



111 WORTH STREET
 ASHEBORO, NORTH CAROLINA 27203
 TEL: (336) 625-3043
 FAX: (336) 625-0913

ESTATE PLANNING QUESTIONNAIRE

Please accurately complete this basic questionnaire, fax it to our office at 336-625-0913, and call our office at 336-625-3043 for a consultation. Attach additional sheets to provide any other relevant information.

1. Full Name _____ Date of Birth _____

All aliases _____

2. Mailing Address _____

3. Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

4. Your Employment Status Employed Self Employed Retired Other

Employer / Line of Work _____

5. Marital Status Married Divorced Separated Widowed Single

6. Name of Spouse _____ Date of Birth _____

7. **Spouse's** Employment Status Employed Self Employed Retired Other

8. Information about your children (if any)

Name	Age	Address/Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Are you considering a trust for the benefit of your spouse, children, and/or grandchildren?

Yes Not at this time

10. Have you ever drafted, or had someone draft for you, the following documents:

A) Will: Yes No B) Durable Power of Attorney: Yes No
 C) Living Will: Yes No D) Healthcare Power of Attorney: Yes No

YOUR ASSETS

11. Life Insurance Policies

Value	Beneficiary(ies)	Company
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Real Estate Information

	Value	Address	Mortgage Owed \$
Primary Res	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____

13. Accounts with Financial Institutions

	Institution Name	Balance \$	Institution Name	Balance \$
Checking	_____	_____	_____	_____
Checking	_____	_____	_____	_____
Savings	_____	_____	_____	_____
Investment	_____	_____	_____	_____
Investment	_____	_____	_____	_____

14. Retirement Benefits

15. Automobile(s) – Year and Type

16. Business Interests Owned

17. Other Assets

CHARITIES AND FIDUCIARIES

18. Charity, Church, Fraternity or Sorority to which you would most likely contribute (if any)

19. Who would you nominate as Guardian(s) of your minor children (if any), should both parents become incapacitated or die?

Name	Address/Phone
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20. Name the person(s) you would like to appoint as Executor to administer your estate.

Name	Address/Phone
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21. Name the person(s) you would like to appoint as Trustee to administer your trust.

Name	Address/Phone
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22. Name the person(s) you would like to appoint to make financial and business decisions for you, should you become temporarily or permanently unable to do so for yourself.

Name	Address/Phone
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23. Name the person(s) you would like to appoint to make decisions about your medical treatment and care, should you become temporarily or permanently unable to do so for yourself.

Name	Address/Phone
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24. Additional Information (please attach other sheets as necessary)
