

**CURD LEGAL SERVICES, PLLC**

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**CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE**

1. Your Name (as you would like it to appear in your Will):

\_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Is it okay to send confidential information to this address? Yes \_\_\_\_\_ No \_\_\_\_\_

Physical Address (if different from mailing address) \_\_\_\_\_

City or county of legal residence: \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Are you married now? Yes \_\_\_\_\_ No \_\_\_\_\_

If currently married, what is the name of your spouse?: \_\_\_\_\_

If currently married, does a premarital or marital agreement exist? N/A \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a United States citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Children: Please list **all** children and their legal status. It is important that all of your children be listed, whether they are living or deceased, biological or adopted children, children of a present marriage, a prior marriage, or born out of wedlock, even though they may have been adopted by someone else and even if they are not to receive any of your estate upon your death.

Name of Eldest Child	Living or Deceased	Age	Legal Status
_____	_____	_____	_____

[Biological (present or prior relationship), adopted, out of wedlock]

Next Child	Living or Deceased	Age	Legal Status
_____	_____	_____	_____

[Biological (present or prior relationship), adopted, out of wedlock]

Next Child	Living or Deceased	Age	Legal Status
_____	_____	_____	_____

[Biological (present or prior relationship), adopted, out of wedlock]

Next Child	Living or Deceased	Age	Legal Status
_____	_____	_____	_____

[Biological (present or prior relationship), adopted, out of wedlock]

Please list additional children, in this same format on a separate page.

3. Do you have any grandchildren? \_\_\_\_\_ Yes \_\_\_\_\_ No



mortgage debt, we will include a provision in your Will directing the debt to be paid from the assets of your estate, provided sufficient assets are available.)

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the specifics of your devise of real estate: \_\_\_\_\_

\_\_\_\_\_

11. Distribution of your Residuary Estate: Everything that you own at your death which is not specifically identified and designated to a named person or organization is referred to as your "Residuary Estate".

The person, persons or organizations (beneficiaries) who will receive the assets of your residuary estate must be identified. At your death, assuming there will not be any estate tax consequences, to whom and in what shares do you wish your property to be distributed?

\_\_\_\_\_ Option A

- I wish to leave everything to my spouse, if surviving.
- If my spouse predeceases me, my assets shall be divided in equal shares to my children.
- If any of my children predecease me, that child's share shall be distributed to his or her children in equal shares.

\_\_\_\_\_ Option B

- I am not married and I wish to leave everything equally to my children.
- If one or more of my children predeceases me, that child's share shall be distributed to his or her children in equal shares.

\_\_\_\_\_ Option C

- I wish to leave my assets as follows:

\_\_\_\_\_

\_\_\_\_\_

Do you wish to include adopted beneficiaries the same as biological beneficiaries? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you wish to include beneficiaries born out of wedlock the same as legitimate beneficiaries?

Yes \_\_\_\_\_ No \_\_\_\_\_

*NOTE: Anyone serving in any of the capacities listed below should be trustworthy and have good judgment. To the extent that such person does not have legal, investment, or accounting knowledge, he or she will be able to retain professional assistance for such matters if needed. It is advisable to appoint someone who (i) knows his or her limitations and (ii) will know when to seek professional assistance for legal, investment, and accounting matters, rather than someone who (i) incorrectly believes he or she can handle such matters without professional advice or (ii) may be too timid or tight to seek such assistance.*

12. Executor: An executor is the person or entity named in a Will who has the responsibility to carry out the terms of the will (i.e., collect the will maker's assets, pay the debts, distribute the remaining assets to the beneficiaries, and file any tax returns which may be due). The person named as executor need not be a resident of Virginia. However, as a condition of qualifying, if such non-resident is the sole executor, such a non-resident executor must consent to service of process being made on a resident designated by the executor or on the clerk of court and must post bond with surety, unless the value of the estate is less than a certain minimal amount (generally \$15,000.00). Also, keep in mind that if you are unmarried or widowed, if your children are both the named beneficiaries and the co-executors, annual accountings may be avoided. Executors in Virginia are allowed compensation for their efforts (up to 5% of the value of the Estate assets).

