

ESTATE PLANNING QUESTIONNAIRE for an individual

The information requested will assist us in helping you develop appropriate estate plans. Please provide information that is as accurate and complete as possible. Feel free to attach additional sheets if necessary. Also, if you are uncertain about a question, please note this and give us your best answer. Information you provide will be kept confidential unless you authorize its release to others. However, since we are being asked to represent both spouses, we must and will treat all communications by either spouse (including a desire to terminate the joint representation) as common knowledge to be shared among all of us, while maintaining strict confidentiality as to anyone else.

Personal Information

Your full name:	
Date of birth:	Social Security number:
Employer:	
Work address:	
Work telephone:	
Of what country are you a citizen?	
What is the condition of your health?	
What is your marital history (single, married, separated, divorced)?	
Do you have parents or other adults who are financially dependent on you?	
Do you presently have a Will? (If so, please attach a copy.)	

Spouse's full name (if applicable):	
Date of birth:	Social Security number:
Employer:	
Work address:	
Work telephone:	
Of what country is your spouse & citizen?	
What is the condition of your spouse's health?	

Home address:
Home telephone:

Children	Date of Birth	Address	His/Hers/Ours

Grandchildren	Date of Birth	Address	Parents

In connection with your present marriage (if applicable), did you enter into a pre-marital or post-marital agreement? _____ If so, please attach a copy.

Do you have any obligations to a former spouse or children from a prior marriage under a separation agreement or divorce decree? _____ If so, attach a copy of the divorce decree or separation agreement.

Please provide names, addresses and telephone numbers for the following advisors (if applicable):

Accountant:
Financial Advisor:
Stock Broker:
Trust Officer or Banker:
Other Attorney:

Financial Information

Assets:

	You	Joint Owner	If Joint, With Whom
Cash and Bank Accounts	\$ _____	\$ _____	_____
Notes and Accounts Receivable	\$ _____	\$ _____	_____
Stocks, Bonds and Mutual Funds	\$ _____	\$ _____	_____
Annuities	\$ _____	\$ _____	_____
Options	\$ _____	\$ _____	_____
Residence (market value)	\$ _____	\$ _____	_____
Other Real Estate (market value)	\$ _____	\$ _____	_____
Life Insurance (face value)	\$ _____	\$ _____	_____
IRA, 401(k), Qualified Pension and Profit Sharing Plans (vested)	\$ _____	\$ _____	_____
Tangible Personal Property	\$ _____	\$ _____	_____
Business Interests	\$ _____	\$ _____	_____
Other	\$ _____	\$ _____	_____
Subtotals:	\$ _____	\$ _____	_____

Liabilities:

	You	Joint Obliger	If Joint, with Whom
Real Estate Mortgages	\$ _____	\$ _____	_____
Loans on Insurance Policies	\$ _____	\$ _____	_____
Other Loans and Notes	\$ _____	\$ _____	_____
Pledges	\$ _____	\$ _____	_____
Taxes	\$ _____	\$ _____	_____
Other	\$ _____	\$ _____	_____
Subtotals:	\$ _____	\$ _____	_____
Totals:	\$ _____	\$ _____	_____

CLOSELY HELD BUSINESS INTERESTS

Company:
Address:
Type of entity (C corporation, S corporation, partnership, limited liability company):
Percentage of business owned by you and estimated value:
Percentage of business owned by other family members and estimated value:
Identity of non-family owners, if any:
Do you desire the business to be continued following your death?
What provisions have been made for successor management?
Are there any buy/sell or stock redemption agreements?
What arrangements have been made to fund any such buyout or redemption?

LIFE INSURANCE

Company:
Type of policy (term, whole life, universal, split dollar, group, etc.):
Insured:
Owner:
Primary beneficiary:
Contingent beneficiary:
Death benefit:
Insurance agent's name & address:

Company:
Type of policy (term, whole life, universal, split dollar, group, etc.):
Insured:
Owner:

Primary beneficiary:
Contingent beneficiary:
Death benefit:
Insurance agent's name & address:

Company:
Type of policy (term, whole life, universal, split dollar, group, etc.):
Insured:
Owner:
Primary beneficiary:
Contingent beneficiary:
Death benefit:
Insurance agent's name & address:

OTHER INTERESTS

Are you a beneficiary or a trustee under any trust? _____

If so, please explain and provide a copy of the trust agreement or other governing instrument (such as a will) if possible:

Are you likely to receive substantial inheritances in the foreseeable future? _____

If so, please explain and state the source, nature and estimated value of each inheritance (if known):

