

**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 in 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 \_\_\_\_\_

Nickname(s): \_\_\_\_\_

Vote in 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
2. Drug Addiction / Alcoholism Yes
3. Spendthrift Yes

## 3. GRANDCHILDREN

Grandchildren's Names	Address With Zip Code	Date of Birth

## 4. HOW DO YOU WANT TO DISPOSE OF YOUR PROPERTY?

### 4.1. CHILDREN

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

If not, what differences and why? \_\_\_\_\_

At what age do you want distribution to your children? (A typical plan provides for 1/2 at age 21 and 1/2 at age 25.): Your Choice of Age(s): \_\_\_\_\_

If a child dies before you do, do you want that child's surviving children to receive his or her share, OR do you want your child's siblings or spouse to share? \_\_\_\_\_

#### **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, what differences and why? \_\_\_\_\_

How much do you want to leave to your grandchildren? \_\_\_\_\_

At what age do you want distribution to your grandchildren? (Usually distribution at 21.): Your Choice of Age(s): \_\_\_\_\_

#### **4.3. CHARITIES**

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

If yes, please list below:

<b>Name of Charity</b>	<b>Address of Charity</b>	<b>Amount or Percentage</b>

#### **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:

<b>Name of Beneficiary</b>	<b>Address of Beneficiary (With Zip Code)</b>	<b>Relationship</b>	<b>Amount or Percentage</b>

### **5. EXECUTOR**

The Executor that you choose is the person or bank trust department that you select to close out your financial affairs after your death. At the time of your death any person acting as your attorney-in-fact under a power of attorney will automatically by law cease to have power to do things on your behalf. The Executor is actually appointed by the Clerk of Court. Your Executor is charged with the responsibility of identifying and collecting your assets, paying your debts and taxes and distributing your property as you have directed under the terms of your will. Serving as Executor may be a relatively short-term commitment.

Whom do you wish to serve as your executor?

**(Husband)**

First choice:  Spouse  Other: \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice: (optional) \_\_\_\_\_

**(Wife)**

First choice:  Spouse  Other: \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice: (optional) \_\_\_\_\_

**6. TRUSTEE**

A number of circumstances may arise where it is advisable to leave property in trust for a person rather than giving assets to them outright. Examples of the need for a trust may be: (a) advantageous tax planning for surviving spouse called a marital deduction trust; (b) funds left to a disabled beneficiary who may be receiving government assistance benefits; (c) funds intended for minor children, grandchildren, nieces, nephews, etc. to be used for their benefit until an age you have selected for them to receive the balance of the funds; and (d) safety net funds for a spendthrift or person with special issues. When your estate is closed, the appointed trustee would receive the distribution for the person named from the Executor of your estate and continue managing those funds after your estate is closed for the use, benefit and welfare of the person who is intended beneficiary of your estate. Because the jobs are different, the same person may sometimes serve both as executor and trustee. Serving as trustee may be a relatively long-term commitment.

Whom do you wish to serve as your trustee?

**(Husband)**

First choice:  Spouse  Other: \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice: (optional) \_\_\_\_\_

**(Wife)**

First choice:  Spouse  Other: \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice: (optional) \_\_\_\_\_

**7. GUARDIAN**

You may nominate a guardian to take physical custody and take the responsibility for raising your children until age 18 or for disabled children even beyond age 18.

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**

A living will is your declaration for a desire for a natural death under certain circumstances which allows you to decide whether to permit the use of extraordinary means to support life functions, including artificial feeding and hydration.

A health care power of attorney appoints someone else as your healthcare agent to make decisions with your treating physicians any time that you are unable to cooperate in a meaningful way in your own health care, whether because of stroke, other brain injury or any temporary or permanent mental impairment due to disease or medication.

**(Husband)**

Do you want a Living Will prepared telling your physician not to prolong your life by artificial means if you are terminally ill, in a persistent vegetative state, or permanently demented?

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: \_\_\_\_\_

First Alternate Health Care Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_ Phone: H: \_\_\_\_\_ W: \_\_\_\_\_

Second Alternate Health Care Agent Name: (optional) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ 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 if you are terminally ill, in a persistent vegetative state, or permanently demented?

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: \_\_\_\_\_

First Alternate Health Care Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_ Phone: H: \_\_\_\_\_ W: \_\_\_\_\_

Second Alternate Health Care Agent Name: (optional) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ 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**

As an alternative to an expensive court proceeding for guardianship in case of your mental incompetency, you may appoint someone to serve as your agent to conduct any business or financial matters on your behalf. The powers usually contained in a general power of attorney are vast and very broad based, so this agency appointment and authority should be granted only to someone in whom you have complete trust and confidence to act in your best interest.

**(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) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

First Alternate Financial Agent Name: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Second Alternate Financial Agent Name: (optional) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**(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) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

First Alternate Financial Agent Name: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Second Alternate Financial Agent Name: (optional) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**10. MISCELLANEOUS**

Do you have any other legal issues that we 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

When and in what amounts?

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

### 11. FINANCIAL SUMMARY

Below is a listing of categories of assets for you to consider in compiling a summary of your financial status. Use this as a checklist to review your assets. Because values may change from day to day on some assets, we do not need exact figures. However, reasonably close estimates will be useful to you and to us. As a preliminary matter we do not need to see copies of bank account statements, deeds, stock portfolios, IRAs, life insurance policies, etc. However, if your total assets, including the death benefit of life insurance policies, could possibly exceed the federal estate tax lifetime exclusion amount which is \$3.5 million in 2009, then it would be important for us to review in precise detail all of the documents relating to your total assets.

Furthermore, if you would like us to do a review of the source documents underlying your financial assets we will be pleased to provide that additional service.

<b>ASSETS</b>	<b>CHECK IF YES</b>	<b>IN WHOSE NAME(S)</b>	<b>APPROXIMATE VALUE</b>
Bank Accounts			
Real Estate (residence)			
Real Estate (other)			
Certificates of Deposit (CDs)			
Stocks & Bonds– Non Mutual Funds (Not held by Broker)			
Stocks & Bonds– Non Mutual Funds (Held by Broker)			
Mutual Funds			
Note and Mortgage Receivables			
Business Interests			
Inheritance, etc.			
Automobiles			
Jewelry & Collections			
Non-IRA Tax Qualified Retirement Plans			
IRAs			
Life Insurance			
Annuities			
Other Assets			
<b>APPROXIMATE TOTAL ASSETS</b>			

LIABILITIES	CHECK IF YES	IN WHOSE NAME(S)	APPROXIMATE AMOUNT
Mortgage			
Equity Line			
Other Liabilities			
<b>APPROXIMATE TOTAL LIABILITIES</b>			

**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. ESTATE PLANNING DOCUMENTS**

When you come to your appointment, please bring copies of any existing estate planning documents you currently have, including wills, trusts, powers of attorney and living wills, even if they are older documents or were made in another state.

**13. 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:**

\_\_\_\_\_