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ESTATE PLANNING QUESTIONNAIRE *for a married couple*

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

Husband's full name: _____

Date of birth: _____ Age: _____ Social Security Number: _____

Employer: _____

Work address: _____

Work telephone: _____

Of what country are you a citizen? _____

What is the condition of your health? _____

Were you married prior to your current marriage? _____

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.) _____

Wife's full name: _____

Date of birth: _____ Age: _____ Social Security Number: _____

Employer: _____

Work address: _____

Work telephone: _____

Of what country are you a citizen? _____

What is the condition of your health? _____

Were you married prior to your current marriage? _____

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.) _____

Home address: _____

Home telephone: _____

Email address: _____

Email address: _____

Children	Date of Birth	Age	Address	His/Hers/Ours

Grandchildren	Date of Birth	Age	Address	Parents

In connection with your present marriage, 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

<u>Assets</u>	Husband	Wife	Joint
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	\$	\$	\$

<u>Liabilities</u>	Husband	Wife	Joint
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 husband and estimated value: _____

Percentage of business owned by wife and estimated value: _____

Identity of other owners, if any: _____

Do you desire the business to be combined following your death(s)? _____

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 either of 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 either of you likely to receive substantial inheritances in the foreseeable future from persons other than each other? _____ 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 plans to accomplish: _____

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

Debtor	Relationship	Amount of Debt
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_____	_____	_____
_____	_____	_____

Identify any debts *you owe* that you wish to address in your estate plans:

Debtor	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 plans:

Name	Relationship	Item or Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

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
Husband's Executor: _____	_____	_____
Alternate: _____	_____	_____
Alternate: _____	_____	_____

Wife's Executor: _____

Alternate: _____

Alternate: _____

If your estate plans 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
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Husband's Trustee: _____

Alternate: _____

Alternate: _____

Wife's 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 plans are to include a Power of Attorney, you should select one or more agents.

Name	Relationship	Address
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Husband's Agent: _____

Alternate: _____

Wife's Agent: _____

Alternate: _____

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. You will need to list the persons you want to serve as your health care agents.

Name	Relationship	Address
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Husband's Agent: _____

Alternate: _____

Wife's Agent: _____

Alternate: _____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 real property located outside of North Carolina? _____ If so, please describe the property owned and where it is located: _____

Have either of you made past gifts to a person or organization other than your 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 from 1982 until 2001, or more than \$11,000 in any year from 2002 until 2005, or more than \$12,000 in any year from 2006 until 2008, or more than \$13,000 in any year after 2008? _____

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

Have either of you placed any property in joint names with any person other than either of you? _____ If so, please explain: _____

Are either of you a guarantor of any indebtedness? _____ If so, please explain: _____

Do either of 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 either of you an organ donor? _____ If so, which of you? _____

Have either of you purchased prepaid burial contracts? _____ If so, please describe: _____

Do either of 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: _____
