

**ESTATE PLANNING QUESTIONNAIRE**

**GENERAL INFORMATION**

Marital Status:  Married  Unmarried  Unmarried ,with long-term partner (domestic partner)

**Client Name Information**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nickname (if any): \_\_\_\_\_ Alias Name (if any): \_\_\_\_\_

Gender:  Male  Female SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

U.S. Citizen?  Yes  No

If No, specify citizenship: \_\_\_\_\_

Health:  Excellent  Reasonably good  Poor  Serious Adverse Condition

Disabled?  Yes  No

**Spouse/Partner Name Information**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nickname (if any): \_\_\_\_\_ Alias Name (if any): \_\_\_\_\_

Gender:  Male  Female SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

U.S. Citizen?  Yes  No

If No, specify citizenship: \_\_\_\_\_

Health:  Excellent  Reasonably good  Poor  Serious Adverse Condition

Disabled?  Yes  No

**Contact Information**

	Client	Spouse/Partner (if information different from Client)
Address		
City		
State		
Zip		
Home Phone		
Personal email		

<b>Cell Phone</b>		
<b>Business Phone</b>		
<b>Business email</b>		

**Referral Information**

By whom were you referred to this office?

<b>Name</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

**CHILDREN (if applicable)**

	<b>Name</b>	<b>Living</b>	<b>Gender</b>	<b>Date of Birth</b>	<b>Child of Both</b>	<b>Child of Client only</b>	<b>Child of Spouse only</b>
Child 1		Y / N	M/F		Y / N	Y / N	Y / N
Child 2		Y / N	M/F		Y / N	Y / N	Y / N
Child 3		Y / N	M/F		Y / N	Y / N	Y / N
Child 4		Y / N	M/F		Y / N	Y / N	Y / N
Child 5		Y / N	M/F		Y / N	Y / N	Y / N
Child 6		Y / N	M/F		Y / N	Y / N	Y / N

	<b>Address (if not living with client and spouse/partner)</b>	<b>Legally Blind</b>	<b>Disabled</b>	<b>Receives SSI</b>	<b>Completed Education</b>
Child 1		Y / N	Y / N	Y / N	Y / N
Child 2		Y / N	Y / N	Y / N	Y / N
Child 3		Y / N	Y / N	Y / N	Y / N
Child 4		Y / N	Y / N	Y / N	Y / N
Child 5		Y / N	Y / N	Y / N	Y / N
Child 6		Y / N	Y / N	Y / N	Y / N

**ASSETS AND LIABILITIES**

Personal Net Worth (combined): \$ \_\_\_\_\_

Client Annual Income: \$ \_\_\_\_\_

Spouse Annual Income: \$ \_\_\_\_\_

Client has interest in qualified pension plan(s)?  Yes  No

Spouse/Partner has interest in qualified pension plan(s)?  Yes  No

Is any of Client's or Spouse's property located outside of the State of North Carolina?  Yes  No

If yes, what describe the property and its location: \_\_\_\_\_

**Please bring a list of all life insurance policies on each of your life and your spouse/partner's life showing the face value, policy loans, the owner and beneficiary of each policy.**

## FINANCIAL SUMMARY

	Description	Client	ASSETS		LIABILITIES
			Spouse	Joint	
<b>Cash/Liquid</b>					
	Savings				
	Checking				
	Money Market				
	Other				
<b>Real Estate</b>					
	Primary				
	Secondary				
	Other (including interest in LLCs)				
<b>Personal Property</b>					
	Automobiles				
	Jewelry				
	Art or Other Collections				
	Boats				
	Other				
<b>Intangibles</b>					
	Bonds				
	Stock				
	Mutual Funds				
	Note & Mortgages				
	Receivables				
	Future Inheritance				
	Interests in Trusts				
	Annuities				
	Other				
<b>Closely Held Businesses</b>					
	Closely held business				
	Medical / Dental Practice				
<b>Retirement Benefits</b>					
	IRAs				
	401K				
	Keough Plan				
	SEP				
<b>Life Insurance</b>	Cash Value of all policies				

**MISCELLANEOUS**

Do you have existing estate planning documents?  Yes  No

Do you have an existing revocable or irrevocable trust?  Yes  No

If you answered yes to either question, please answer the following:

What year were the documents completed? \_\_\_\_\_

What was your State of residence at the time? \_\_\_\_\_

Do you have a recorded power of attorney? \_\_\_\_\_

**Please bring originals or copies of all prior estate planning documents with you to the initial conference.**

Do you have a safe-deposit box?  Yes  No

Location of safe-deposit box: \_\_\_\_\_

Location of important papers: \_\_\_\_\_

Has Client made gifts to any one person exceeding \$10,000 in any one calendar year?  Yes  No

Has Spouse/Partner made gifts to any one person exceeding \$10,000 in any one calendar year?  Yes  No

Has Client ever filed a Federal Gift Tax Return?  Yes  No

If Yes, Years of Returns filed: \_\_\_\_\_

Has Spouse/Partner ever filed a Federal Gift Tax Return?  Yes  No

If Yes, Years of Returns filed: \_\_\_\_\_

Do you have any other legal or personal issues of which I should be aware?  Yes  No

If Yes, please describe:

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