

## CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE for Unmarried Couples

Date: \_\_\_\_\_ County: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

	Partner #1 (P1)	Partner #2 (P2)
Full Legal Name		
Former/Other Name		
Form of Address	Mr. Miss. Ms. Mrs. Dr. Rev.	Mr. 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 RELATIONSHIP (including adopted children)	
Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:

<b>PARTNER #1'S CHILDREN OF FORMER MARRIAGES/RELATIONSHIPS</b>		
Name:	Parents:	DOB:
Name:	Parents:	DOB:
Name:	Parents:	DOB:
<b>PARTNER #1'S OTHER FAMILY MEMBERS</b>	<b>RELATIONSHIP TO P1</b>	City/ State
Name:		
Name:		
Name:		

<b>PARTNER #2'S CHILDREN OF FORMER MARRIAGES/RELATIONSHIPS</b>		
Name:	Parents:	DOB:
Name:	Parents:	DOB:
Name:	Parents:	DOB:
<b>PARTNER #2'S OTHER FAMILY MEMBERS</b>	<b>RELATIONSHIP TO P2</b>	City/ State
Name:		
Name:		
Name:		

<b>ADVISORS</b>			
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
	P1	P2	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
	P1	P2	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: P1  P2  JT

Others listed on box:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

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

	Ownership			Value
	P1	P2	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))

	P1	P2	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
	P1	P2	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"/>	_____	\$ _____

**Amounts Owed To You (Loans You Made To Others And Other Receivables):**

	Ownership			Date of Note	Amount Due Now
Owed by:	P1	P2	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)
	P1	P2	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:***

	P1	P2	JT
Real Estate	\$ _____	\$ _____	\$ _____
Cash Accounts	\$ _____	\$ _____	\$ _____
Stocks, Bonds, Mutual Funds	\$ _____	\$ _____	\$ _____
Retirement Benefits	\$ _____	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____	\$ _____
Receivables	\$ _____	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____	\$ _____
Life Insurance Death Benefit	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____	\$ _____

***Income:***

Source	P1	P2	JT
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

***Debts/Liabilities:***

Type	P1	P2	JT
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

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

**Partner #1's Executors** (carries out the terms of your will):

1<sup>st</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Partner #2's Executors** (carries out the terms of your will):

1<sup>st</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Partner #1's Attorney-In-Fact** (to make financial decisions for you and handle your affairs if you are unable):

1<sup>st</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Partner #2's Attorney-In-Fact** (to make financial decisions for you and handle your affairs if you are unable):

1<sup>st</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Guardian** (to care for minor children if any):

1<sup>st</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Trustee** (to manage funds on behalf of a beneficiary or to manage funds after death of partner):

1<sup>st</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_



**Partner #1's Health Care Agent** (makes health care decisions when you are unable):

1<sup>st</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Partner #2's Health Care Agent** (makes health care decisions when you are unable):

1<sup>st</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**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 partner receiving social security, disability, or other governmental benefits?  Yes  No
7. Is anyone (other than your partner) 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 partner ever signed a pre-or post-marriage contract or a cohabitation agreement? *(Please furnish a copy)*  Yes  No
12. Have you or your partner been widowed? *(If a federal estate tax return or a state death tax return was filed, please furnish a copy)*  Yes  No
13. Do you, your partner, or your descendants have any health challenges or chronic illnesses?  Yes  No  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
14. Have you and your partner lived in a state other than North Carolina during your relationship?  
If so, what states and during what periods of time did you reside there?  Yes  No  
\_\_\_\_\_
15. Have you or your partner ever made any gifts worth over \$10,000 or filed federal or state gift tax returns? *(Please furnish copies of these returns)*  Yes  No
16. Have you or your partner completed previous wills, trusts, powers of attorney or other estate planning arrangements? *(Please furnish copies of these documents)*  Yes  No
17. Are both you and your partner United States citizens?  Yes  No  
If you answered "No," how long have you lived in the United States?  Yes  No
18. Are you and/or your partner a veteran?  Yes  No  
If so, please provide dates of service, branch of service and whether you have a service-connected disability:  
\_\_\_\_\_  
\_\_\_\_\_
19. Are you the Trustee of a trust?  Yes  No
20. Are you expecting any inheritance? If so, how much? \_\_\_\_\_  Yes  No
21. 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.**