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CONFIDENTIAL
Will, Power of Attorney, or Trust Planning Form

Prepared by _____ **Date** _____

Identification	You			Your Spouse		
<i>Full name as on driver's license</i>						
<i>(First, Middle, and Last)</i>						
<i>Social security number</i>						
<i>Other names you use</i>						
<i>Home address</i>						
<i>E-mail address</i>						
<i>Home telephone number</i>						
<i>Cell phone number</i>						
<i>Employer (prior employer, if retired)</i>						
<i>Business telephone number</i>						
<i>Occupation (or retired)</i>						
<i>Approximate annual income</i>						
<i>Date of birth and age</i>						
<i>Marital status (single/married/ widowed/divorced/separated)</i>						
<i>If married, date and place of marriage</i>						
<i>Are you a veteran? Are you a U.S. citizen? Do you have long term care insurance?</i>	<i>Veteran?</i>	<i>Citizen?</i>	<i>LTC Insurance?</i>	<i>Veteran?</i>	<i>Citizen?</i>	<i>LTC Insurance?</i>

Your Family	Your Spouse's Family, if Different
Children (First, Middle, and Last Name) <i>(from current or previous marriages)</i>	
1. Name _____ Age _____ Spouse's name _____ Address _____ _____ Telephone _____ Stepchild? _____ Adopted? _____ Names of grandchildren _____	1. Name _____ Age _____ Spouse's name _____ Address _____ _____ Telephone _____ Stepchild? _____ Adopted? _____ Names of grandchildren _____
2. Name _____ Age _____ Spouse's name _____ Address _____ _____ Telephone _____ Stepchild? _____ Adopted? _____ Names of grandchildren _____	2. Name _____ Age _____ Spouse's name _____ Address _____ _____ Telephone _____ Stepchild? _____ Adopted? _____ Names of grandchildren _____
3. Name _____ Age _____ Spouse's name _____ Address _____ _____ Telephone _____ Stepchild? _____ Adopted? _____ Names of grandchildren _____	3. Name _____ Age _____ Spouse's name _____ Address _____ _____ Telephone _____ Stepchild? _____ Adopted? _____ Names of grandchildren _____
4. Name _____ Age _____ Spouse's name _____ Address _____ _____ Telephone _____ Stepchild? _____ Adopted? _____ Names of grandchildren _____	4. Name _____ Age _____ Spouse's name _____ Address _____ _____ Telephone _____ Stepchild? _____ Adopted? _____ Names of grandchildren _____
Parents (First, Middle, and Last Name)	
Mother's full name _____ Address _____ _____ Age _____ or date of death _____	Mother's full name _____ Address _____ _____ Age _____ or date of death _____
Father's full name _____ Address _____ _____ Age _____ or date of death _____	Father's full name _____ Address _____ _____ Age _____ or date of death _____

Fiduciary Nominations	
Selections to Handle Your Affairs	Spouse's Selections to Handle Their Affairs
Health Care Power of Attorney <i>(serves only while you are alive, to handle medical and other personal decisions)</i>	
First Choice _____ Address _____ _____ Telephone _____ Relationship _____	First Choice _____ Address _____ _____ Telephone _____ Relationship _____
Second Choice _____ Address _____ _____ Telephone _____ Relationship _____	Second Choice _____ Address _____ _____ Telephone _____ Relationship _____
Third Choice _____ Address _____ _____ Telephone _____ Relationship _____	Third Choice _____ Address _____ _____ Telephone _____ Relationship _____
General Power of Attorney <i>(serves only while you are alive, to handle financial and business matters)</i>	
First Choice _____ Address _____ _____ Relationship _____	First Choice _____ Address _____ _____ Relationship _____
Second Choice _____ Address _____ _____ Relationship _____	Second Choice _____ Address _____ _____ Relationship _____
Third Choice _____ Address _____ _____ Relationship _____	Third Choice _____ Address _____ _____ Relationship _____

Fiduciary Nominations, continued

Selections to Handle Your Affairs

Spouse's Selections to Handle Their Affairs

Executor

(serves only after your death, and only after probate of the will, to settle financial and business matters)

First Choice _____
Address _____

Relationship _____

First Choice _____
Address _____

Relationship _____

Second Choice _____
Address _____

Relationship _____

Second Choice _____
Address _____

Relationship _____

Third Choice _____
Address _____

Relationship _____

Third Choice _____
Address _____

Relationship _____

Trustee

(the longer-term job of protecting a beneficiary from unwisely using their inheritance)

First Choice _____
Address _____

Relationship _____

First Choice _____
Address _____

Relationship _____

Second Choice _____
Address _____

Relationship _____

Second Choice _____
Address _____

Relationship _____

Third Choice _____
Address _____

Relationship _____

Third Choice _____
Address _____

Relationship _____

Guardian of Minor Dependents

First Choice _____
Address _____

Relationship _____

First Choice _____
Address _____

Relationship _____

Second Choice _____
Address _____

Relationship _____

Second Choice _____
Address _____

Relationship _____

Third Choice _____
Address _____

Relationship _____

Third Choice _____
Address _____

Relationship _____

Beneficiaries	
Your Choices	Your Spouse's Choices, if Different
Name _____ Relationship _____ Percentage (or Specific Asset): _____	Name _____ Relationship _____ Percentage (or Specific Asset): _____
Name _____ Relationship _____ Percentage (or Specific Asset): _____	Name _____ Relationship _____ Percentage (or Specific Asset): _____
Name _____ Relationship _____ Percentage (or Specific Asset): _____	Name _____ Relationship _____ Percentage (or Specific Asset): _____

Names of proposed beneficiaries who receive Medicaid, SSI or SSDI benefits, or who may require special care.

