



Estate Planning Questionnaire (Married)

Thank you for contacting Starrett Law Firm about your estate planning. This questionnaire will be helpful for organizing your thoughts prior to our appointment. Fill it out as well as you can, either skipping or placing question marks next to those items that seem inapplicable or about which you have questions or simply don't know the answer. Use full legal names (first, middle and last). Attach additional sheets if necessary. Please submit this completed questionnaire and copies of any supporting documentation such as existing estate plan documents at least 3 days prior to our meeting. This will better ensure a productive and efficient meeting.

Matter Number, if known: _____

Will this be your first estate plan? Y N

I. Personal & Family Information

A. Home

	Client 1	Client 2
Full Legal Name	_____	_____
Nickname or Preferred Name	_____	_____
Date of Birth	_____	_____
Place of Birth	_____	_____
Social Security Number	_____	_____
Place of Marriage	_____	_____
Date of Marriage	_____	_____
Home Address	_____	_____
Home County	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____
Personal Email	_____	_____
Citizenship Status	_____	_____
Health Concerns, if any	_____	_____
Alma Mater	_____	_____
Hobbies/Interests	_____	_____

B. Work

	Client 1	Client 2
Occupation/Employer	_____	_____
Work Address	_____	_____
Work Phone	_____	_____
Work Email	_____	_____

C. Children

Name	DOB	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Grandchildren

Name	DOB	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. Extended Family

	Client 1	Client 2
Mother	_____	_____
Father	_____	_____
Brother(s)	_____	_____
Brother(s)	_____	_____
Sister(s)	_____	_____
Sister(s)	_____	_____

F. Other

1. Is any child or grandchild above (or other anticipated beneficiary) qualified to receive governmental benefits as a result of any mental or physical impairment? Y N
If so, please explain here.
2. Is any child or grandchild above (or other anticipated beneficiary) affected by special circumstances such as drug addiction, alcoholism, debt problems, or marital difficulties? Y N
If so, please explain here.
3. Is any child legally considered a stepchild or has any child been adopted or predeceased you or your spouse? Y N
If so, please explain here.
4. Do you or your spouse have parents or other adults who are financially dependent on you? Y N
If so, please explain here.
5. In connection with your present marriage, did you enter into a pre-marital or post-marital agreement? Y N
If so, please attach a copy.
6. Have you or your spouse been married previously? Y N
If so, please explain here.
7. Do you or your spouse have any obligations to an ex-spouse or child(ren) from a previous marriage under a separation agreement or divorce decree? Y N
If so, please attach a copy.
8. Do you or your spouse have any concerns relating to family medical history (e.g. grandparents, parents, siblings)? Y N
If so, please explain here.
9. Do you or your spouse have any concerns relating to your relationships with your child(ren) or other family members that could be relevant for planning purposes? Y N
If so, please explain here.

II. Team Of Advisors

	Name/Firm	Phone/Email
Accountant	_____	_____
Financial Advisor	_____	_____
Insurance	_____	_____
Banker	_____	_____
Other	_____	_____

III. Financial Information

A. Income/Expenses

	Client 1	Client 2
Est. Annual Salary	_____	_____
Est. Annual Bonus	_____	_____
Other Annual Compensation	_____	_____
Other Annual Income e.g. pension, IRA RMD	_____	_____
Est. Annual Expenses	_____	_____
Net (Income – Expenses)	_____	_____

B. Net Estate

Assets	Total Value	How are Assets Titled? e.g. Individual/Joint/Trust	If Joint, With Whom?
Cash and Bank Accounts	_____	_____	_____
Notes, Accounts Receivable	_____	_____	_____
Stocks, Bonds, Mutual Funds	_____	_____	_____
Options	_____	_____	_____
Annuities	_____	_____	_____
Life Insurance Cash Value	_____	_____	_____
Residence	_____	_____	_____
Other Real Estate	_____	_____	_____
IRAs, 401(k)s, Other Retirement	_____	_____	_____
529 Plans	_____	_____	_____
Health Savings Accounts	_____	_____	_____

Business Interests	_____	_____	_____
Cars, Boats, Etc.	_____	_____	_____
Collectibles	_____	_____	_____
Digital Assets, e.g. website, blog	_____	_____	_____
Other Tangible Personal Property	_____	_____	_____
Other	_____	_____	_____
Total Assets	_____		

