

CHANNING M. HALL, III, P.L.L.C.

A PROFESSIONAL LIMITED LIABILITY COMPANY

ATTORNEY AT LAW

1147 PROFESSIONAL DRIVE, SUITE B
GOVERNOR BERKELEY PROFESSIONAL CENTER
WILLIAMSBURG, VIRGINIA 23185

TELEPHONE (757) 229-1500
FACSIMILE (757) 229-2721
E-MAIL cmhall@channinglaw.com

CHANNING M. HALL, SR.
(1890-1953)

CHANNING M. HALL, JR.
(1925-1989)

CHANNING M. HALL, III

MAILING ADDRESS:

POST OFFICE BOX 339
WILLIAMSBURG, VIRGINIA 23187-0339

www.channinglaw.com

CONFIDENTIAL

ESTATE PLANNING INFORMATION FORM

ESTATE INFORMATION FORM
CONFIDENTIAL

Date _____

Prepared by: _____

I. PERSONAL AND FAMILY INFORMATION

CLIENT

Name _____

Address _____ Phone _____

Occupation _____

Business address _____ Phone _____

Date of birth; place; age _____

Social Security Number _____ U.S. Citizen? _____

Date and place of marriage _____

Previous marriages:

Former spouse _____

Date and place of marriage _____

How terminated _____

Divorce obligations (pay/receive):

Child support _____

Alimony _____

Life insurance _____

Other _____

SPOUSE

Name _____

Occupation _____

Business address _____ Phone _____

Date of birth; place; age _____

Social Security Number _____ U.S. Citizen? _____

Previous marriages:

Former spouse _____

Date and place of marriage _____

How terminated _____

Divorce obligations (pay/receive):

Child support _____

Alimony _____

Life insurance _____

Other _____

CHILDREN

1. Child's name _____

Address _____

Date of birth; age _____ Occupation _____

Spouse's name _____ Occupation _____

Names and ages of child's children:

_____ Age _____

_____ Age _____

_____ Age _____

2. Child's name _____

Address _____

Date of birth; age _____ Occupation _____

Spouse's name _____ Occupation _____

Names and ages of child's children:

_____ Age _____

_____ Age _____

_____ Age _____

3. Child's name _____
Address _____

Date of birth; age _____ Occupation _____

Spouse's name _____ Occupation _____

Names and ages of child's children:

_____ Age _____

_____ Age _____

_____ Age _____

4. Child's name _____
Address _____

Date of birth; age _____ Occupation _____

Spouse's name _____ Occupation _____

Names and ages of child's children:

_____ Age _____

_____ Age _____

_____ Age _____

5. Are any children or grandchildren physically or mentally
handicapped? _____

PARENTS

1. Client's parents:

	Father	Mother
Name	_____	_____
Address	_____	_____
Age	_____	_____

2. Client's spouse's parents:

	Father	Mother
Name	_____	_____
Address	_____	_____
Age	_____	_____

OTHER DEPENDENTS:

Give name, address, age, relationship and annual cost of support

MISCELLANEOUS

1. Military service: give branch, grade/rank, serial number and dates of service _____

2. Describe significant health problems you or your spouse may have: _____

Name of physician(s) _____

3. Have you and spouse ever lived in a community property jurisdiction (Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Puerto Rico, Texas and Washington)? _____

4. Are any children or grandchildren adopted? _____

5. How long have you and spouse lived in Virginia? _____

If less than 10 years give previous residences: _____

6. Have you and your spouse entered into a pre-nuptial agreement? _____ Give details if yes _____

7. Have you, spouse or any child had name changed by court proceedings? _____ If yes, give details: _____

8. Have you or spouse made gifts in excess of \$3,000 in value to any donee in any one year prior to 1982? _____; in excess of \$10,000 after 1981? _____ If yes, have gift tax returns been filed? _____ Provide details: _____

Have gifts been made in trust? _____ If yes, provide details: _____

Have gifts been made under Uniform Gifts to Minors Act? _____ If yes, give details on custodian and property: _____

9. Do you or spouse wish to forgive any debts at death? _____

10. Are you and spouse considering charitable bequests/gifts? _____ If yes, give details _____

11. Do you and spouse have specific instructions for burial/cremation, donation of body organs? _____

12. Do you, your spouse or children anticipate receiving any inheritances? _____ If yes, give source, estimated amount and beneficiary: _____

Are any assets held by you or spouse recently inherited? _____ If yes, give details: _____

II. ASSET INFORMATION

Please complete Schedules A through G attached to this form and note any questions or uncertainties as to values for discussion with attorney.

[to be completed by attorney]

	HUSBAND	WIFE	JOINT
A. REAL ESTATE (Schedule A)	_____	_____	_____
B. STOCKS AND BONDS (Schedule B)	_____	_____	_____
C. CASH/MTGS/NOTES REC. (Schedule C)	_____	_____	_____
D. LIFE INSURANCE (Schedule D)	_____	_____	_____
E. MISCELLANEOUS PROPERTY (Schedule E)			
Tangible personal property	_____	_____	_____
Trust interests	_____	_____	_____
Business interests	_____	_____	_____
F. POWERS OF APPOINTMENT (Schedule F)	_____	_____	_____
G. EMPLOYEE BENEFIT/RETIREMENT PLANS (Schedule G)	_____	_____	_____
	_____	_____	_____

III. LIABILITIES

Please complete Schedule H attached to this form and note questions for discussion with attorney.

