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ESTATE PLANNING QUESTIONNAIRE *for an individual*

www.schellbray.com

The information requested will assist us in helping you develop an appropriate estate plan. Please provide information that is as accurate and complete as possible. Please 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.

PERSONAL INFORMATION

Full name: _____

Date of birth: _____ **Age:** _____ **Gender:** _____ **SSN:** _____

Employer: _____

Work address: _____

Work telephone: _____

Of what country are you a citizen? _____

What is the condition of your health? _____

Have you ever been married? _____ **If so, in what state (or country) were you married?** _____

Are you legally divorced? _____

Spouse's name, if applicable: _____

Of what country is your spouse a citizen? _____

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.** _____

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:** _____

Children

Date of Birth, Age, Gender

Address

Identity of Parents

Grandchildren

Date of Birth, Age, Gender

Address

Identity of Parents

Are any of the children or grandchildren listed above adopted? If so, please identify who is adopted, by whom, and the age at which the child or grandchild was adopted:

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

Accountant:

Financial Advisor:

Stock Broker:

Trust Officer or Banker:

Other Attorney:

Do you have any obligations to a current or former spouse or children from a prior marriage under a premarital agreement, post marital agreement, separation agreement, divorce decree, child custody/support order, etc.? _____ If so, please attach a copy of the relevant document(s).

FINANCIAL INFORMATION

<i>Assets</i>	<i>Individual</i>	<i>Joint</i>	<i>If Joint, Co-Owner(s)</i>
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	\$ _____	\$ _____	_____

<i>Liabilities</i>	<i>Individual</i>	<i>Joint</i>	<i>If Joint, Co-Owner(s)</i>
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: _____

Identity of other 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 and 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: _____

If you have an additional policy(ies), please attach a separate sheet listing each as above.

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 from persons? 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 you wish your estate plan to accomplish:

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

<u>Debtor</u>	<u>Relationship</u>	<u>Amount of Debt</u>
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Identify any debts *you owe* that you wish to address in your estate plan:

<u>Debtor</u>	<u>Relationship</u>	<u>Amount of Debt</u>
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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:

<u>Name</u>	<u>Relationship</u>	<u>Item or Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe how you would like to dispose of the remainder of your estate:

<u>Name</u>	<u>Relationship</u>	<u>Percentage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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:

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____

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 or adoptive parents are deceased.

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
<u>Guardian:</u> _____		
<u>Alternate:</u> _____		

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.

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
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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).

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
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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 will include a Power of Attorney, you should select one or more agents.

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
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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.

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
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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
_____	_____	_____
_____	_____	_____

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 have a deceased spouse who died after December 31, 2010? _____

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 former 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 through 2001, or more than \$11,000 in any year from 2002 through 2005, or more than \$12,000 in any year from 2006 through 2008, or more than \$13,000 in any year from 2008 through 2012, or more than \$14,000 in 2013 or later? _____ 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? _____ 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 contract(s):_____ 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:_____