First Choice for Executor (Typically, your spouse, if married and your spouse is alive)

Name: \_\_\_\_\_  
Relationship (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, & Zip Code: \_\_\_\_\_

Second Choice(s) (In the event your first choice cannot serve or is unwilling to serve)

Name(s): \_\_\_\_\_  
Relationship (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, & Zip Code: \_\_\_\_\_

13. Executor's Surety: In Virginia, all executors must post bond in order to qualify as Executor. Unless it is waived under your Will, the executor must also give surety (collateral) which amount depends upon the value of the estate. Do you desire to waive this surety requirement?

Yes \_\_\_\_\_ No \_\_\_\_\_

14. Testamentary Trust: A Testamentary Trust is a trust that is set up in your Will as a way to safeguard the financial interests of minor or incapacitated beneficiaries. Essentially, it protects them against their own financial mismanagement. Therefore, if it is possible that one or more of your beneficiaries might be under the age of eighteen or otherwise incapacitated at your death, a Testamentary Trust may be appropriate.

Would you like to include a Testamentary Trust clause in your Will for the benefit of minor beneficiaries? N/A \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

If so, you will need to name one or more persons or entities as Trustee (responsible for investing any trust assets, preserving such assets for the beneficiaries of the Trust, and distributing such assets to the beneficiaries at the age or ages that you designate in your Will, unless needed for medical or educational purposes, in which case the trust assets may be used prior to the age you designate). The Trustee need not be a resident of Virginia.

First Choice for Trustee

Name: \_\_\_\_\_  
Relationship (if applicable) \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, & Zip Code: \_\_\_\_\_

Second Choice(s) for Trustee

Name(s): \_\_\_\_\_  
Relationship (if applicable) \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, & Zip Code: \_\_\_\_\_

Trust's Age or Ages of Distribution (age/ages at which assets in trust are distributed to beneficiary). For example, "at the age of 18, 21, 22, 25, or one-half at age 21 and the remainder at age 25", etc.:

\_\_\_\_\_

15. Trustee, Surety and Accountings: In Virginia, all Trustees must give surety (collateral) in order to qualify and also must file annual accountings with the Circuit Court unless these requirements are waived under your Will. The Court review of accountings (through a court appointed Commissioner of Accounts) is designed to protect the beneficiaries by determining whether the Trustee has (i) carried out the instructions in the Will, (ii) invested correctly, (ii) handled trust property correctly; and (iv) not charged an unreasonable fee. Do you desire to waive this surety and/or accounting requirement?

Surety: Yes \_\_\_\_\_ No \_\_\_\_\_  
Accounting: Yes \_\_\_\_\_ No \_\_\_\_\_

16. Guardian of Minor Child or Children: If you have minor children (under the age of 18), a guardian of the person should be appointed in the event that you and the other parent die prior to the minor child(ren) reaching the age of eighteen. The guardian is responsible for the physical well-being of such minor children. Guardians do not need to be a resident of the state of Virginia.

Not Applicable: \_\_\_\_\_

First Choice for Guardian

Name: \_\_\_\_\_  
Relationship to you (if applicable) \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, & Zip Code: \_\_\_\_\_

- Second Choice for Guardian (in the event that the Guardian of first choice above is unwilling or unable to serve)

Name: \_\_\_\_\_  
Relationship to you (if applicable) \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, & Zip Code: \_\_\_\_\_

17. Would you like your Will to indicate your desire to have a funeral appropriate to your station in life, including a suitable monument or marker for your grave? YES \_\_\_\_\_ NO \_\_\_\_\_
18. Is there anything else regarding your Will that we have not addressed? YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Do you wish to have a **Durable General Power of Attorney** document prepared for you which authorizes another person or persons that you designate to make financial, legal, and other important decisions (not including medical decisions) on your behalf if you are unable to make those decisions yourself? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, whom do you wish to serve as your agent (also called an "attorney-in-fact")?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/County of legal residence: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Do you wish to name an alternate agent or agents in case your main agent is unable or unwilling to serve? YES \_\_\_ NO \_\_\_

If so, whom do you wish to serve as your alternate agent(s)?