Liabilities	Amount	How are Debts Held? e.g. Individual/Joint/Trust	If Joint, With Whom?
Real Estate Mortgages	_____	_____	_____
Loans on Insurance Policies	_____	_____	_____
Others Loans and Notes	_____	_____	_____
Pledges	_____	_____	_____
Taxes	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Total Liabilities	_____		
Net Estate (<i>Assets-Liabilities</i>)	_____		

IV. Closely-Held Business Interests

Company Name: _____

Address: _____

Legal Classification: _____

Describe Business Purpose:

Tax ID Number: _____ Tax Classification: _____

Your Ownership Percentage and Estimated Value: _____

Identity of Other Owners: _____

Do you desire the business to be continued following your death? Y N

What provisions have been made for successor management?

Are there any buy/sell or stock redemption agreements? *If so, please attach a copy.* Y N

What arrangements have been made to fund any such buyout or redemption?

**If you or your spouse have additional closely-held business interests, please provide the information requested above for each such entity on an attachment.*

V. Life Insurance

Company #1 Name: _____

Agent's Name & Phone: _____

Type (term, whole life, universal, split dollar, group, etc.): _____

Amount of Death Benefit: _____

Owner: _____

Insured: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Company #2 Name: _____

Agent's Name & Phone: _____

Type (term, whole life, universal, split dollar, group, etc.): _____

Amount of Death Benefit: _____

Owner: _____

Insured: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Company #3 Name: _____

Agent's Name & Phone: _____

Type (term, whole life, universal, split dollar, group, etc.): _____

Amount of Death Benefit: _____

Owner: _____

Insured: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Company #4 Name: _____

Agent's Name & Phone: _____

Type (term, whole life, universal, split dollar, group, etc.): _____

Amount of Death Benefit: _____

Owner: _____

Insured: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

**If you or your spouse have additional life insurance policies, please provide the information requested above for each such policy on an attachment.*

VI. Retirement Accounts, Annuities, 529s, HSAs, Etc.

Owner and Plan Type, e.g. Roth IRA, 401(k)	Primary Beneficiary	Contingent Beneficiary
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VII. Other Interests

- | | | |
|---|---|---|
| 1. Do you or your spouse own any real property located outside of North Carolina?
<i>If so, please explain here.</i> | Y | N |
| 2. Are you or your spouse likely to receive substantial inheritances in the foreseeable future?
<i>If so, please explain here.</i> | Y | N |
| 3. Are you or your spouse a beneficiary or a trustee under any trust?
<i>If so, please attach a copy of such document.</i> | Y | N |
| 4. Do you or your spouse 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?
<i>If so, please attach a copy of such document.</i> | Y | N |
| 5. Do you or your spouse wish to provide for any pets under your estate plan?
<i>If so, please explain here.</i> | Y | N |
| 6. Do you or your spouse wish to create a legacy statement for your children?
<i>If so, please explain here.</i> | Y | N |
| 7. Please describe below 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 addressed so far. | | |

VIII. Estate Planning Objectives

1. State below any particular objectives you or your spouse wish to accomplish.

2. Identify below any charitable or non-charitable specific gifts you or your spouse wish to make.

Beneficiary Name	Relationship	Item or Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Describe below how you or your spouse would like to dispose of any remaining property.

Beneficiary Name	Relationship	Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Should all of the intended beneficiaries above fail to survive to take your property, list below any contingent charitable or non-charitable beneficiaries to whom property should go instead.

Beneficiary Name	Relationship	Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. If you have minor or adult children for whom you wish to leave property inside of a trust, at what age(s) should any such trust terminate? _____

IX. Guardians, Executors, Trustees & Agents

If you have a minor child (or minor children), you may nominate a **guardian** to take physical care and custody of the child if both natural parents are incapacitated or deceased. You should designate a primary guardian and up to two alternates. Please complete all information below, even if provided elsewhere.

Guardian	Address	Best Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Select an **executor** to wind up your affairs at your death, see to it that your assets are collected and that claims, expenses, and estate and inheritance taxes are paid, and then distribute property to trustees or other beneficiaries you have named. Each spouse should designate the other spouse as primary executor, if desired, and also designate up to two alternates. Please complete all information below, even if provided elsewhere. Client 2 should only provide his or her selections, to the extent they differ from Client 1.

