

ESTATE PLANNING QUESTIONNAIRE

MARRIED CLIENTS

Booth Harrington & Johns of NC PLLC

Date _____ Home Phone No. _____ Business Phone No. _____

This form is extremely important. Your accuracy and completeness in responding will help me best represent you. Please bring this information with you to the appointment. Please list names as they would appear on legal documents.

1. PERSONAL INFORMATION

1.1. HUSBAND

Full Name: _____ Address: _____
_____ Zip _____

Nickname(s): _____

Vote what state _____

Income tax paid to what state _____

Occupation _____

Annual income \$ _____

Do you have any children by a previous marriage? Yes No

State of health _____

Insurable Yes No

U.S. Citizen? Yes No

Date of Birth _____

Social Security Number _____

Phone H: _____ W: _____

1.2. WIFE

Full Name: _____ Address: _____
_____ Zip _____

Nick Name(s): _____

Vote what state _____

Income tax paid to what state _____

Occupation _____

Annual income \$ _____

Do you have any children by a previous marriage? Yes No

State of Health _____

Insurable? Yes No

U.S. Citizen? Yes No

Date of Birth _____

Social Security Number _____

Phone H: _____ W: _____

1.3. REFERRAL

By whom were you referred to this office? _____

Reviewed by Intake Assistant _____ (Initials)

2. CLIENTS' CHILDREN

CHILDREN'S NAMES	ADDRESS WITH ZIP CODE	AGE

Is there a physical possibility of more children? Yes No

Have all of your children completed their education? Yes No

Are any of your children financially dependant upon you? Yes No

Are any of your children receiving SSI or other form of government entitlement? Yes No

Are all of your children in good health? Yes No

Does anyone in your family have any of the following problems?

- | | | |
|----|--------------------------------|------------------------------|
| 1. | Terminal illness (ie: cancer), | Yes <input type="checkbox"/> |
| 2. | Drug Addiction / Alcoholism | Yes <input type="checkbox"/> |
| 3. | Spendthrift | Yes <input type="checkbox"/> |
| 4. | HIV/AIDS | Yes <input type="checkbox"/> |

3. GRANDCHILDREN

Grandchild's Names	Address With Zip Code	Date of Birth

4. DISPOSITIVE INTENTIONS

4.1. CHILDREN

If you have children, do you wish to treat them equally? Yes No

If not, why not? _____

At what age do you want distribution to your children? (A typical plan provides for 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35.): Your Choice of Age(s): _____

4.2. GRANDCHILDREN

If you have grandchildren, do you want to leave specific amounts of money or a percentage of your estate to your grandchildren? Yes No

If so, do you wish to treat them equally? Yes No

If not, why not? _____

How much do you want to leave to your grandchildren? _____

At what age do you want distribution to your children? (A typical plan provides for 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35.): Your Choice of Age(s): _____

4.3. CHARITIES

Do you want to leave a specific amount of money or other assets to any charity? Yes No

If yes, please list below:

Name of Charity	Address of Charity	Dollar Amount

4.4. OTHER BENEFICIARIES

Do you want your Will to benefit anyone other than children, grandchildren or a charity? Yes No

If yes, please list below:

Name of Beneficiary	Address of Beneficiary (With Zip Code)	Relationship	Dollar Amount

5. EXECUTOR

Who do you wish to serve as your executor?

(Husband)

First choice: Spouse Other: _____

Second Choice _____

Third Choice: _____

(Wife)

First choice: Spouse Other: _____

Second Choice _____

Third Choice: _____

6. TRUSTEE

Who do you wish to serve as your trustee?

(Husband)

First choice: Spouse Other: _____

Second Choice _____

Third Choice: _____

(Wife)

First choice: Spouse Other: _____

Second Choice _____

Third Choice: _____

7. GUARDIAN

If you have minor or disabled child/children, whom do you want to act as Guardian?

First Choice _____

Second Choice _____

8. LIVING WILL AND HEALTH CARE POWER OF ATTORNEY

(Husband)

Do you want a Living Will prepared telling your physician not to prolong your life by artificial means?

Yes No

If so, do you want your Living Will to provide for withdrawal of artificial food and fluid? Yes No

Do you want to donate your eyes or organs? Yes No

Do you want your Health Care Representative to consult with any other person prior to acting?

Yes No

Name of Proposed Health Care Agent (usually family member or friend) _____

Address & phone of Proposed Health Care Agent _____

_____ Zip _____ Phone: H: _____ W: _____

Name of Proposed Alternate Health Care Agent _____

Address of Proposed Alternate Health Care Agent _____

_____ Zip _____ Phone: H: _____ W: _____

Name of Proposed Second Alternate Health Care Agent _____

Address of Proposed Second Alternate Health Care Agent _____

_____ Zip _____ Phone: H: _____ W: _____

What is the name and address of your primary care physician?

