

***CONFIDENTIAL  
INFORMATION  
SHEETS***

**THE ZYSMAN LAW FIRM**

—◆—  
A PROFESSIONAL CORPORATION

*Preserving the Wealth of Families*

*Trust and Estate Planning • Business Formation & Planning Probate  
and Estate Administration*

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# CONFIDENTIAL INFORMATION SHEET

Please Print

CLIENT 1 : Legal Name: \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
*(single) (First) (M.I) (Last) MM DD YY*

CLIENT 2: Legal Name: \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
*(single) (First) (M.I) (Last) MM DD YY*

Home Address: \_\_\_\_\_  
*Street City State Zip COUNTY*

Home#: (\_\_\_\_) \_\_\_\_\_ Work#: (1) (\_\_\_\_) \_\_\_\_\_ Cell#:(1) (\_\_\_\_) \_\_\_\_\_ Text Ok?:

Work#: (2) (\_\_\_\_) \_\_\_\_\_ Cell #:(2) (\_\_\_\_) \_\_\_\_\_ Text Ok?:

Email Address: \_\_\_\_\_  
*(Client 1) (Client 2)*

Marriage Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed(er) \_\_\_\_\_

Marriage Date: \_\_\_\_\_ 1<sup>st</sup> Marriage? (Y or N) CLIENT 1: \_\_\_\_\_ CLIENT 2: \_\_\_\_\_

Did Couple Sign Pre/Post Marital Agreement (Y or N)

Occup: CLIENT 1: \_\_\_\_\_ Occup: CLIENT 2: \_\_\_\_\_

U. S. Citizens (Y or N) CLIENT 1: \_\_\_\_\_ CLIENT 2: \_\_\_\_\_

Full Name of Children	Whose Child? (Client1/Client2)	D.O.B.	Male/Female	Marital Status? (S/M/D/W)	Do they have kids? (Y/N)
1. _____	_____	____/____/____	_____	_____	_____
_____					
2. _____	_____	____/____/____	_____	_____	_____
_____					
3. _____	_____	____/____/____	_____	_____	_____
_____					
4. _____	_____	____/____/____	_____	_____	_____
_____					
5. _____	_____	____/____/____	_____	_____	_____
_____					

Do any of your children/grandchildren have special needs? \_\_\_\_\_

Are any relatives (other than your children) financially dependent on you? \_\_\_\_\_

Do you have a Will? \_\_\_\_\_ Living Trust? \_\_\_\_\_

Anticipated inheritance (approx. value): CLIENT 1: \_\_\_\_\_ CLIENT 2: \_\_\_\_\_

## ASSET LIST

(Please place estimated value under proper ownership)

Real Property ( <b>FULL ADDRESS</b> ) <i>(Street, City, State, Zip)</i>	Joint	Client 1/ Single	Client 2/ Single
	\$	\$	\$
Savings/Checking Accounts (Institutions)	Joint	Client 1/ Single	Client 2/ Single
	\$	\$	\$
Mutual Funds/Money Market (Institutions)	Joint	Client 1/ Single	Client 2/ Single
	\$	\$	\$
Stocks or Bonds (Institutions)	Joint	Client 1/ Single	Client 2/ Single
	\$	\$	\$
Business Interests (Type?)	Joint	Client 1/ Single	Client 2/ Single
	\$	\$	\$

## ASSET LIST

(Please place estimated value under proper ownership, not beneficiary)

Life Insurance (Institutions)	Death Benefit	
	Client 1	Client 2
	\$	\$
Traditional/Roth Retirement Accounts (Institutions)	Client 1	Client 2
	\$	\$
Annuities (Institutions)	Client 1	Client 2
	\$	\$
Other (Stock Options, Notes Receivable, Rare Autos, Boats, Jewelry, etc...)	Client 1	Client 2
	\$	\$

**TOTALS** \_\_\_\_\_  
**GRAND TOTAL** \_\_\_\_\_

## RELEASE OF INFORMATION CONSENT FORM

I authorize The Zysman Law to discuss my information with the following parties.

This consent will remain in effect until such time as you instruct us otherwise in writing. Authorizations granted to those named below shall be considered in addition to any prior authorizations granted to other individuals or entities which have not been revoked or covered under our privacy policy.

My Spouse \_\_\_\_\_

Name of Authorized Party	Relationship
Name of Authorized Party	Relationship
Name of Authorized Party	Relationship
Name of Authorized Party	Relationship

Client Name	Signed and dated
-------------	------------------

I authorize The Zysman Law to share my estate planning documents with the following parties.

This consent will remain in effect until such time as you instruct us otherwise in writing. Authorizations granted to those named below shall be considered in addition to any prior authorizations granted to other individuals or entities which have not been revoked or covered under our privacy policy.

My Spouse \_\_\_\_\_

Name of Authorized Party	Relationship
Name of Authorized Party	Relationship
Name of Authorized Party	Relationship
Name of Authorized Party	Relationship

Client name	Signed and dated
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# QUESTIONNAIRE

**CLIENT'S NAME(s)** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. I want my estate to be kept private from predators and dishonest persons.  YES  No
2. I want to avoid estate and death taxes to the maximum extent of law.  YES  No
3. I want to avoid probate.  YES  No
4. I want to decide who will make decisions for me/my spouse if either of us becomes incapacitated.  YES  No
5. I want to plan for a child/grandchild with special needs.  YES  No
6. I want to disinherit one or more children.  YES  No
7. I want to protect my heirs' inheritance if my spouse chooses to remarry after my death.  YES  No
8. I want to protect my legacy from my heirs' potential failed marriages, lawsuits or creditors.  YES  No
9. I want my estate plan to be valid in all states.  YES  No
10. I want to avoid contest and disputes.  YES  No
11. I want to protect my children from a former marriage so they are treated fairly at my death.  YES  No
12. I want to insure that my inheritance passes to my grandchildren and great grandchildren protected from taxes, lawsuits, & failed marriages.  YES  No
13. I want to give to charity in my estate.  YES  No
14. I want to provide for my parents at my death.  YES  No
15. I want to provide for my pets at death.  YES  No