



LEGACY LAWYERS

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Confidential Estate Planning Questionnaire

Part One: Personal Information

Full Legal Name: _____

Name on your driver's license: _____

Prefer to be called: _____ Date of Birth: ____/____/____ Last 4 of SSN: _____

Marital Status: Married Single Divorced Widowed

Home Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____ Home Phone: (_____) _____

Cell Phone: (_____) _____ Work Phone: (_____) _____

Email address: _____ I Prefer Not to be Contacted via Email

Are you retired? Yes No Previous /Current Occupation: _____

Primary Care Physician: _____

Name of Practice: _____ How is your health? _____

Address: _____

Office Phone: (_____) _____ Fax Number: (_____) _____

Spouse's Full Legal Name: _____

Name on your driver's license: _____

Prefer to be called: _____ Date of Birth: ____/____/____ Last 4 of SSN: _____

Cell Phone: (_____) _____ Work Phone: (_____) _____

Email address: _____ I Prefer Not to be Contacted via Email

Is your spouse retired? Yes No Previous /Current Occupation: _____

Primary Care Physician: _____

Name of Practice: _____ How is your health? _____

Address: _____

Office Phone: (_____) _____ Fax Number: (_____) _____

If married, please answer:

1. Date of Marriage: _____ Number of prior Marriages: _____
2. Do you and your spouse consider all of your assets jointly owned? Yes No
3. Did you or your spouse receive any valuable gifts or inheritances after marriage? Yes No
4. Would you consider future inheritances as jointly owned? Yes No
5. Did you or your spouse come into your marriage with any substantial assets? Yes No
6. Do you have a pre-marital agreement? (If yes, please bring to the meeting) Yes No

Family Information

1. **Child's Full Legal Name:** _____ M F DOB: ___/___/___

Whose child is it? Ours His Hers Their Email: _____

Home Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone: (_____) _____ Married Single Divorced Widowed

Spouse's Name: _____ Cell Phone (_____) _____

Do they have children? Yes No How many? _____

Names of Grandchildren:

Name: _____ M F DOB: ___/___/___

Name: _____ M F DOB: ___/___/___

Name: _____ M F DOB: ___/___/___

2. **Child's Full Legal Name:** _____ M F DOB: ___/___/___

Whose child is it? Ours His Hers Their Email: _____

Home Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone: (_____) _____ Married Single Divorced Widowed

Spouse's Name: _____ Cell Phone (_____) _____

Do they have children? Yes No How many? _____

Names of Grandchildren:

Name: _____ M F DOB: ___/___/___

Name: _____ M F DOB: ___/___/___

Name: _____ M F DOB: ___/___/___

3. Child's Full Legal Name: _____ M F DOB: ___/___/___

Whose child is it? Ours His Hers Their Email: _____

Home Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone: (_____) _____ Married Single Divorced Widowed

Spouse's Name: _____ Cell Phone (_____) _____

Do they have children? Yes No How many? _____

Names of Grandchildren:

Name: _____ M F DOB: ___/___/___

Name: _____ M F DOB: ___/___/___

Name: _____ M F DOB: ___/___/___

4. Child's Full Legal Name: _____ M F DOB: ___/___/___

Whose child is it? Ours His Hers Their Email: _____

Home Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone: (_____) _____ Married Single Divorced Widowed

Spouse's Name: _____ Cell Phone (_____) _____

Do they have children? Yes No How many? _____

Names of Grandchildren:

Name: _____ M F DOB: ___/___/___

Name: _____ M F DOB: ___/___/___

Name: _____ M F DOB: ___/___/___

Are you concerned with any child's ability to manage money? Yes No

If yes, who? _____

Are you concerned with your children's ability to get along with one another? Yes No

