

## ESTATE PLANNING QUESTIONNAIRE

The information requested below will assist our firm in developing appropriate estate plans for you. Please respond as accurately and completely as possible. Feel free to attach additional sheets if necessary. If you are uncertain about a question, please note this and give us your best answer. Our firm will treat all information you provide as confidential unless you authorize its release to others. In cases where we represent spouses jointly, we will treat all communications by either spouse (including a desire to terminate the joint representation) as common knowledge between spouses but strictly confidential as to anyone else.

<b>I. PERSONAL INFORMATION</b>
--------------------------------

Your full name:
Date of birth:
Social Security number:
Home address:
Home/cell phone:
Email:
Employer:
Work address:
Work phone:
Of which country are you a citizen?
What is the condition of your health?
What is your marital status? (single, married, separated, divorced, widowed)
Do you have parents or other adults who are financially dependent on you?
Do you presently have a will? (If so, attach a copy.)

Spouse's full name:
Date of birth:
Social Security number:
Home/cell phone:
Email:
Employer:
Of which country is your spouse a citizen?
What is the condition of your spouse's health?

Children	Date of Birth	Address	His/Hers/Ours

Grandchildren	Date of Birth	Address	Parents

In connection with your present marriage (if applicable), did you enter into a pre-marital or post-marital agreement? \_\_\_\_\_ If so, attach a copy.

Do you have any obligations to a former spouse or children from a previous marriage under a separation agreement or divorce decree? \_\_\_\_\_ If so, attach a copy.

Please provide names, addresses and telephone numbers for the following advisors (if applicable):

Accountant:
Financial Advisor:
Stock Broker:
Trust Officer or Banker:
Other Attorney:

<b>II. FINANCIAL INFORMATION</b>
----------------------------------

***Assets***

	You	Joint Owner	If Joint, With Whom
Cash & Bank Accounts	\$ _____	\$ _____	_____
Notes & Accounts Receivable	\$ _____	\$ _____	_____
Stocks, Bonds, Mutual Funds	\$ _____	\$ _____	_____
Annuities	\$ _____	\$ _____	_____
Options	\$ _____	\$ _____	_____
Residence (market value)	\$ _____	\$ _____	_____
Other Real Estate (market val.)	\$ _____	\$ _____	_____
Life Insurance (face value)	\$ _____	\$ _____	_____
IRA, 401(k), Qualified Pension & Profit Sharing Plans	\$ _____	\$ _____	_____
Tangible Personal Property	\$ _____	\$ _____	_____
Business Interests	\$ _____	\$ _____	_____
Other	\$ _____	\$ _____	_____
Other	\$ _____	\$ _____	_____
<b>Subtotals</b>	\$ _____	\$ _____	

***Liabilities***

	You	Joint Obligor	If Joint, With Whom
Real Estate Mortgages	\$ _____	\$ _____	_____
Loans on Insurance Policies	\$ _____	\$ _____	_____
Other Loans & Notes	\$ _____	\$ _____	_____
Pledges	\$ _____	\$ _____	_____
Taxes	\$ _____	\$ _____	_____
Other	\$ _____	\$ _____	_____
Other	\$ _____	\$ _____	_____
<b>Subtotals</b>	\$ _____	\$ _____	
<b>Totals</b>	\$ _____	\$ _____	

**III. CLOSELY-HELD BUSINESS INTERESTS**

Company name:
Address:
Employer identification number:
Type of entity (C or S corporation, partnership, limited liability company):
Percentage of business owned by you and estimated value:
Percentage of business owned by other family members and estimated value:
Identity of non-family owners, if any:
Do you desire the business to be continued following your death?
What provisions have been made for successor management?
Are there any buy/sell or stock redemption agreements? If so, attach a copy.
What arrangements have been made to fund any such buyout or redemption?

**IV. LIFE INSURANCE**

Company name:
Type of policy (term, whole life, universal, split dollar, group, etc.):
Insured:
Owner:
Primary beneficiary:
Contingent beneficiary:
Death benefit:
Agent's name & address:

Company name:
Type of policy (term, whole life, universal, split dollar, group, etc.):
Insured:

Owner:
Primary beneficiary:
Contingent beneficiary:
Death benefit:
Agent's name & address:

Company name:
Type of policy (term, whole life, universal, split dollar, group, etc.):
Insured:
Owner:
Primary beneficiary:
Contingent beneficiary:
Death benefit:
Agent's name & address:

**V. OTHER INTERESTS**

Are you a beneficiary or a trustee under any trust? \_\_\_\_\_ If so, explain and attach a copy of the trust agreement or other governing instrument (such as a will) if possible: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you likely to receive substantial inheritances in the foreseeable future? \_\_\_\_\_ If so, explain and state the source, nature and estimated value of each inheritance (if known): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe the general nature, form of ownership and your estimate of the value of any asset or other interest of value that does not seem to fit in any of the categories above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**VI. ESTATE PLANNING OBJECTIVES**

State any particular objectives you wish your estate plan to accomplish (or joint objectives if married): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

---



---



---



---

Identify any debts *owed to you* that you wish to address in your estate plan:

