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ESTATE PLANNING QUESTIONNAIRE

The information requested will assist us in helping you develop appropriate estate plans. Please provide information that is as accurate and complete as possible. Feel free to attach additional sheets if necessary. Information you provide will be kept confidential unless you authorize its release to others.

If we are being asked to represent both spouses, we will treat all communications by either spouse (including a desire to terminate the joint representation) as common knowledge to be shared among all of us. If we are being asked to represent both spouses, we need you each of you to fill out a questionnaire, especially if you have children from a different marriage or have separate property.

PERSONAL INFORMATION

Your full Legal name:	Other names used or prior married names:
Home address:	Home phone: Cell phone: Email address:
Date of birth:	Social Security number (last four digits only):
Employer:	
Work address and phone:	
Of what country are you a citizen?	
What is the general condition of your health? Good__ Poor__ Fair__ Not Well__ _____ I need to get this work done by:	
What is your marital history (single, married, separated, divorced)?	
Do you have parents or other adults who are financially dependent on you? Yes__ No__	
Do you presently have a Will? (If so, please attach a copy.) Yes__ No__ Do you presently have a Durable Power of Attorney? (If so, please attach a copy.) Yes__ No__ Do you presently have Health Care Power of Attorney? (If so, please attach a copy.) Yes__ No__ Do you presently have a Living Will/Declaration of Natural Death/Advanced Directives? (If so, please attach a copy.) Yes__ No__	

Spouse's full name (if applicable):	Other names used or prior married names:
Date of birth:	SSN (last four only):
Employer:	
Work address and phone:	
Home or Cell Phone:	
Of what country is your spouse a citizen?	
What is the general condition of your health? Good__ Poor__ Fair__ I need to get this work done soon__	
Does your spouse have parents or other adults who are financially dependent on you?	
Does your spouse have a Will? (If so, please attach a copy.) Yes__ No__	
Does your spouse have a Power of Attorney? (If so, please attach a copy.) Yes__ No__	
Does your spouse have a Health Care Power of Attorney? (If so, please attach a copy.) Yes__ No__	
Does your spouse have a Living Will/Declaration of Natural Death/Advanced Directives? (If so, please attach a copy.) Yes__ No__	

My Children (full legal name)

Date of Birth

Address

Any Step-Children (full legal name)

Date of Birth

Address

Grandchildren	Date of Birth	Address	Parents
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In connection with your present marriage (if applicable), did you enter into a pre-marital or post-marital agreement? ____ If so, please attach a copy.

Do you have any obligations to a former spouse or children from a prior marriage under a separation agreement or divorce decree? ____ If so, please attach a copy of the divorce decree or separation agreement.

Do you have any obligations under any type of family agreement or contract? ____ If so, please attach a copy of the agreement or contract.

Please provide **names, addresses and telephone numbers for the following advisors** (if applicable):

Accountant:
Financial Advisor:
Stock Broker:
Trust Officer or Banker:
Other Attorney:

	<u>Real Estate</u>	
Location/County/State	Titled in whose names?	Tax value/Pin #

**Do you own any real estate outside of McDowell County? Yes ___ No ___ where _____
 Outside of North Carolina? Yes ___ No ___ Where _____**

Please attach copies of the deeds showing how and when you received the property.

FINANCIAL INFORMATION-PLEASE MARK WHAT APPLIES TO YOU

Assets

	Your Bank	Joint Owner	If Joint, With Whom
Cash and Bank Accounts	_____	_____	_____
Notes and Accounts Receivable	_____	_____	_____
People owe you	Whom: _____	\$ _____	Terms: _____
Stocks, Bonds and Mutual Funds	_____	_____	_____
Annuities	_____	_____	_____
Residence (market value)	\$ _____	\$ _____	_____
Other Real Estate (market value)	\$ _____	\$ _____	_____
Life Insurance (face value)	\$ _____	\$ _____	_____
IRA, 401(k), Qualified Pension and Profit Sharing Plans (vested)	_____	where at: _____	_____
Tangible Personal Property	_____	_____	_____
US Savings Bonds	_____	_____	_____
Business Interests	_____	_____	describe below
Other	_____	_____	_____