Do you have any deceased children? Yes No

If yes, did they leave surviving children? Yes No How many? _____

Do any of your children have step-children? Yes No How many? _____

Were any children or grandchildren born out of wedlock? Yes No

Do any of your children or grandchildren have major medical problems? Yes No

Do you want to exclude anyone from receiving any portion of your estate? Yes No

If yes, who? _____

Part Two: Legal Information

1. Do you have a Durable Power of Attorney? Yes No

If yes, who is listed as POA? _____

2. Do you have a Health Care Power of Attorney? Yes No

3. Do you have a Last Will and Testament? Yes No

4. Do you have a prepaid burial/funeral plan? Yes No Revocable Irrevocable

5. Does your spouse have a Durable Power of Attorney? Yes No

If yes, who is listed as POA? _____

6. Does your spouse have a Health Care Power of Attorney? Yes No

7. Does your spouse have a Last Will and Testament? Yes No

8. Does your spouse have a prepaid burial/funeral plan? Yes No Revocable Irrevocable

9. Do you have a trust? Yes No What type of trust is it? Revocable Irrevocable Unknown

Name of Trust: _____

Date of Trust Agreement: _____

Name of Trustees: _____

Has the trust been funded? Yes No Unknown

Is there more than one trust? Yes No

10. Is there a capacity of all parties to sign legal documents? Yes No

If no, who does not have capacity? _____

Part Three: Real Estate & Motor Vehicles

- If possible, please bring the Deed and recent Property Tax Bill for each property.

1. **Property Address:** _____

City: _____ State: _____ Zip: _____ County: _____

Owner(s): _____

Residence Other (Rental Property, vacant land, farm land, etc.): _____

2. **Property Address:** _____

City: _____ State: _____ Zip: _____ County: _____

Owner(s): _____

Residence Other (Rental Property, vacant land, farm land, etc.): _____

3. **Property Address:** _____

City: _____ State: _____ Zip: _____ County: _____

Owner(s): _____

Residence Other (Rental Property, vacant land, farm land, etc.): _____

4. **Property Address:** _____

City: _____ State: _____ Zip: _____ County: _____

Owner(s): _____

Residence Other (Rental Property, vacant land, farm land, etc.): _____

MOTOR VEHICLES

Make	Year	Model	Owner (as titled)	Tax Value

Part Four: Financial Information

MONTHLY INCOME

Type	Client Income	Spouse's Income
Social Security		
Gross Wages (if employed)		
Pension		
Spousal Pension Continuation Benefit		
Military Retirement		
Interest/Dividends		
Rental Property		
Income from IRAs		
Other		
Other		
TOTAL		

What is your approximate Monthly Living Expenses? _____

BANK ACCOUNTS

Name of Bank	Account Owner	Type of Account	Value of Account

STOCKS/BONDS

Company Name	Owner	Value of Account

ANNUITIES

Company Name	Owner	Value

MUTUAL FUNDS & BROKERAGE ACCOUNTS

Company Name	Owner	Value of Account

RETIREMENT ACCOUNTS (IRA's, 401(k)'s, etc)

Company Name	Owner	Investment Type	Value of Account

LIFE INSURANCE

Company Name	Owner	Death Benefit	Face Value	Cash Value

Is there a Long-Term Care Insurance Plan in place? Yes No

If yes, name of Insurance Company: _____

If yes, is it a Partnership Plan? Yes No

Daily or Monthly Benefit: \$ _____ Benefit Period: _____

4. Promissory Notes & Deeds of Trust Owed to You

Name of Debtor	Secured by Deed of Trust	Due Date	Original Amount	Balance
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Other Assets

1. Are you expecting any inheritances soon? Yes No

If yes, from whom? _____ Approximate amount? _____

2. If you own a business, its name: _____

Type of Business: Corporation LLC Other: _____ Ownership Interest _____%

Is there a Buy-Sell Agreement? Yes No Total value of business \$ _____

3. Are you part of a Limited or General Partnership? Yes No

Name of Partnership	Percent Owned	Limited or General	Total Market Value

4. Please list any unusually valuable personal items such as jewelry, collections, etc. If more room is needed, please attach on a separate page.

• _____	• _____
• _____	• _____
• _____	• _____
• _____	• _____

5. Please list any other assets not yet mentioned such as stock options, patents, royalties, etc.

• _____	• _____
• _____	• _____
• _____	• _____
• _____	• _____

6. Are you a war veteran? Yes No What war did you serve in? _____

Length of service: _____

Did you serve at least one day of active duty during wartime? Yes No

Have you applied for VA benefits? Yes No If yes, monthly benefit \$_____

7. Is your spouse a war veteran? Yes No What war did they serve in? _____

Length of service: _____

Did they serve at least one day of active duty during wartime? Yes No

Have you applied for VA benefits? Yes No If yes, monthly benefit \$_____

Please list any additional questions or concerns you may have.

Thank you for completing the Questionnaire!