Describe the general nature, form of ownership and your estimate of the value of any asset or other interest of value that does not seem to fit in any of the categories above:

ESTATE PLANNING OBJECTIVES

State any particular objectives each of you wish your estate plan to accomplish:

Identify any debts owed to you that you wish to address in your estate plan:

Debtor	Relationship	Amount of Debt
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Identify any debts you owe that you wish to address in your estate plan:

Creditor	Relationship	Amount of Debt
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Do you want to require that any mortgage or other debt secured by your residence or any other real property be paid out of your estate? _____

If so, explain:

Identify any charitable or non-charitable specific gifts you wish to make in your estate plan:

Name	Relationship	Item or Amount
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Describe how you would like to dispose of the remainder of your estate:

Name	Relationship	Percentage

Should all of your intended beneficiaries fail to survive to take your property, please list any contingent charitable or non-charitable beneficiaries to whom you may wish to leave your property:

Name	Relationship	Percentage

GUARDIANS, EXECUTORS, TRUSTEES AND AGENTS

If you have a minor child or minor children, you may designate in your will a guardian or guardians you wish to nominate to have physical care and custody of the minor child or children if both natural parents are deceased.

Name	Relationship	Address
Guardian:		
Alternate:		
Alternate:		

Your executor has the responsibility to wind up your affairs at your death, see to it that your assets are collected, that claims, expenses, and estate and inheritance taxes are paid and then distribute property to trustees or other beneficiaries you have named. You should designate one or more executors.

Name	Relationship	Address
Executor:		
Alternate:		
Alternate:		

If your estate plan will include trusts, you should select one or more trustees. A trustee has the responsibility for the management of property that is to be held in trust for the benefit of the beneficiaries of the trust. A trustee can be an individual or a corporation qualified to act as a trustee (typically a bank or trust company).

Name	Relationship	Address
Trustee:		
Alternate:		
Alternate:		

A Power of Attorney is a legal document in which you authorize another person (called an agent or attorney-in-fact) to act on your behalf in the management of your affairs. If your estate plan is to include a Power of Attorney, you should select one or more agents.

Name	Relationship	Address
Agent:		
Alternate Agent:		

A Health Care Power of Attorney appoints a person (called a health care agent) as your representative to make decisions regarding your health care treatment when you are unable to give informed consent. If you wish to include a Health Care Power of Attorney in your estate plan, you will need to list the physician (or you can put "my attending physician") who you wish to make the determination as to when you are incapable of giving informed consent, in which event the Health Care Power of Attorney will be activated. You also will need to list the persons you want to serve as your health care agents.

Name	Relationship	Address
Physician:		
Agent:		
Alternate Agent:		

OTHER MATTERS RELEVANT TO YOUR ESTATE PLANNING

List the current primary and contingent beneficiaries of each IRA and retirement benefits plan:

IRA or Benefits Plan	Primary/Relationship	Contingent/Relationship

List the current primary and contingent beneficiaries of each annuity:

Annuity	Primary/Relationship	Contingent/Relationship

If you are married, have you ever lived in a community property state (California, Texas, New Mexico, Arizona, Nevada, Louisiana, Washington, Idaho or, after 1985, Wisconsin)? _____

If so, give details of assets accumulated while in a community property state that were brought into this state:

Do you own any real property located outside of North Carolina? _____

If so, please describe the property owned and where it is located:

Have you made past gifts to a person or organization other than a spouse or a charity where the amount of such gift in any single year was more than \$3,000 in any year prior to 1982 or more than \$10,000 in any year since 1982? _____

If so, please state the nature and amount of the gift, when it was made and to whom it was made:

Have you placed any property in joint names with any person other than either of you? _____

If so, please explain:

Are you a guarantor of any indebtedness? _____

If so, please explain:

Do you have any powers of appointment over property (the right to transfer or dispose of property that you do not own) under a will, trust or other document? _____

If so, please explain and provide a copy of the document(s) creating any such power of appointment:

Are you an organ donor? _____

Have you purchased prepaid burial contracts? _____

If so, please describe:

Do you have long-term care insurance? _____

If so, please describe:

Are any of your intended beneficiaries qualified to receive governmental benefits as a result of any mental or physical impairment? _____

If so, please describe:

Describe or list any other facts or matters about your affairs or situation that you think may be relevant in planning your estate but which do not seem to be covered by the other sections of this questionnaire:

Your Signature

Date

Please mail your completed form to: Rosner Law Firm
5858 Faringdon Place
Raleigh, NC 27609
Or fax to : 919-882-9972