

ESTATE PLANNING QUESTIONNAIRE

FOR

Please complete the following questionnaire prior to your initial consultation. Your responses will allow us to make recommendation of methods for carrying out your desires. Please fill out as much of the form as you can and note where your answers are incomplete. We will rely on your responses as to title of ownership and value, so please be accurate. Use extra pages if necessary. Some of the information requested will not apply to you. You may not know the answer to some of the questions, but please indicate where you think more information is available from another source.

How did you hear about us? ☐ Google Search ☐ WPTF ☐ NPR ☐ Referred by _____ ☐ Other _____

Have you or a family member ever been represented by any member of our firm in the past? Yes No

Please list the family member(s) that has, or may have, been represented by any member of our firm in the past.

I. PERSONAL INFORMATION

Client 1

Full Legal Name: _____ Preferred Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Phone Number: _____ Email: _____

Preferred contact method ☐ Mail ☐ Email

Occupation: _____ Employer: _____

Date of Birth: _____ Last 4 of SSN: _____

U.S. Citizen: ☐ Yes ☐ No If not U.S., then country of citizenship: _____

Status: ☐ Married: Date _____ ☐ Divorced: Date _____ ☐ Widowed: Date _____ ☐ Single

☐ Veteran: Dates of Service _____ ☐ Widow of Veteran: Dates of Service _____

Client 2

Full Legal Name: _____ Preferred Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Phone Number: _____ Email: _____

Preferred contact method ☐ Mail ☐ Email

Occupation: _____ Employer: _____

Date of Birth: _____ Last 4 of SSN: _____

Relationship to Decedent: _____

U.S. Citizen: ☐ Yes ☐ No If not U.S., then country of citizenship: _____

Status: ☐ Married: Date _____ ☐ Divorced: Date _____ ☐ Widowed: Date _____ ☐ Single

☐ Veteran: Dates of Service _____ ☐ Widow of Veteran: Dates of Service _____

II. FAMILY INFORMATION

(Please list each child; attach additional sheets if necessary.)

Child 1 ☐ Deceased ☐ Minor

Full Legal Name: _____ Preferred Name: _____

Date of Birth: _____ Parent: Client 1 Client 2 Both Adopted/Other _____

Address: _____

City: _____ State: _____ Zip: _____

Status: ☐ Married; Spouse's Name: _____ ☐ Divorced ☐ Widowed ☐ Unmarried

Concerns: ☐ my child has "special needs" ☐ my child is susceptible to divorce
 ☐ my child mismanages finances ☐ I wish to disinherit my child

Grandchildren

Name:	Parents	Age	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child 2 ☐ Deceased ☐ Minor

Full Legal Name: _____ Preferred Name: _____

Date of Birth: _____ Parent: Client 1 Client 2 Both Adopted/Other _____

Address: _____

City: _____ State: _____ Zip: _____

Status: ☐ Married; Spouse's Name: _____ ☐ Divorced ☐ Widowed ☐ Unmarried

Concerns: ☐ my child has "special needs" ☐ my child is susceptible to divorce
 ☐ my child mismanages finances ☐ I wish to disinherit my child

Grandchildren

Name:	Parents	Age	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child 3 ☐ Deceased ☐ Minor

Full Legal Name: _____ Preferred Name: _____

Date of Birth: _____ Parent: Client 1 Client 2 Both Adopted/Other _____

Address: _____

City: _____ State: _____ Zip: _____

Status: ☐ Married; Spouse's Name: _____ ☐ Divorced ☐ Widowed ☐ UnmarriedConcerns: ☐ my child has "special needs" ☐ my child is susceptible to divorce
 ☐ my child mismanages finances ☐ I wish to disinherit my child

Grandchildren

Name:	Parents	Age	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child 4 ☐ Deceased ☐ Minor

Full Legal Name: _____ Preferred Name: _____

Date of Birth: _____ Parent: Client 1 Client 2 Both Adopted/Other _____

Address: _____

City: _____ State: _____ Zip: _____

Status: ☐ Married; Spouse's Name: _____ ☐ Divorced ☐ Widowed ☐ UnmarriedConcerns: ☐ my child has "special needs" ☐ my child is susceptible to divorce
 ☐ my child mismanages finances ☐ I wish to disinherit my child

Grandchildren

Name:	Parents	Age	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

ADD ADDITIONAL PAGES AS NEEDED

III. OTHER BENEFICIARIES

Other Beneficiary☐ Deceased ☐ Minor

Preferred

Full Legal Name: _____

Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Status: ☐ Married; Spouse's Name: _____ ☐ Divorced ☐ Widowed ☐ Unmarried**Children**

Name:

Parents

Age

Special
Needs

_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Other Beneficiary☐ Deceased ☐ Minor

Preferred

Full Legal Name: _____

Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Status: ☐ Married; Spouse's Name: _____ ☐ Divorced ☐ Widowed ☐ Unmarried**Children**

Name:

Parents

Age

Special
Needs

_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

ADD ADDITIONAL PAGES AS NEEDED

IV. OBJECTIVES

What would completing your estate planning accomplish for you? _____

What do you see as your biggest risk if you don't complete your estate plan? _____

Rank the following (1-8) in order of importance for you currently (1 = most important 8 = least important)

____ Avoid probate	____ Protect assets from govt/lawsuits/nursing homes
____ Keep estate matters private	____ Protect assets for family after my death (i.e. my spouse's disability or remarriage, my children's/beneficiary's lawsuits, divorce or bankruptcy)
____ Minimize/eliminate taxes	____ Keep it simple for my family when something happens to me (disability/death)
____ Remain independent and in control of my care/assets	____ Provide detailed instruction for authority to people I trust to have the care I desire provided for me if I become disabled

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 that name you as a 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/children;
- Installment sales contracts to which you may be a party; and
- Qualified pension profit sharing plan or IRA benefits

<u>Existing Estate Planning:</u>	<u>Client 1</u>	<u>Client 2</u>	<u>Year Document Executed</u>
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Health Care Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Advanced Directive/Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Long Term Care Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Daily benefit \$ _____ Term _____

Your health status plays an important role in the designing of an estate plan best suited for you and your loved ones.