Name(s): \_\_\_\_\_

Address(es): \_\_\_\_\_

City/County of legal residence: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

19. Do you wish to have a **Living Will** prepared for you which authorizes your physician and family to terminate mechanical life support systems in the event of a hopeless irreversible coma or terminal illness where death is imminent? YES \_\_\_ NO \_\_\_

If so, in the situations where you do not want life support, would you still like to have water and nutrition (i.e., tube feeding)? YES \_\_\_ NO \_\_\_

20. Do you wish to have a **Medical Power of Attorney** prepared for you which authorizes another person or persons that you designate to make health care decisions for you in the event that you are unable to do so yourself? YES \_\_\_ NO \_\_\_

If so, whom do you wish to serve as your main agent for health care decisions?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/County of legal residence: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Do you wish to name an alternate health care agent in the event that your main health care agent is unable or unwilling to serve act? YES \_\_\_ NO \_\_\_

If so, whom do you wish to serve as your alternate agent for health care decisions?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/County of legal residence: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Congratulations and thank you for completing this Questionnaire! You have taken an important step in protecting your family.

#### Will Fees

Standard Will for Individual \$150

Non-Standard Will for Individual \$200

Standard Wills for Couple \$280 Total

Non-Standard Wills for Couple \$375 Total

We **highly** recommend our **Comprehensive Estate Plan Package** to provide the most protection for you and your family, which includes:

Standard Last Will & Testament

General Power of Attorney

Living Will  
Medical Power of Attorney

Our fee for the Comprehensive Estate Plan Package is just \$350 for an Individual or \$600 per Couple for Standard Wills or \$400 for an Individual or \$650 per Couple for Non-Standard Wills.

Do you wish to save money by getting the Comprehensive Estate Plan Package? \_\_\_\_ YES \_\_\_\_ NO

Most of our clients purchase the Comprehensive Estate Plan Package for complete coverage but, if not, you may also purchase some or all of these additional legal documents with your Last Will and Testament. Please place a check mark next to the documents you wish to have prepared.

- General Power of Attorney (\$100 for an Individual or \$175 per Couple)
- Living Will (\$100 for an Individual or \$175 per Couple)
- Medical Power of Attorney (\$50 for an Individual or \$80 per Couple)
- Pet Entrustment Agreement (\$100)

I confirm that I am of sound mind and memory and that the information provided by me in this Confidential Estate Planning Questionnaire is complete and accurate and that the instructions I have provided reflect my wishes. I also agree to the applicable fee(s) for the preparation of the requested document(s) as set forth above.

\_\_\_\_\_  
Signature Printed Name

\_\_\_\_\_  
Date

Please send your completed Questionnaire to:  
CURD LEGAL SERVICES, PLLC  
P.O. Box 611  
Fishersville, VA 22939

Or scan and send via email to:  
[jwcurd@lumos.net](mailto:jwcurd@lumos.net)

- 1) *We will then prepare DRAFTS of your documents based upon the confidential information you have provided in this Questionnaire and mail you the drafts within five (5) business days of when we receive your completed Questionnaire. If we need additional information from you, we will contact you.*
- 2) *Once you approve the drafted documents, we will mail you your completed, final documents within five (5) business days of when we receive your approval. You will also receive complete instructions on how to have your documents finalized.*
- 3) *Once you have executed your documents and notified us of such you should safeguard your legal documents and make a copy for your executor and/or your agent under your power(s) of attorney. Store your Will and other legal documents in a safe place.*