

Prenuptial Questionnaire

Thank you for contacting us regarding your prenuptial planning. The following questionnaire will be used during you initial consult to determine if there is a sufficient need for our services. Completing this questionnaire does not obligate you to engage us as your attorney, nor does it obligate us to engage you as a client. By signing below you acknowledge the nature of your initial consultation is exploratory only, and no attorney-client relationship is being formed. However, to ensure that an accurate assessment of your case can be made, your answers should be accurate and honest.

Name of person completing form

Signature

Date

919.782.3500 www.ncestateplanning.com 4141 PARKLAKE AVE, STE 130 RALEIGH, NC 27612

How did you hear about us?	Google Se
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Facebook Referred by:_____ Other:_____

PERSONAL DATA

Prospective Client

Full Legal Name:		Nickname:
Address:	Home	Preferred (if different)
	ne:	Preferred contact method: IMail IEmai Work:
(circle preferred)	bile:	
Date of Birth:		Social Security Number (last 4):
U.S. Citizen: 🔲 YES	S 🔲 NO If not U.S., then cou	intry of citizenship:
Status: 🔲 Never I	Married Divorced:	Date Widowed: Date
Veteral	n 🔲 Widow of Veteran	
<u>Fiancé(e)</u>		
Full Legal Name:		Nickname:
Address:	Home	Preferred (if different)
Email Address:		Preferred contact method: 🛛 Mail 🔲 Emai
Telephone: Hon	ne:	Work:
Mo	bile:	Fax:
Occupation:		Employer:
Date of Birth:		Social Security Number (last 4):
U.S. Citizen: 🔲 YES	S 🔲 NO If not U.S., then cou	intry of citizenship:
Status: 🔲 Never I	Married Divorced:	Date Widowed: Date
Veteral	n 🔲 Widow of Veteran	

Children's Information

Child 1

Full Legal Name:		Nickna	ame:	
Date of Birth: Parent:	P. Client DFiancé(e)	Both 🛛 Adopted	l/Other	
Address:	City:	Stat	e:Zip	:
Email Address:		Phone:		
Status: Darried, Spouse's name:		Divorced	U Widowed	□ Single
Special Needs: D Medical DEducational	Financial			
Grandchildren	Parents		Age	Special Needs
<u>Child 2</u>				
Full Legal Name:		Nickna	ame:	

			•
Date of Birth: Parent: DP. C	Client DFiancé(e) DB	oth 🛛 Adopted/Ot	her
Address:	City:	State:	Zip:
Email Address:		Phone:	
Status: Darried, Spouse's name:		Divorced	Widowed D Single
Special Needs: Medical Educational] Financial		
Grandchildren	Parents	Ag	e Special Needs
			0
			0
			0
			0
			0

Child 3

Full Legal Name:		Nickna	ame:	
Date of Birth: Parent: Decision Parent: Parent: Parent: Decision Par	ent 🛛 Fiancé(e) 🗖 Bo	oth 🛛 Adopted	l/Other_	
Address:	City:	Stat	e:	Zip:
Email Address:		Phone:		
Status: Darried, Spouse's name:		Divorced	🗖 Wid	owed 🛛 Single
Special Needs: Medical Educational F	inancial			
Grandchildren	Parents		Age	Special Needs
				_ 0
				_ D
				_ 0
				_ D
				_ 0

Child 4

Full Legal Name:		Nickname:	
Date of Birth: Parent: DP.	Client Fiancé(e) Bo	oth DAdopted/Other_	
Address:	City:	State:	Zip:
Email Address:		Phone:	
Status: Married, Spouse's name:		Divorced Wid	dowed 🛛 Single
Special Needs: D Medical DEducational	Financial		
Grandchildren	Parents	Age	Special Needs
			_ 0
			_ D
			_ 0
			_ 0
			_ 0

Please summarize or provide copies (if available) of the following that may be applicable to your situation:

- Powers of Attorney you have signed;
- Wills or Trusts which name you as the beneficiary;
- Life insurance policies and beneficiary designations;
- Trusts which you have created;
- Real property owned by you;
- Partnership Agreements and Shareholder Agreements to which you may be a party;
- Pre-nuptial Agreement, separation agreement, divorce decree or other documents of support obligation for former spouse or children;
- Installment Sales Contracts to which you may be a party;
 - Qualified pension profit sharing plan or IRA benefits

Existing Estate Planning:	Prospective Client	Fiancé(e)	Date Document Executed
Will	🗆 Yes 🗆 No	🗆 Yes 🛛 No	Date:
Trust	🗆 Yes 🗆 No	🗆 Yes 🛛 No	Date:
Power of Attorney	🗆 Yes 🗆 No	🗆 Yes 🛛 No	Date:
Health Care Proxy	🗆 Yes 🗆 No	🗆 Yes 🛛 No	Date:
Living Will	🗆 Yes 🗆 No	🗆 Yes 🛛 No	Date:
Long-Term Care Insurance	🗆 Yes 🗆 No	🗆 Yes 🗆 No 🛛 Daily I	penefit:\$Term

PLEASE PROVIDE ASSET INFORMATION NEXT PAGE

Financial Information Sheet

It is very important you indicate in each category <u>owner ship</u> and <u>dollar amount</u> separately, as well as total value

MONTHLY INCOME

SOURCE	P. CLIENT	<u>FIANCÉ(E)</u>	JOINT	<u>TOTAL</u>
Wages	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Investments	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

ASSET INFORMATION AS OF ______ - Please provide <u>total</u> amount for each type of asset and who owns

TYPE OF ASSET	P. CLIENT	FIANCÉ(E)	JOINT	TOTAL
Cash, Checking, Savings, CDs, Money Market & Cash Management Accounts	\$	\$	\$	\$
Investment/Broker-held Accounts (not including cash) and Mutual Fund Accounts	\$	\$	\$	\$
Retirement Accounts: IRA, 401k, 403B, SEP, etc.	\$	\$	\$	\$
Life Insurance: death benefit and cash value	D.B.\$ C.V.\$	D.B.\$ C.V.\$	D.B.\$ C.V.\$	D.B.\$ C.V.\$
Stocks: you hold (not in brokerage accounts)	\$	\$	\$	\$
Bonds: bonds you hold (not in brokerage accounts)	\$	\$	\$	\$
Annuities: \$=original amount invested date=month/ year purchased CV=Current Value	\$d:/ CV	\$d:/ CV	\$d:/ CV	\$d:/ CV
Real estate: residence (per tax bill)	\$	\$	\$	\$
Real estate: other	\$	\$	\$	\$
Vehicles: automobile, motorcycle, boats, snowmobiles,	\$	\$	\$	\$
TOTAL ASSETS	\$	\$	\$	\$

OTHER ASSETS NOT LISTED:

<u>TYPE</u>	P. CLIENT	FIANCÉ(E)	JOINT	TOTAL
	\$	\$	\$	\$
	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

LIABILITIES:

<u>TYPE</u>	P. CLIENT	FIANCÉ(E)	JOINT	TOTAL
Mortgage	\$	\$	\$	\$
Loans Payable	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

BUSINESS INTEREST:

ТҮРЕ	P. CLIENT	FIANCÉ(E)	JOINT	TOTAL
Farm	\$	\$	\$	\$
Partnership or LLC interest	\$	\$	\$	\$
Corporations Corp?	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

Other things you think we should know: