



ESTATE PLANNING QUESTIONNAIRE

(Office use)

Date _____ File Number _____

PERSONAL DATA/ GENERAL QUESTIONS:

PERSON 1 (MAKING THE ESTATE PLAN)

Full name (print name as shown on your license) _____

Street Address _____

City _____

Birth Date _____ Social Security Number _____

Home Phone # _____ Business Phone # _____

Cell Phone # _____ Email Address _____

Marital Status: _____ Spouses' Name: _____

Prior Marriage: _____ When did you establish residency in NC: _____

PERSON 2 (MAKING THE ESTATE PLAN)

Full name (print name as shown on your license) _____

Street Address _____

City _____

Birth Date _____ Social Security Number _____

Home Phone # _____ Business Phone # _____

Cell Phone # _____ Email Address _____

Marital Status: _____ Spouses' Name: _____

Prior Marriage: _____ When did you establish residency in NC: _____

CHILDREN (if applicable)

For each child, please answer the following (attach a separate sheet if necessary):

CHILD 1:

Name of child _____ Gender _____

Street Address _____ City _____ State _____

Date of Birth _____ Telephone Number _____

Social Security Number _____

CHILD 2:

Name of child _____ Gender _____
Street Address _____ City _____ State _____
Date of Birth _____ Telephone Number _____
Social Security Number _____

CHILD 3:

Name of child: _____ Gender _____
Street Address _____ City _____ State _____
Date of Birth _____ Telephone Number _____
Social Security Number _____

CHILD 4:

Name of child _____ Gender _____
Street Address _____ City _____ State _____
Date of Birth _____ Telephone Number _____
Social Security Number _____

GRANDCHILDREN (if applicable)

List names and ages: _____

DISPOSITIVE INTENTIONS

Generally, what is your intent and plan for your assets after you are gone?

I wish to give my real property to the following person(s) in the following manner:

I wish to give my personal property to the following person(s) in the following manner: (List automobiles, bank accounts, etc)

Are there any specific items that are valuable but not listed in other categories (i.e. jewelry, antique furniture, art, memorabilia, firearms, etc....)

Do you have a desire to make charitable or other contributions and if so, what are your intents associated with these desires?

If none of your immediate family were to survive you, what are your thoughts regarding disposition of your assets?

Do you have any specific thoughts regarding funeral arrangements, burial, cremation, or the disposition of your remains?

Does anyone including your children or family owe you money at present?

OTHER BENEFICIARIES

Do you want your Will/Trust to benefit anyone other than the person(s) named above? (for example, *specific* gifts to other relatives, charities, etc. This can include money donations, jewelry, furniture, etc. – for example, “I leave my wedding and engagement ring to my daughter”)?

☐ Yes ☐ No If so, please list below: (attach additional pages if necessary)

Name of Beneficiary	Address of Beneficiary	Relationship	Gift
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EXECUTOR

Whom do you want to serve as Executor of your estate? (This is the person who is responsible for administering your property and paying all taxes/hiring a lawyer if necessary/setting up a trust for your minor children, etc. after you are deceased. Typically, this is your spouse and an alternate person whom you trust and who is likely to be alive at the time of your death and is capable of handling financial matters. **Remember** to update your will accordingly if these persons should die before you do.)

Person 1

First Choice: _____

Second Choice: _____ Third Choice: _____

Person 2

First Choice: _____

Second Choice: _____ Third Choice: _____

GUARDIAN(S)

Whom do you want to take care of your minor children should this be applicable? (This is the person who is responsible for caring for your minor children, providing a place for them to live and raising them, being responsible for their physical wellbeing on a day-to-day basis. **Remember** to update your will accordingly if these persons should die before you do.)

Person 1

First Choice: _____

Second Choice: _____ Third Choice: _____

Person 2

First Choice: _____

Second Choice: _____ Third Choice: _____

TRUSTEE FOR MINOR TRUST

In the event you have one or more minor children, we are going to advise that your will be drafted in such a manner as to leave your assets to a Trustee for the benefit of your minor children. An Attorney will discuss the particulars of this including the recommended age(s) that the trust should terminate or assets should be distributed to the minor children. It is important to think about who you want to manage the trust and make distributions for your minor children. Remember this can be a different individual from the guardian listed above. Many clients chose to

have a separate individual manage the financial aspect of their children's lives. An Attorney can discuss this with you and help you think through the pros and cons of different choices.

Remember to update your will accordingly if these persons should die before you do.)

Person 1

First Choice: _____

Second Choice: _____ Third Choice: _____

Person 2

First Choice: _____

Second Choice: _____ Third Choice: _____

WOULD YOU LIKE ANY OF THE FOLLOWING:

HEALTH CARE POA? Y___ N___ (INCLUDE END OF LIFE CARE INSTRUCTIONS? Y ___ N___)

FINANCIAL POA? Y___ N___

HIPPA RELEASE? Y___ N___

FINANCIAL POWER OF ATTORNEY – PERSON 1

Name of Proposed Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate Agent _____

Street Address _____

City _____ State _____ Zip _____

FINANCIAL POWER OF ATTORNEY – PERSON 2

Name of Proposed Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate Agent _____

Street Address _____

City _____ State _____ Zip _____

HEALTHCARE POWER OF ATTORNEY – PERSON 1

Name of Proposed Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate or Joint Agent _____

Street Address _____

City _____ State _____ Zip _____

If you chose to have a joint agent, or more than one person acting in concert, use the notes page to add all persons.

HEALTHCARE POWER OF ATTORNEY – PERSON 2

Name of Proposed Agent _____

Street Address _____

City _____ State _____ Zip _____

Name of Proposed Alternate or Joint Agent _____

Street Address _____

City _____ State _____ Zip _____

If you chose to have a joint agent, or more than one person acting in concert, use the notes page to add all persons.

[illegible]