Current Health Status

Client 1 ☐ Good ☐ Concern ☐ Problem

Client 2 ☐ Good ☐ Concern ☐ Problem

Specific concern/problem: _____

Specific concern/problem: _____

Upon your death, describe generally how you want your assets distributed:

If you (and your spouse both) die prematurely, should your heirs receive property at majority age (18), at age 21, or at a later age?

Do you wish to make bequests to any charitable organizations? ☐ Yes ☐ No If yes:

Name

Address

Amount

If none of your heirs are living when you (and your spouse) die, how should your estate be distributed?

If you own an interest in a business, is there a buy-sell agreement in effect: ☐ Yes ☐ No
Do you desire your interest in the business to be distributed in a particular way?

Do you want specific assets (like jewelry, collections, furniture or heirlooms) to go to a specific person, charity or institution: Yes No If yes, please provide schedule of gifts on separate page.

Should you execute a power of attorney, should that agent be restricted in his/her authority to make gifts of your property to your descendants? Yes No

Are you interested in protecting your assets from the claims of your heir's creditors? Yes No

V. FIDUCIARIES & ADVISORS

(Please provide name, phone and email address)

1. Attorney: Andrew Cobin, 4141 Parklake Ave., Suite 130, Raleigh, NC 27612, 919.825.151 fax 919.573.1430

2. Financial Advisor: _____

3. Accountant: _____

4. Life Insurance Agent: _____

5. Banker: _____

6. Executor of your Estate: _____

7. Substitute Executor: _____

8. Trustee: _____

9. Substitute Trustee: _____

10. Agent under Power of Attorney: _____

11. Substitute Agent: _____

12. Healthcare Agent: _____

13. Substitute Healthcare Agent: _____

14. Guardian for minor children: _____

15. Substitute guardian: _____

16. Clergyman: _____

17. Location of Safe Deposit Box: _____

VI. FINANCES

**Please indicate in each category ownership and dollar amount separately, as well as total

Monthly Income : (if your monthly income is \$3,000.00 or less, please list each source.)

<u>Source</u>	<u>Client 1</u>	<u>Client 2</u>	<u>Joint</u>	<u>Total</u>
Wages	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Investments	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Income	\$	\$	\$	\$

Assets

<u>Type of Asset</u>	<u>Client 1</u>	<u>Client 2</u>	<u>Joint</u>	<u>Total</u>
Cash, Checking, Savings, CDs, Money Market & Cash Management Accounts	\$	\$	\$	\$
Non-Retirement Investment/Broker-held Accounts (not including cash) and Mutual Fund Accounts	\$	\$	\$	\$
Retirement Accounts, e.g. IRA, 401k, Roth, etc.	\$	\$	\$	\$
Life Insurance: death benefit and cash value	D.B.\$_____ C.V.\$_____ CV:_____	D.B.\$_____ C.V.\$_____ CV:_____	D.B.\$_____ C.V.\$_____ CV:_____	D.B.\$_____ C.V.\$_____ CV:_____
Stocks you hold (not in an investment account)	\$	\$	\$	\$
Bonds you hold (not in an investment account)	\$	\$	\$	\$
Annuities: \$:original amount d:month/year purchased CV: Current Value	\$____d:___/___ CV:_____	\$____d:___/___ CV:_____	\$____d:___/___ CV:_____	\$____d:___/___ CV:_____
Real Estate: residence (per tax bill)	\$	\$	\$	\$
Real Estate: other (list State & County)	\$	\$	\$	\$
Vehicles: automobile, motorcycle, boats	\$	\$	\$	\$
Total Page 1	\$	\$	\$	\$

Business Interests

<u>Type</u>	<u>Client 1</u>	<u>Client 2</u>	<u>Joint</u>	<u>Total</u>
Farm	\$	\$	\$	\$
Partnership or LLC	\$	\$	\$	\$
Corporations <input type="checkbox"/> S-Corp?	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Business Interests	\$	\$	\$	\$

Other Assets

<u>Type</u>	<u>Client 1</u>	<u>Client 2</u>	<u>Joint</u>	<u>Total</u>
	\$	\$	\$	\$
	\$	\$	\$	\$
Total Other	\$	\$	\$	\$
Total All Assets	\$	\$	\$	\$

Liabilities

<u>Type</u>	<u>Client 1</u>	<u>Client 2</u>	<u>Joint</u>	<u>Total</u>
Mortgage	\$	\$	\$	\$
Loans Payable	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Liabilities	\$	\$	\$	\$

Total Net Assets	\$	\$	\$	\$
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VII. OTHER THINGS WE SHOULD KNOW

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.