

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Date: _____

Residence Address: _____

Residence Phone: _____ Business Phone: _____

Cell Phone: _____ Email: _____

	Husband or Single Person	Wife
Full Legal Name		
Former/Other Name		
Form of Address	Mr. Miss. Ms. Mrs. Dr. Rev.	Miss. Ms. Mrs. Dr. Rev.
SS No.		
Birth date		
Birthplace		
Citizenship		
Occupation		
Employer		

FORMER MARRIAGE(S)			
Former Spouse Name			
S.S. No. of Former Spouse			
Date of Marriage			
Date of Divorce or Death			
Copy of Dissolution Papers	<input type="checkbox"/> Provided to attorney <input type="checkbox"/> I do not have a copy <input type="checkbox"/> I will get a copy & provide	<input type="checkbox"/> Provided to attorney <input type="checkbox"/> I do not have a copy <input type="checkbox"/> I will get a copy & provide	<input type="checkbox"/> Provided to attorney <input type="checkbox"/> I do not have a copy <input type="checkbox"/> I will get a copy & provide

CHILDREN OF THIS MARRIAGE (including adopted children)	
Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:

HUSBAND'S CHILDREN OF FORMER MARRIAGE(S)		
Name:	Parents:	DOB:
Name:	Parents:	DOB:
Name:	Parents:	DOB:
HUSBAND'S PARENTS/ SIBLINGS/ OTHER FAMILY MEMBERS		City/ State
Name:		
Name:		
Name:		

WIFE'S CHILDREN OF FORMER MARRIAGE(S)		
Name:	Parents:	DOB:
Name:	Parents:	DOB:
Name:	Parents:	DOB:
WIFE'S PARENTS/ SIBLINGS/ OTHER FAMILY MEMBERS		City/ State
Name:		
Name:		
Name:		

ADVISORS			
TITLE	NAME	ADDRESS	TELEPHONE
Primary Personal Bank			
Life Insurance Agent			
Stock Broker			
CPA			
Other Financial Advisor			
Clergy			
Doctor			
Referred to our firm by			

PROPERTY INFORMATION:

Real Estate:

Description & Location	Ownership			Market Value	Balance of Mortgage	Net Equity
	H	W	JT			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____

Cash Accounts:

Name of Institution	Ownership			Checking	Savings or Money Market	CD's
	H	W	JT			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____

Safe Deposit Box:

Safe Deposit Box: _____ Name of Institution _____

Branch _____ Box No.: _____ Ownership: H W Jt

Others listed on box:

Name: _____ Relationship: _____

Address: _____

Phone: _____

Investments: (Stocks, Bonds, etc. If held with Broker, just list the Brokerage Account)

	Ownership			Value
	H	W	JT	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Retirement Benefits: (Including IRA, 401(k) and 403(b))

	H	W	Beneficiary if any	Present Value
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____

Business Interests: (For type use "CC" for corporation, "SC" for S Corporation, "P" for Partnership, "LLC" for Limited Liability Company, and "SP" for Sole Proprietorship)

Description & Location	Ownership			Type					% Interest	Value
	H	W	JT	CC	SC	P	LLC	SP		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____

Mortgages, Notes and Other Receivables:

	Ownership			Date of Note	Amount Due Now
Owned by:	H	W	JT		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____

Miscellaneous: (List only major personal effects such as automobiles, valuable jewelry, paintings, coin collections, stamp collections, etc.)

	Ownership			Approximate Value (less loans)
	H	W	JT	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Life Insurance:

Company	Type (Term, W/L, etc)	Owner	Insured	Beneficiary	Alternate Death Beneficiary	Benefit	Cash Value	Policy Loans

Long Term Care Insurance:

Company	Insured	Coverage	Maximum Per Day	Lifetime Maximum	Inflation Adjusted?	Other Pertinent Terms

Estate Summary:

	H	W	JT
Real Estate	\$ _____	\$ _____	\$ _____
Cash Accounts	\$ _____	\$ _____	\$ _____
Stocks, Bonds, Mutual Funds	\$ _____	\$ _____	\$ _____
Retirement Benefits	\$ _____	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____	\$ _____
Receivables	\$ _____	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____	\$ _____
Life Insurance Death Benefit	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

Income:

Source	H	W	JT
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Debts/Liabilities:

Type	H	W	JT
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

We will discuss how to select Executors, Guardians, and Trustees in our meeting. Please insert your tentative choices below.