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Please list any person who is, or who is likely to become, financially dependent on you.

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**If all of the above beneficiaries are deceased, who would you prefer to inherit?
Provide name of charity or name or kinship of individuals.**

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Gifts
Please list gifts already made by you of more than \$10,000.

Recipient	Date of Gift	Amount

Anticipated Inheritance
Please provide the following information if you, your spouse, or your children expect to inherit property.

Name and Age of Benefactor	Anticipated Recipient	Value

Assets					
Real Estate					
Property Address	Name(s) in Which Property is Titled	Purchase Date	Purchase Price	Mortgage Balance	Current Value (tax assessed)
Cash Accounts					
Bank or Other Institution	Account Number	Type of Account	Name(s) in Which Account is Titled	Current Balance	
Non-Retirement Brokerage Accounts					
Stocks or Bonds Not In Brokerages					
Note: Please show retirement plan or IRA investments in next section					
Brokerage Stock Company Bond Issuer	Account No. No. of Shares Bond Face Value	Date Acquired	Name(s) in Which Asset is Titled	Current Market Value	

Retirement Accounts / Pensions				
1.	Brokerage or Company	Account Owner	Primary Beneficiary 1. 2.	Current Value
	Policy #	Type of Plan: (IRA, 401(k), 403(b), pension, other)	Contingent Beneficiary 1. 2.	
2.	Brokerage or Company	Account Owner	Primary Beneficiary 1. 2.	Current Value
	Policy #	Type of Plan: (IRA, 401(k), 403(b), pension, other)	Contingent Beneficiary 1. 2.	
3.	Brokerage or Company	Account Owner	Primary Beneficiary 1. 2.	Current Value
	Policy #	Type of Plan: (IRA, 401(k), 403(b), pension, other)	Contingent Beneficiary 1. 2.	
4.	Brokerage or Company	Account Owner	Primary Beneficiary 1. 2.	Current Value
	Policy #	Type of Plan: (IRA, 401(k), 403(b), pension, other)	Contingent Beneficiary 1. 2.	

Life Insurance				
1.	Company	Owner	Primary Beneficiary 1. 2.	Face Value
	Policy #	Insured	Contingent Beneficiary 1. 2.	Loan Balance
2.	Company	Owner	Primary Beneficiary 1. 2.	Face Value
	Policy #	Insured	Contingent Beneficiary 1. 2.	Loan Balance
3.	Company	Owner	Primary Beneficiary 1. 2.	Face Value
	Policy #	Insured	Contingent Beneficiary 1. 2.	Loan Balance
4.	Company	Owner	Primary Beneficiary 1. 2.	Face Value
	Policy #	Insured	Contingent Beneficiary 1. 2.	Loan Balance

Other Asset Types			
Type of Asset	Description	Owner(s)	Current Value
<i>Automobiles, boats, recreational vehicles, etc.</i>			
<i>Household goods/personal effects</i>			
<i>Valuable collections</i>			
<i>Closely owned business interests</i>			
<i>Stock options</i>			
<i>Interest in estates, trusts or insurance policies</i>			
<i>Interest in partnerships, clubs or unlisted corporations</i>			
<i>Leases, promissory notes, or loans</i>			
<i>Other</i>			

Debts		
Type of Debt	Person(s) Liable	Current Balance
<i>Mortgage on residence</i>		
<i>Mortgage on other real estate</i>		
<i>Reverse mortgage</i>		
<i>Home Equity Line of Credit</i>		
<i>Credit Cards</i>		
<i>Student Loans</i>		
<i>Other debts (please describe):</i>		

Advisors		
Category	You	Your Spouse, if Different
Accountant	Name _____ Firm _____ Telephone _____	Name _____ Firm _____ Telephone _____
Attorney	Name _____ Firm _____ Telephone _____	Name _____ Firm _____ Telephone _____
Banker/ Trust Officer	Name _____ Firm _____ Telephone _____	Name _____ Firm _____ Telephone _____
Life Insurance Agent	Name _____ Firm _____ Telephone _____	Name _____ Firm _____ Telephone _____
Stockbroker	Name _____ Firm _____ Telephone _____	Name _____ Firm _____ Telephone _____
Physician	Name _____ Firm _____ Telephone _____	Name _____ Firm _____ Telephone _____
Miscellaneous		
	You	Your Spouse
Safe Deposit Box – Please state the location of your safe deposit box and the names in which it is held.		
Restricted Disposition of Assets – Is the disposition of your assets governed by a buy-sell or similar agreement (please describe)?		
Forgiveness of Debts – Do you wish to forgive any debts payable to you at the time of your death (please describe)?		
Community Property – Have you lived in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin (please specify)?		
Previous Marriage(s) – If you have been married before, please list the name of your former spouse, the date the marriage was terminated, and describe any divorce obligations (payment or receipt of alimony, child support, life insurance, etc.).		
Name Changes – Please give details of any name changes obtained by you (except by marriage).		
Military Service – If you have served in the military, please note the branch, your grade/rank, serial number and dates of service.		
Organ Donation and Burial – Please list any specific instructions for organ donation and burial.		