Debtor	Relationship	Amount of Debt

Identify any debts *you owe* that you wish to address in your estate plan:

Creditor	Relationship	Amount of Debt

Do you want to *require* that any mortgage or other debt secured by your residence or any other real property be paid out of your estate? \_\_\_\_\_ If so, explain: \_\_\_\_\_

---



---

Identify any charitable or non-charitable specific gifts you wish to make in your estate plan:

Name	Relationship	Item or Amount

Describe how you would like to dispose of the remainder of your estate:

Name	Relationship	Percentage

Should all of your intended beneficiaries fail to survive to take your property, list any contingent charitable or non-charitable beneficiaries to whom you may wish to leave your property:

Name	Relationship	Percentage

**VII. GUARDIANS, EXECUTORS, TRUSTEES & AGENTS**

If you have a minor child (or minor children), you may nominate a **guardian** in your will to take physical care and custody of the child if both natural parents are deceased. You should designate at least one alternate.

Name	Relationship	Address	Phone
Guardian:			
Alternate:			
Alternate:			

Select an **executor** to wind up your affairs at your death, see to it that your assets are collected and that claims, expenses, and estate and inheritance taxes are paid, and then distribute property to trustees or other beneficiaries you have named. You should designate at least one alternate.

Name	Relationship	Address	Phone
Executor:			
Alternate:			
Alternate:			

If your estate plan includes a trust, select a **trustee** to manage the property that is to be held in trust for the trust's beneficiaries. A trustee can be an individual or a corporation qualified to act as a trustee (typically a bank or trust company). You should designate at least one alternate.

Name	Relationship	Address	Phone
Trustee:			
Alternate:			

Alternate:

A Power of Attorney is a legal document in which you authorize another person (called an **“agent”** or **“attorney-in-fact”**) to act on your behalf in the management of your affairs. If your estate plan includes a Power of Attorney, select your agent. You may designate an alternate.

Name	Relationship	Address	Phone
Agent:			
Alternate:			
Alternate:			

A Health Care Power of Attorney is a legal document in which you appoint another person (called a **“health care agent”**) to make decisions regarding your health care treatment when you are unable to give informed consent. If your estate plan includes a Health Care Power of Attorney, list the physician (or simply write “my attending physician”) who you wish to determine when you are incapable of giving informed consent, at which point the Health Care Power of Attorney will be activated. Also list the person you wish to serve as your health care agent. You should designate at least one alternate.

Name	Relationship	Address	Phone
Physician:			
Agent:			
Alternate:			
Alternate:			

**VIII. LIVING WILL**

An Advanced Directive for a Natural Death (“living will”) is a legal document that allows you to state your preferences concerning life-prolonging measures should you experience a permanent loss of decisional capacity and (i) have an incurable or irreversible condition that will result in death within a relatively short period of time, or (ii) become unconscious and, to a high degree of medical certainty, will never regain consciousness, or (iii) suffer from advanced dementia or other condition resulting in substantial loss of cognitive ability and such loss, to a high degree of medical certainty, is not reversible.

Do you wish to execute a living will? Yes \_\_\_\_\_ No \_\_\_\_\_

**IX. OTHER MATTERS RELEVANT TO YOUR ESTATE PLANNING**

List the current primary and contingent beneficiaries of each IRA and retirement benefits plan:

IRA or Benefits plan	Primary/Relationship	Contingent/Relationship

List the current primary and contingent beneficiaries of each annuity:

Annuity	Primary/Relationship	Contingent/Relationship

If you are married, have you ever lived in a community property state (California, Texas, New Mexico, Arizona, Nevada, Louisiana, Washington, Idaho or, after 1985, Wisconsin)? \_\_\_\_\_ If so, give details of assets accumulated while in a community property state that were brought into North Carolina: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you own any real property located outside of North Carolina? \_\_\_\_\_ If so, describe the property owned and where it is located: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you made past gifts to a person or organization other than a spouse or a charity where the amount of such gift in any single year was more than \$3,000 in any year prior to 1982 or more than \$10,000 in any year since 1982? \_\_\_\_\_ If so, state the nature and amount of the gift, and when and to whom it was made: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you placed any property in joint names with any person other than your spouse? \_\_\_\_\_ If so, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you a guarantor of any indebtedness? \_\_\_\_\_ If so, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have any powers of appointment over property (the right to transfer or dispose of property that you do not own) under a will, trust or other document? \_\_\_\_\_ If so, explain and provide a copy of the document(s) creating any such power of appointment: \_\_\_\_\_

Are you an organ donor? \_\_\_\_\_

Have you purchased prepaid burial contracts? \_\_\_\_\_ If so, describe: \_\_\_\_\_

Do you have long-term care insurance? \_\_\_\_\_ If so, describe: \_\_\_\_\_

Are any of your intended beneficiaries qualified to receive governmental benefits as a result of any mental or physical impairment? \_\_\_\_\_ If so, explain: \_\_\_\_\_

Describe or list any other facts or matters about your affairs or situation that you think may be relevant in planning your estate but which do not seem to be covered by the other sections of this questionnaire: \_\_\_\_\_

***To the best of my/our knowledge, I/we certify that the information which I/we have provided above is true and complete.***

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_