Do you estimate your total estate and all of your assets to be over 5 million Dollars? Yes ___ No ___

Do you estimate your total estate and all of your assets to be over 2 million Dollars? Yes ___ No ___

Do you have assets that may appreciate substantially in value? Yes ___ No ___ What _____

Liabilities

	You	Joint Obligor	If Joint, With Whom
Real Estate Mortgages	\$ _____	\$ _____	_____
Loan on Insurance Policies	\$ _____	\$ _____	_____
Other Loans and Notes	\$ _____	\$ _____	_____
Pledges	\$ _____	\$ _____	_____
Taxes	\$ _____	\$ _____	_____
Other	\$ _____	\$ _____	_____

BUSINESS INTERESTS that you own or manage—not stock held by investment advisors
Full Company legal name:
Address and phone:
Type of entity (C corporation, S corporation, partnership, limited liability company): Please attach your Articles of Incorporation
Percentage of business owned by you and estimated value:
Percentage of business owned by other family members and estimated value:
Identity of non-family owners, if any:
Do you desire the business to be continued following your death?
What provisions have been made for successor management?
Are there any buy/sell or stock redemption agreements, shareholder agreements or operating agreements? If so, attach.
What arrangements have been made to find any such buyout or redemption?

LIFE INSURANCE
Life Insurance Company:
Type of policy (term, whole life, universal, split dollar, group, etc.): Do you have a copy of your policy? Yes___No___
Insured:
Owner:
Primary beneficiary:
Contingent beneficiary:
Death benefit:
Insurance agent's name & address:

If you have more than one Insurance Policy, please print the information for the other policies on the back of this page.

OTHER INTERESTS

Are you a beneficiary or a trustee under any trust? ____ If so, please explain:

Are you likely to receive substantial inheritances in the foreseeable future? ____ If so, please explain and state the source, nature and estimated value of each inheritance (if known): _____

Please provide a copy of the trust agreement or other governing instrument (such as a will) if possible.

ESTATE PLANNING OBJECTIVES

State any particular objectives each of you wish your estate plan to accomplish or concerns that you have:

EXECUTORS, GUARDIANS, TRUSTEES and AGENTS

Your executor has the responsibility to wind up your affairs at your death, see to it that your assets are collected, 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 one or more executors and then Alternates in case the person[s] named can not serve.

Name[s]	Relationship	Address
<u>Executor[s]:</u> _____		

<u>Alternate:</u> _____		
<u>Alternate:</u> _____		

If you have minor children, you may designate in your will Guardians that you wish to nominate to have the physical care and custody of the minor children if both natural parents are dead.

<u>Guardian:</u> _____
<u>Alternate:</u> _____
<u>Alternate:</u> _____

If your estate plan will include trusts, you should select one or more trustees. A trustee has the responsibility for the management of property that is to be held in trust for the benefit of the beneficiaries of the trust. A trustee can be an individual or a corporation qualified to act as a trustee (typically a bank or trust company).

Name	Relationship	Address
<u>Trustee:</u> _____		
<u>Alternate:</u> _____		

Alternate: _____

A Power of Attorney is a legal document in which you authorize another person (called an agent of attorney-in-fact) to act on your behalf in the management of your affairs. If your estate plan is to include a Power of Attorney, you should select one or more agents.

Name	Relationship	Address
<u>Agent[s]:</u>	_____	_____

Alternate Agent: _____

A Health Care Power of Attorney appoints a person (called a health care agent) as your representative to make decisions regarding your health care treatment, when you are unable to give informed consent. If you wish to include a HealthCare Power of Attorney in your estate plan, you will need to list the names, addresses and phone numbers for all of the persons you want to serve as your health care agents.

Name	Relationship	Address	All phone numbers
<u>Agent:</u>	_____	_____	_____
<u>Agent:</u>	_____	_____	_____
<u>Agent:</u>	_____	_____	_____

Describe or list any other facts or matters about your affairs or situation that you think may be relevant to planning your estate but which do not seem to be covered by the other sections of this questionnaire. You may use the back of this sheet also. This will help guide out conversation when we meet:

Your Signature

Your Signature

Your Printed Name

Your Printed Name

Date

Date