



Special Needs/Health Concerns:

**CHILDREN'S INFORMATION**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Married?** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Citizenship if not US:** \_\_\_\_\_

Is this child from your current marriage? \_\_\_yes \_\_\_no

If no, is this child: \_\_\_ husband's child \_\_\_wife's child

Special concerns about this child or his or her family situation:

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Married?** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Citizenship if not US:** \_\_\_\_\_

Is this child from your current marriage? \_\_\_yes \_\_\_no

If no, is this child: \_\_\_ husband's child \_\_\_wife's child

Special concerns about this child or his or her family situation:

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Married?** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Citizenship if not US:** \_\_\_\_\_

Is this child from your current marriage? \_\_\_yes \_\_\_no

If no, is this child: \_\_\_ husband's child \_\_\_wife's child

Special concerns about this child or his or her family situation:

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Married?** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Citizenship if not US:** \_\_\_\_\_

Is this child from your current marriage? \_\_\_yes \_\_\_no

If no, is this child: \_\_\_ husband's child \_\_\_wife's child

Special concerns about this child or his or her family situation:

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Married?** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Citizenship if not US:** \_\_\_\_\_

Is this child from your current marriage? \_\_\_yes \_\_\_no

If no, is this child: \_\_\_ husband's child \_\_\_wife's child

Special concerns about this child or his or her family situation:

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Married?** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Citizenship if not US:** \_\_\_\_\_

Is this child from your current marriage? \_\_\_yes \_\_\_no

If no, is this child: \_\_\_ husband's child \_\_\_wife's child

Special concerns about this child or his or her family situation:

Have any of your children passed away? \_\_\_yes \_\_\_no

If yes, name of deceased child: \_\_\_\_\_

**MISCELLANEOUS QUESTIONS**

**Do you anticipate an inheritance from someone else's Will or Trust? \_\_\_yes \_\_\_no**

If yes, please bring a copy of the Will or Trust to your appointment and an estimate of the approximate amount anticipated (if possible).

**Who should manage your estate at both of your deaths?**

Primary Name:

Address:

Alternate Name:

Address:

**Do you have any guns that are listed on the National Firearms Act (NFA)? \_\_\_yes \_\_\_no**

**If you have children under age 18, who should be their Guardian at both of your deaths?**

Primary Name:

Address:

Alternate Name:

Address

Name:

Date:

Name of Financial Institutions	Husband	Wife	Joint Spouse with Survivorship	Other	Beneficiary (if known)
Checking Accounts					
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
Savings Accounts					
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
Money Market Accounts					
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
Cert's of Deposit					
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	

	Husband	Wife	Joint Spouse with Survivorship	Other	Beneficiary (if known)
<b>U. S. Treasury Investments (Savings Bonds, etc.)</b>					
	\$	\$	\$	\$	
	\$	\$	\$	\$	
<b>Stocks &amp; Bonds, Brokerage Acc'ts, Mutual Funds</b>					
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
<b>Notes Receivable</b>					
	\$	\$	\$	\$	
	\$	\$	\$	\$	
<b>Non-tax-qualified Deferred Annuities</b>					
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
<b>Business Interests / Ltd Partnerships</b>					
	\$	\$	\$	\$	
	\$	\$	\$	\$	



	Husband	Wife	Joint Spouse with Survivorship	Other	Beneficiary (if known)
<b>Personal Property</b>					
Vehicle 1	\$	\$	\$	\$	
Vehicle 2	\$	\$	\$	\$	
Vehicle 3	\$	\$	\$	\$	
Vehicle 4	\$	\$	\$	\$	
Boat	\$	\$	\$	\$	
Trailer	\$	\$	\$	\$	
Personal property of unusual value	\$	\$	\$	\$	
Other	\$	\$	\$	\$	
Other	\$	\$	\$	\$	
Other	\$	\$	\$	\$	
<b>Death Benefit of Life Insurance</b>					
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
<b>Other asset not otherwise addressed</b>					
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
<b>Total Financial Investments</b>	\$0.00	\$0.00	\$0.00	\$0.00	



	Husband	Wife
<b>Annual Gross Income from Last Year Tax Return</b>		
Employment Income	\$	\$
Employment Income	\$	\$
Investment Income	\$	\$
Social Security	\$	\$
Civil Service Pension	\$	\$
Military Pension	\$	\$
Rental Income	\$	\$
Alimony	\$	\$
Other	\$	\$
<b>Total Annual Gross Inc.</b>	\$0.00	\$0.00

	Total Owed	Monthly Payment	Notes
<b>Debts Owed</b>			
	\$	\$	
	\$	\$	

## DIRECTIONS TO YORK COUNTY OFFICE

1700 George Washington Memorial Highway, Suite D  
York County, VA 23693  
(757) 898-0898

**From I-64:** (East or West), take the Route 17, George Washington Memorial Highway exit North toward Yorktown (258B). After passing through five traffic signals the office complex will be about another 1/4 mile ahead on your right.

**From Victory Blvd.:** Turn south onto Route 17, George Washington Memorial Highway (toward I-64). At the second traffic signal (Coventry Blvd.) make a U-turn, heading North on Route 17. The office complex will be about 1/4 mile ahead on your right.

**From Route 17 - North of Victory Blvd:** Proceed south on Route 17. Cross Victory Blvd. and proceed to the second traffic signal (Coventry Blvd.). Make a U-turn, heading North on Route 17. The office complex will be about 1/4 mile ahead on your right.

**Landmarks:** The office complex sits between the Royal Farms and Speedway gas station/ convenience store. Look for a brick building with green awnings.

## DIRECTIONS TO GLOUCESTER OFFICE

Office is Open by Appointment Only

6558 Main Street, Suite 2  
Gloucester Courthouse, VA 23061  
(804) 824-9439

**From North of Gloucester:** Take George Washington Memorial Hwy / US-17 S toward Gloucester Courthouse. Left turn onto Business 17. Follow Business 17 partially around the courthouse circle, remaining on Business Route 17 (Main Street). 6558 Main St is on the right shortly after you exit the circle. Parking is available behind the building or on the street.

**From South of Gloucester:** Take George Washington Memorial Hwy / US-17 N toward Gloucester Courthouse. Right turn onto Business 17. Follow Business 17 through downtown. Office will be on your left, just prior to the courthouse circle. Parking is available behind the building or on the street.

**Landmarks:** We are located in the Morgan Building. The Good Life Kitchen is across the hall.

## DIRECTIONS TO McLAWS OFFICE

Office is Open by Appointment Only

430 McLaws Circle, Suite 100  
Williamsburg, VA 23185  
(757) 645-4520

From I-64 East or West: Follow 64 to VA-199 W via EXIT 242A toward Williamsburg/Jamestown. Once on 199, merge onto US 60 – Pocahontas Trail (toward Williamsburg / Busch Garden). Take the first right onto McLaws Circle. Go about a third of a mile; 430 McLaws Circle is on your left. When you enter the parking lot, look to the end of the parking lot. You will see a building with the name “Leebcor” on the top. Our office has a separate entrance to the right of the main entrance.

«END IF»«END IF»