

## ESTATE PLANNING QUESTIONNAIRE

Please complete this questionnaire so that we may assist you with your estate planning needs. If any questions do not apply to you, write "Not Applicable." Provide an answer to each question.

Prepared by: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

\_\_\_\_\_  
 First name Middle name Last name

\_\_\_\_\_  
 Home address

\_\_\_\_\_  
 City State Zip Code

\_\_\_\_\_  
 Home Phone Number Cell Phone Number Work Phone Number

Date of birth: \_\_\_\_\_ Email: \_\_\_\_\_ Male  Female

Race: Asian/Pacific Islander  Black  Hispanic  Multi Race  Native American   
 White  Decline to Answer

1. Please indicate your marital status:  
 Single  Married  Separated  Divorced  Widowed

2. If you are married, please provide your spouse's name below.

\_\_\_\_\_

3. If you are married and your spouse's address is different than yours, please provide your spouse's address.

\_\_\_\_\_

\_\_\_\_\_  
 Home address

\_\_\_\_\_  
 City County State Zip Code

4. Please provide your children's full names below. In the status column, please add the letter "D" for a deceased child, "M" for a married child, or "S" for a stepchild.

First Name	Middle Initial	Last Name	Date of Birth	Status

5. Are any of your children under the age of 18? Yes  No

If any of your children are under the age of 18, we recommend you nominate a guardian for them. Please provide the name and contact information for your first and second choices below.

PRIMARY: \_\_\_\_\_

ALTERNATE: \_\_\_\_\_

6. People with special needs often qualify for public benefits, such as SSI or Medicaid. To qualify for these public benefits, the state usually determines by how much property the person owns and how much money the person earns. If the person inherits property, either by being named in a will or from the estate of a family member that did not have a will, they may no longer qualify for these benefits.

Does your will need to be structured so that a person with special needs can continue to receive public benefits after they receive property from your estate?

Yes  No

7. Are your parents still living? Yes  No

If your parents are still living, please provide their full names below.

MOTHER: \_\_\_\_\_

FATHER: \_\_\_\_\_

8. Please identify your choice of Executor. You may name an alternate if your first choice is unable to act.

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Has this person ever been convicted of a felony? Yes  No

Has this person been found incompetent in a formal proceeding? Yes  No

ALTERNATE:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Has this person ever been convicted of a felony? Yes  No

Has this person been found incompetent in a formal proceeding? Yes  No

9. Do you own any real estate? Yes  No

If you own any real estate, either by you alone or jointly with another person, please provide the address(es) and the name(s) of the co-owner(s) below:

Property Address:	Name(s) of Co-Owner(s)

10. If you are married and both you and your spouse's names are on the deed, that real estate will automatically pass to the surviving spouse upon death. If you are married and your spouse's name is **NOT** on the deed (i.e., you bought your house before you were married), North Carolina law gives your spouse some rights to that property upon your death. If you own real property jointly with someone else, title to that property may or may not pass immediately to the other person upon your death. If you want to leave specific real estate to specific people, please provide the address of the specific piece of real estate, the name(s) of the people who are to receive such real estate, and their corresponding percentage interest, if applicable.

Property Address:	Name of person to receive this property	Percentage interest to receive, if applicable

11. If you are married and **unless you state differently**, your spouse will receive your remaining property under the terms of your will if your spouse survives you. If you have children and are either not married or your spouse dies before you, **and unless you state differently**, your remaining personal property will be distributed equally among your children. If a child of yours dies before you, the deceased child's share will be distributed to his or her children equally. If upon your death you **do not** have a living spouse, children or grandchildren, **or if you desire not to follow the method of distribution detailed above**, please provide the name(s), relationship(s) and, if applicable, percentage interest for the people or charitable organizations you would like to receive your remaining property.

Name	Percentage interest to receive, if applicable

12. Will a minor inherit part of your estate? Yes  No

If a minor will inherit part of your estate, you should appoint a trustee to administer their inheritance until the child becomes an adult. Please list the full name of your first and second choices.

PRIMARY: \_\_\_\_\_

ALTERNATE: \_\_\_\_\_

13. Do you want a Health Care Power of Attorney? Yes  No

If you want a Health Care Power of Attorney, please provide the following information of your first, second, and third choices of Agent. Complete each field for each person you designate.

FIRST CHOICE:

\_\_\_\_\_  
Full name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Phone Number                      Cell Phone Number                      Work Phone Number

SECOND CHOICE:

\_\_\_\_\_  
Full name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Phone Number                      Cell Phone Number                      Work Phone Number

THIRD CHOICE:

\_\_\_\_\_  
Full name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Phone Number                      Cell Phone Number                      Work Phone Number

14. A Living Will is written instructions to your doctor stating your desire that, under certain conditions, your life not be prolonged by extraordinary or artificial means. Would you like to have a Living Will?

Yes

No

15. Do you want a General Power of Attorney? Yes  No

If you want a General Power of Attorney, please provide the following information of your first and second choices of Agent.

PRIMARY: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ALTERNATE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

If you were given this form at an event or community center, please provide the location and date:

---