Husband's Executors (carries out the terms of your will):

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____

3rd Choice: _____ Relationship: _____

Address: _____

Phone: _____

Wife's Executors (carries out the terms of your will):

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____

3rd Choice: _____ Relationship: _____

Address: _____

Phone: _____

Husband's Attorney-In-Fact (to make decisions for you and handle your affairs if you are unable):

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

3rd Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Wife's Attorney-In-Fact (to make decisions for you and handle your affairs if you are unable):

1st Choice: _____ Relationship: _____
Address: _____
Phone: _____ Fax: _____
2nd Choice: _____ Relationship: _____
Address: _____
Phone: _____ Fax: _____
3rd Choice: _____ Relationship: _____
Address: _____
Phone: _____ Fax: _____

Guardian (to care for minor children if any):

1st Choice: _____ Relationship: _____
Address: _____
Phone: _____ Fax: _____
2nd Choice: _____ Relationship: _____
Address: _____
Phone: _____ Fax: _____
3rd Choice: _____ Relationship: _____
Address: _____
Phone: _____ Fax: _____

Trustee (to manage funds for minor children or to manage funds after death of spouse):

1st Choice: _____ Relationship: _____
Address: _____
Phone: _____ Fax: _____
2nd Choice: _____ Relationship: _____
Address: _____
Phone: _____ Fax: _____
3rd Choice: _____ Relationship: _____
Address: _____
Phone: _____ Fax: _____

Husband's Health Care Agent (makes health care decisions when you are unable):

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

3rd Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Wife's Health Care Agent (makes health care decisions when you are unable):

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

3rd Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Generally, to whom do you want to leave your assets:

Specific Bequests (specific items, if any, you wish to give to people):

Name	Address	Phone	Item or Amount	Relationship
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

Charitable Bequests (gifts, if any, you wish to make to charitable organizations):

Name of Organization	Address	Item or Amount
1)	_____	_____
2)	_____	_____
3)	_____	_____

Residue of Estate (list who is to receive estate after you have made your specific and charitable gifts):

Person(s)	Address	Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contingent Beneficiaries (in the event of common disaster):

Person(s)	Relationship
_____	_____
_____	_____
_____	_____

Other Special Provisions Desired:

Important Family Questions:

1. Do you have a child who is blind or disabled? Yes No
2. Do any of your family receive governmental support or benefits? Yes No
If so, what types _____
3. Do you have adopted children? Yes No
4. Do any of your children have special education, medical, or physical needs? Yes No
5. Are any of your children institutionalized? Yes No
6. Are you or your spouse receiving social security, disability, or other gov. benefits? Yes No
7. Is anyone (other than your spouse) dependent on you for support? Yes No
8. Have any of your children or brothers or sisters lived with you during the last two years? Yes No

9. Have either of you been divorced? Yes No
10. Are you making payments pursuant to a divorce or property settlement agreement? Yes No
11. Have you and your spouse ever signed a pre-or post-marriage contract? Yes No

(Please furnish a copy)

12. Have you or your spouse been widowed? *(If a federal estate tax return or a state death tax return was filed, please furnish a copy)* Yes No

13. Have you and your spouse lived in a state other than North Carolina during your marriage? Yes No
If so, what states and during what periods of time did you reside there?

14. Have you or your spouse ever made any gifts worth over \$10,000 or filed federal or state gift tax returns? *(Please furnish copies of these returns)* Yes No

15. Have you or your spouse completed previous wills, trusts, powers of attorney or other estate planning arrangements? *(Please furnish copies of these documents)* Yes No

16. Are both you and your spouse United States citizens? Yes No
If you answered "No," how long have you lived in the United States? Yes No

17. Are you and/or your spouse a veteran? Yes No
If so, please provide dates of service, branch of service and whether you have a service-connected disability:

18. Are you the Trustee of a trust? Yes No

19. Are you expecting any inheritance? If so, how much? _____ Yes No

20. Do you want specific funeral arrangements? Yes No
Specify, if applicable: _____

Other Information or Comments:

Thank you for taking the time to fill out this form. It makes our meeting more productive. Please review the completed form to ensure information is accurate. We rely on this information in completing your long term care plan and/or estate plan.