[to be completed by attorney]

	HUSBAND	WIFE	JOINT
Liabilities	_____	_____	_____

SCHEDULE A - REAL ESTATE

Location and Description	Ownership H-Husband W-Wife J-Joint	Date acquired	Cost/Cost of improvements	Mortgage balance	Approximate fair market value
1. Residence					
2.					
3.					
4.					
5.					

SCHEDULE B - STOCKS AND BONDS

LISTED SECURITIES

Shares or
face value
of bonds

Company

Ownership
H-Husband
W-Wife
J-Joint

Date
Acquired

Cost or
other basis

Value
(aggregate)

1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
0.					
1.					
2.					

SCHEDULE B - STOCKS AND BONDS (Continued)

UNLISTED SECURITIES

	<u>Shares or face value of bonds</u>	<u>Company</u>	<u>Ownership H-Husband W-Wife J-Joint</u>	<u>Date acquired</u>	<u>Cost or other basis</u>	<u>Value (aggregate)</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____

Note: For securities issued by closely held corporations furnish information on stock purchase agreements, redemption plans at death, or any other agreements pertaining to ownership of shares in corporation.

SCHEDULE C
CASH, DEEDS OF TRUST (MORTGAGES) AND NOTES RECEIVABLE

CASH
(Checking, Savings, Certificates of Deposit)

<u>Name of bank or financial institution</u>	<u>Type of account or certificate</u>	<u>Amount</u>	<u>Ownership H-Husband W-Wife J-Joint</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____

DEEDS OF TRUST (MORTGAGES) AND NOTES RECEIVABLE

<u>Description (include name of maker)</u>	<u>Date acquired</u>	<u>Face value</u>	<u>Unpaid balance</u>	<u>Ownership H-Husband W-Wife J-Joint</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

SCHEDULE D - INSURANCE

*Enter: H-Husband; W-Wife; Name others..

WHOLE LIFE

<u>Company</u>	<u>Policy or Certificate No.</u>	<u>Insured*</u>	<u>Beneficiary*</u>	<u>Owner*</u>	<u>Face Amt.</u>	<u>Amount of Policy Loan</u>	<u>Cash Value</u>
----------------	----------------------------------	-----------------	---------------------	---------------	------------------	------------------------------	-------------------

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

TERM LIFE

<u>Company</u>	<u>Policy or Certificate No.</u>	<u>Insured*</u>	<u>Beneficiary*</u>	<u>Owner*</u>	<u>Face Amt.</u>	<u>Term</u>
----------------	----------------------------------	-----------------	---------------------	---------------	------------------	-------------

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

GROUP LIFE

<u>Company</u>	<u>Policy or Certificate No.</u>	<u>Insured*</u>	<u>Beneficiary*</u>	<u>Owner*</u>	<u>Face Amt.</u>	<u>Group, if applicable</u>
----------------	----------------------------------	-----------------	---------------------	---------------	------------------	-----------------------------

1. _____
2. _____
3. _____
4. _____
5. _____

SCHEDULE D - INSURANCE (Cont.)

ACCIDENTAL DEATH

<u>Company</u>	<u>Policy No.</u>	<u>Insured*</u>	<u>Beneficiary*</u>	<u>Owner*</u>	<u>Face Amt.</u>	<u>Group, if applicable</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____

Note: Give information on policies other than those above which client or spouse own on lives of others:

*Enter: H-Husband
W-Wife
Name others

SCHEDULE E - OTHER MISCELLANEOUS PROPERTY

TANGIBLE PERSONAL PROPERTY (Automobiles, boats, antiques, art, jewelry, coin collections, furnishings, etc.)

<u>Description</u>	Ownership H-Husband W-Wife <u>J-Joint</u>	Estimated fair market <u>value</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

INTEREST IN TRUSTS:

Briefly describe name of trust, name of beneficiary and approximate present value of interest _____

SCHEDULE E (Continued)

BUSINESS INTERESTS:

Briefly describe any interest you or spouse may have in sole proprietorship or partnerships. Include percentage owned, estimate of value of interest, and any plans to dispose of interest during life or at death _____

SCHEDULE F - POWERS OF APPOINTMENT

1. Do you or spouse, or will you at death, possess a "general power of appointment?" _____
2. Have you or spouse, at any time, exercised or released a "general power of appointment?" _____
3. Are there any trusts in existence not created by you or spouse under which you possess any power, beneficial interest, or trusteeship? _____

If yes to any question, give details and provide attorney with copy of governing instruments.

SCHEDULE G - EMPLOYEE BENEFIT/RETIREMENT PLANS

Provide the following information for any interest in a pension, profit-sharing plan, stock bonus plan, self-employed retirement plan, individual retirement account, deferred compensation plan or similar benefit.

	<u>Employee (H or W)</u>	<u>Tax qualified?</u>	<u>Employee's contribution</u>	<u>Present value</u>	<u>Annual retirement benefits</u>	<u>Survivor benefits</u>	<u>Beneficiary of death benefits</u>
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

SCHEDULE H - LIABILITIES

(not previously listed)

<u>Creditor</u>	Debtor H and/or W	<u>Secured by</u>	<u>Interest rate</u>	<u>Due date</u>	<u>Repayment Schedule</u>	<u>Current Balance</u>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						