

# Estate Planning Questionnaire

## CONFIDENTIAL

In order for our office to properly advise you regarding your estate plan, please fill out this client questionnaire to the best of your ability. We will keep all information strictly confidential within the parameters of the law. We understand that you may not know the exact value of every asset. Please estimate the value as accurately as you can. If additional space is needed for any subject, please add extra sheets.

Approximate Completion Time: 30 Minutes

Also, if you have any difficulty seeing or hearing, please let us know before your first meeting. We want to make every effort to accommodate you, and good communication between attorney and client is the foundation of any estate plan. If you have any questions, please do not hesitate to call us.

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### Attorneys

Jeremiah Jackson  
Elizabeth Boyette

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

**INFORMATION ABOUT YOU AND YOUR SPOUSE**

Your Full Legal Name: \_\_\_\_\_

Your Nicknames/Aliases: \_\_\_\_\_

Spouse's Full Legal Name: \_\_\_\_\_

Spouse's Nicknames/Aliases: \_\_\_\_\_

If Widowed, Date of Spouse/Partner's Death \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_

Your Birthplace: City \_\_\_\_\_ State \_\_\_\_\_

Spouse's Birthplace: City \_\_\_\_\_ State \_\_\_\_\_

Are you a U.S. Citizen?      Yes              No      Is your spouse?      Yes              No

Are you a Veteran?      Yes              No      Is your spouse?      Yes              No

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

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

Your Social Security Number \_\_\_\_\_

Spouse's Social Security Number \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Your Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Are you married now?      Yes              No

If yes, date and place of marriage: \_\_\_\_\_

Have either of you been married previously?      Yes              No

**YOUR CHILDREN**

Full Legal Name:      Child of:      Birth Date:      Married to:      City/State:

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Did you legally adopt any of your children?      Yes      No

**YOUR GRANDCHILDREN**

Full Legal Name:      Child of:      Birth Date:      City/State:

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**OTHER BENEFICIARIES**

Please list the following information for all other intended beneficiaries under you will.

Full Legal Name:      Relationship:      Birth Date:      City/State:

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**YOUR EXECUTOR**

Who do you want to handle your estate/financial affairs at your death? Please list in order of priority.

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**YOUR TRUSTEE (If Applicable)**

Are you creating a Trust for a minor child or other beneficiary? If so, who would you want to be Trustee for any Trusts created under your Will—in order of priority?

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**Disinheriting** – Do you have any relatives whom you specifically do not want to receive anything from your estate?

Name	Relationship
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

**Disabilities**—Does anyone in your family, or any of your beneficiaries, have any special needs due to physical or mental disability? If so, please list them below.

Name	Relationship	Disability
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

**BENEFICIARIES**—Please briefly describe how you would like your property to be distributed after your death. We will go into more detail at your first conference.

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**GUARDIAN FOR MINOR CHILDREN**—If you have minor children (Under 18 years of age) and are unable to take care of them, or you are deceased, who would you want to be Legal Guardians of your children? Please provide at least two people (full legal names) and their addresses and home and/or cell phone numbers.

1. 

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Name Address

Phone: (H) 

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 (C) 

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2. 

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Name Address

Phone: (H) 

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 (C) 

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**Visitation Rights** –Do you wish for any person(s) other than your chosen Guardian to have access and visitation rights with your children?

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**FINANCIAL POWER OF ATTORNEY** – Who do you want to handle your financial affairs if you become incapacitated? Please provide at least two people (full legal names) and their addresses and home and/or cell phone numbers.

1. \_\_\_\_\_  
Name Address  
Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

2. \_\_\_\_\_  
Name Address  
Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

3. \_\_\_\_\_  
Name Address  
Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

**HEALTH CARE POWER OF ATTORNEY**—If you are incapacitated and unable to make health care decisions for yourself, who do you want to make health care decisions for you? Please provide at least two full legal names, home addresses, and home/cell phone numbers in the order in which you want them to serve.

1. \_\_\_\_\_  
Name Address  
Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

2. \_\_\_\_\_  
Name Address  
Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

3. \_\_\_\_\_  
Name Address  
Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

**HEALTH CARE (HIPAA Release)**—Is there anyone that you want to have the ability obtain medical information from doctors/hospitals if you are receiving medical care?

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

**MISCELLANEOUS**

Do you presently have a will?                      Yes      No                      Year \_\_\_\_\_

If Yes, please bring a copy to your appointment.

Do you presently have a trust?                      Yes      No                      Year \_\_\_\_\_

Revocable or Non-Revocable?                      \_\_\_\_\_

If Yes, please bring a copy to your appointment.

**CREMATION**—Do you wish to be cremated?      Yes                      No

**INHERITANCE**—Do you anticipate receiving an inheritance?                      Yes                      No

**TRUSTS**—Are you the Beneficiary, Trustee, or Grantor of any Trust?                      Yes                      No

If yes, we would appreciate your providing us with a copy of the trust document.

**SAFE DEPOSIT BOX**—Do you have a safe deposit box?                      Yes                      No

Bank/Branch \_\_\_\_\_

**OTHER PROFESSIONALS**— If applicable, please provide the names of your CPA and/or Financial Planner:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FINANCIAL SUMMARY**

If married, do either of you have separate property?    Yes                    No

If yes, value of your separate property? \_\_\_\_\_ Spouse's? \_\_\_\_\_

Value of joint property? \_\_\_\_\_

Your annual income? \_\_\_\_\_ Spouse's Annual Income? \_\_\_\_\_

1. Do you own a home or any other real estate?

<b>Address</b>	<b>City/State</b>	<b>Approximate Value</b>	<b>Mortgage</b>

2. Do you own any Vehicles, Boats, etc.?

<b>Description</b>	<b>Approximate Value</b>	<b>Amount Owed</b>

3. Do you have any checking or savings Accounts?

<b>Name of Bank</b>	<b>Owner(s)</b>	<b>Named Beneficiary (If Applicable)</b>

4. Do you own any IRA, 401k, 403b, TSP, or Pension Plans?

<b>Company</b>	<b>Account No.</b>	<b>Beneficiary or Beneficiaries</b>	<b>Approximate Value</b>

5. Do you own any life insurance policies and/or annuities?

<b>Company</b>	<b>Policy No.</b>	<b>Beneficiary or Beneficiaries</b>	<b>Death Benefit</b>