Full Name of Physician _____

Street Address _____

_____ Zip _____

(Wife)

Do you want a Living Will prepared telling your physician not to prolong your life by artificial means?

Yes No

If so, do you want your Living Will to provide for withdrawal of artificial food and fluid? Yes No

Do you want to donate your eyes or organs? Yes No

Do you want your Health Care Representative to consult with any other person prior to acting? Yes No

Name of Proposed Health Care Agent (usually family member or friend) _____

Address of Proposed Health Care Agent _____

_____ Zip _____ Phone: H: _____ W: _____

Name of Proposed Alternate Health Care Agent _____

Address of Proposed Alternate Health Care Agent _____

_____ Zip _____ Phone: H: _____ W: _____

Name of Proposed Second Alternate Health Care Agent _____

Address of Proposed Second Alternate Health Care Agent _____

_____ Zip _____ Phone: H: _____ W: _____

What is the name and address of your primary care physician?

Full Name of Physician _____

Street Address _____

_____ Zip _____

9. DURABLE POWER OF ATTORNEY

(Husband)

Do you have a Durable Power Of Attorney in the event of your physical or mental disability? Yes No

Does it provide for the conduct of your business affairs? Yes No

Does it provide for gifts? Yes No

Name of Proposed Financial Agent (usually family member or friend) _____

Address of Proposed Financial Agent _____

_____ Zip _____

Name of Proposed Alternate Financial Agent _____

Address of Proposed Alternate Financial Agent _____

_____ Zip _____

(Wife)

Do you have a Durable Power Of Attorney in the event of your physical or mental disability? Yes No

Does it provide for the conduct of your business affairs? Yes No

Does it provide for gifts? Yes No

Name of Proposed Financial Agent (usually family member or friend) _____

Address of Proposed Financial Agent _____

_____ Zip _____

Name of Proposed Alternate Financial Agent _____

Address of Proposed Alternate Financial Agent _____

_____ Zip _____

10. MISCELLANEOUS

Do you have any other legal issues that I should be aware of? Yes No If yes, please explain:

Where are your important papers located? _____

Do you have a safe deposit box? Yes No If yes;

Please indicate the name and the address of bank where it is located: _____

_____ Zip _____

Have you ever made a gift to any one person in excess of \$10,000 in any one calendar year? Yes No

Have you ever filed a Federal Gift Tax Return? Yes No

11. FINANCIAL SUMMARY

ASSET	VALUE			
Bank Accounts (attach copies of statements)				
Real Estate (residence) (attach copy of deed)				
Real Estate (other) (attach copy of deed(s))				
Certificates of Deposit (CDs) (attach copies of statements)				
Stocks & Bonds– Non Mutual Funds (Not held by Broker) (attach copies of all certificates)				
Stocks & Bonds– Non Mutual Funds (Held by Broker) (attach copies of all brokerage statements)				
Mutual Funds (attach copies of statements)				
Note and Mortgage Receivables (attach copies of Notes & Mortgages)				
Business Interests (attach copies of stock certificates, Partnership agreements and/or other documentation)				
Inheritance, etc.				
Automobiles				
Jewelry & Collections				
Non-IRA Tax Qualified Retirement Plans (attach copies of statements)				
IRAs (attach copies of statements)				
Life Insurance (attach copies of all policies)				
Annuities (attach copies of all policies)				
Other Assets(attach copies of documentation pertaining to such assets)				
TOTAL ASSETS				

Please bring the bank statements, etc., to your meeting. At your conference, we will review them with you to determine in how those assets are held - by husband, wife or jointly.

Please continue with liabilities on next page.

LIABILITIES	AMOUNT			
Mortgage				
Equity Line				
Other Liabilities				
TOTAL LIABILITIES				

11.1 Personal Residence:

Tax Block # _____, Lot # _____ (Can be obtained from Tax Bill)

11.1.1 Have you sold your residence within the last two years? Yes No

11.1.2 What is the cost basis of your house? \$ _____

11.2 Address of real property other than personal residence:

(1) Street _____ City _____ State _____ Zip _____

Tax Block # _____, Lot # _____ (Can be obtained from Tax Bill)

(2) Street _____ City _____ State _____ Zip _____

Tax Block # _____, Lot # _____ (Can be obtained from Tax Bill)

12. CERTIFICATION

The undersigned hereby each represents to Booth Harrington & Johns of NC PLLC, that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information which I am furnishing. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Clients or Client Representative:
