



Estate Planning Questionnaire (Unmarried)

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

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

B. Work

Occupation/Employer _____
Work Address _____
Work Phone _____
Work Email _____

C. Children

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

D. Grandchildren

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

E. Extended Family

- 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. Has any child been adopted or predeceased you? Y N
If so, please explain here.

4. Do you have parents or other adults who are financially dependent on you? Y N
If so, please explain here.
5. Have you been married previously? Y N
If so, please explain here.
6. Do you 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.
7. Do you have any concerns relating to family medical history (e.g. grandparents, parents, siblings)? Y N
If so, please explain here.
8. Do you 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

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 (*Assets-Liabilities*) _____

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 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 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

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

VIII. Estate Planning Objectives

1. State below any particular objectives you wish to accomplish.

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

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

3. Describe below how you 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. You should designate a primary executor and up to two alternates. Please complete all information below, even if provided elsewhere.

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.

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. You should designate a primary agent and up to two alternates. Please complete all information below, even if provided elsewhere.

Agent	Address	Best Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

A Health Care Power of Attorney is a legal document in which you appoint another person (called an “**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. You should designate a primary health care agent and up to two alternates. Please complete all information below, even if provided elsewhere.

Physician: _____

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 ever lived in a community property state (California, Texas, New Mexico, Arizona, Nevada, Louisiana, Washington, Idaho or, after 1985, Wisconsin)?

If so, please list assets brought from such state(s) into NC. Y N

2. Have you made past gifts to a person or organization 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?

If so, please list the amount of such gift(s) and when and to whom it was made. Y N

3. Are you a guarantor of any indebtedness?

If so, please explain here. Y N

4. Do you have disability insurance?

If so, please explain here. Y N

5. Do you have long-term care insurance?

If so, please explain here. Y N

6. Do you have umbrella insurance?

If so, please explain here. Y N

7. Are you an organ donor?

If so, please explain here. Y N

8. Have you purchased prepaid burial contracts?

If so, please explain here. Y N

9. Do you have a safe deposit box?

If so, please identify location. Y N

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

Date