Client 1 Executor	Address	Best Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Client 2 Executor

Address

Best Phone

_____	_____	_____
_____	_____	_____
_____	_____	_____

If your estate plan includes a trust, select a **trustee** to manage the property that is to be held in trust for the trust's beneficiaries. A trustee can be an individual or a corporation that is qualified to act as a trustee (typically a bank or trust company). You should designate a primary trustee and up to three alternates. Please complete all information below, even if provided elsewhere. Client 2 should only provide his or her selections, to the extent they differ from Client 1.

Client 1 Trustee

Address

Best Phone

_____	_____	_____
_____	_____	_____
_____	_____	_____

Client 2 Trustee

Address

Best Phone

_____	_____	_____
_____	_____	_____
_____	_____	_____

A General Power of Attorney is a legal document in which you authorize another person (called an **agent**) to act on your behalf in the management of your property and financial affairs. If your estate plan includes a General Power of Attorney, select your agent. Each spouse should designate the other spouse as primary agent, if desired, and also designate up to two alternates. Please complete all information below, even if provided elsewhere. Client 2 should only provide his or her selections, to the extent they differ from Client 1.

Client 1 Agent

Address

Best Phone

_____	_____	_____
_____	_____	_____
_____	_____	_____

Client 2 Agent

Address

Best Phone

_____	_____	_____
_____	_____	_____
_____	_____	_____

A Health Care Power of Attorney is a legal document in which you appoint another person (called a **health care agent**) to make decisions regarding your health care treatment when you are unable to give informed consent. If your estate plan includes a Health Care Power of Attorney, list the physician (or simply write "my attending physician") who you wish to determine when you are incapable of giving informed consent, at which point the Health Care Power of Attorney will be activated. Also list the person you wish to serve as your health care agent. Each spouse should designate the other spouse as primary health care agent, if desired, and also designate up to two alternates. Please complete all information below, even if provided elsewhere. Client 2 should only provide his or her selections, to the extent they differ from Client 1.

Client 1 Physician: _____

Client 1 Health Agent	Address	Best Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Client 2 Physician: _____

Client 2 Health Agent	Address	Best Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

X. Living Will

An Advanced Directive for a Natural Death (“living will”) is a legal document that allows you to state your preferences concerning life-prolonging measures should you experience a permanent loss of decisional capacity and (i) have an incurable or irreversible condition that will result in death within a relatively short period of time, (ii) become unconscious and, to a high degree of medical certainty, will never regain consciousness, or (iii) suffer from advanced dementia or other condition resulting in substantial loss of cognitive ability and such loss, to a high degree of medical certainty, is not reversible.

Do you wish to execute a living will? Y N

XI. Other Matters Relevant To Your Estate Planning

1. Have you and your spouse ever lived in a community property state (California, Texas, New Mexico, Arizona, Nevada, Louisiana, Washington, Idaho or, after 1985, Wisconsin)? Y N
If so, please list assets brought from such state(s) into NC.

2. Have you or your spouse made past gifts to a person or organization other than a 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 since 1982? Y N
If so, please list the amount of such gift(s) and when and to whom it was made.

3. Are you or your spouse a guarantor of any indebtedness? Y N
If so, please explain here.

4. Do you or your spouse have disability insurance? Y N
If so, please explain here.

5. Do you or your spouse have long-term care insurance? Y N
If so, please explain here.

6. Do you or your spouse have umbrella insurance? Y N

7. Are you or your spouse an organ donor? Y N
If so, please explain here.

8. Have you or your spouse purchased prepaid burial contracts? Y N
If so, please explain here.

9. Do you have a safe deposit box? Y N
If so, please identify location.

10. How/where do you store your important papers?

11. How/where do you store your passwords?

12. Describe or list below any other thoughts or concerns 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.

* * *

The undersigned hereby represents to Starrett Law Firm that the information contained in this questionnaire and any supporting documentation is accurate and complete, and that the undersigned understands that we will rely on this information. If the information contained herein is inaccurate or incomplete, our counsel may not be appropriate.

Type or sign your name below to acknowledge and agree to the above statement.

Signature

Signature

Date

Date