.	Do you want to make any specific bequests to any charities or any other persons or entitities? If so, please list them on a separate sheet.

SHEET "A"

Asset Summary

	Husband	Joint	Wife
Life Insurance			
Residence			
Other Real Property			
Bank Accounts			
Marketable Securities			
Tangible Personal Propert	у		
Other Substantial Assets (Including Retirement Plan	n Accounts)		
Subtotal:	\$	\$ 	\$
Less Debts:		 	
Estimated Net Estate: \$		\$ \$	

NOTES:

SHEET "B"

Life Insurance

Company	Policy Number	Face Amount	Owner	Insured	Bene- ficiary	Annual Premium	Cash Surren- der Value	Type (group, term, whole life, etc.)