

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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Attorney

Hayden Baugh

Appointment Date: _____ Time: _____

Email us at Hayden@JacksonLawNC.com to schedule your appointment today!

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 (Last 4 Digits) _____

Spouse's Social Security Number (Last 4 Digits) _____

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:

Did you legally adopt any of your children? Yes No

YOUR GRANDCHILDREN

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

OTHER BENEFICIARIES

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

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

YOUR EXECUTOR

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

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?

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

Name	Relationship
_____	_____
_____	_____
_____	_____

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
_____	_____	_____
_____	_____	_____

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.

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. _____

Name		Address
Phone: (H) _____	(C) _____	

2. _____

Name		Address
Phone: (H) _____	(C) _____	

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

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

Value of property? _____

Your annual income? _____ Spouse's Annual Income? _____

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

Address	City/State	Approximate Value	Mortgage

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

Description	Approximate Value	Amount Owed

3. Do you have any checking or savings Accounts?

Name of Bank	Owner(s)	Named Beneficiary (If Applicable)

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

Company	Account No.	Beneficiary or Beneficiaries	Approximate Value

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

Company	Policy No.	Beneficiary or Beneficiaries	Death Benefit

6. Do you own a business?

Company Name	Owners	Assets	Value