ESTATE PLANNING QUESTIONNAIRE

(PLEASE COMPLETE THIS PACKET IN INK)

WE LOOK FORWARD TO SEEING YOU!!!

WAKE LAW

Protecting Your Loved One's Legacy

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

PERSONAL INFORMATION

Client's Legal Name ____

Also Known As ____
(Other names used to title property and accounts)

Prefer to be called ____________________ Birth Date___________ SS# _____________ US Citizen? ____

Home Address ____________________________ City _______________ State _______ Zip _________
County: ___________________ Cell Phone Number___________________ Home Telephone ____________
Best Method of Communication: ____
Occupation ____ Employer ___________________________
Business Address _____________________________ City ___________________ State _____ Zip _______
E-mail Address _______________________________ ❑ It is okay to communicate with me via E-mail.
❑ Married: Date of Marriage ____________________ ❑ Divorced ❑ Widowed ❑ Single
❑ Cohabiting: Domestic Partnership Registration Filed? ________

CHILDREN

(Use full legal name. For stepparents, note "H" if only husband is the biological parent, note "W" if only wife is the biological parent.)

Name	**Birth date**	**Who is the Parent?**

ADVISORS

	Name	Telephone
Accountant	______________________________	____________
Financial Advisor	______________________________	____________
Life Insurance Agent	______________________________	____________

If you are not working with one of the above, are you interested in a referral to someone who may be a good fit for you and your family? ☐ Yes ☐ No

IMPORTANT FAMILY QUESTIONS

Do you have a will, trust, or other estate planning document? *Please furnish copies of these documents*	☐ Yes	☐ No
Are you making payments pursuant to a divorce or property settlement order? *Please furnish a copy*	☐ Yes	☐ No
If married have you and your spouse signed a pre- or post-marriage contract? *Please furnish a copy*	☐ Yes	☐ No
Do you or any of your children or other beneficiaries have disabilities, serious health problems or other special needs? *If yes, please describe below*	☐ Yes	☐ No
Do you own a business?	☐ Yes	☐ No
Do you own a long-term care (nursing home) insurance policy?	☐ Yes	☐ No
Do you own any property that is not community property?	☐ Yes	☐ No
Have you (or your spouse) ever filed federal or state gift tax returns? *Please furnish copies of these returns.*	☐ Yes	☐ No
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? *If so, please explain below.*	☐ Yes	☐ No
Are you currently the beneficiary of anyone else's trust? *If so, please explain below.*	☐ Yes	☐ No

Have you made any arrangements for your burial or funeral? ☐ Yes ☐ No If so, what are they?

____

If you answer no above, please provide your preferences regarding your funeral, burial, cremation, etc.

____

YOU MAY ESTIMATE AMOUNTS FOR THE PROCEEDING SECTIONS

INCOME/ASSET/LIABILITY INFORMATION

Please list your income/asset/liability information in the appropriate section below.
Attach additional pages, if necessary.

INCOME:

Earned Monthly Income from Labor: ________________

Monthly Social Security Income: ________________

Monthly Pension Income: ________________

Other Monthly Income: ________________

REAL PROPERTY

Please list any interest in real estate including your family residence, vacation home, time share or vacant land.
(please list manner in which title held – Joint Tenant, Separate Property, Tenant in Common)

General Description and/or Address	Owner	Market Value	Equity

Total ____________ ____________

PERSONAL PROPERTY

TYPE: List separately only major personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property *(indicate type below and **give a lump sum value for miscellaneous**, less valuable items.).*

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)____________		
	Total	

BANK & SAVINGS ACCOUNTS

IF YOU PREFER, YOU CAN WAIT UNTIL AFTER OUR MEETING TO SUPPLY ACCOUNT NUMBERS

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below).*

Do not include IRA's or 401(k)'s here

Name of Institution and account number	Type	Owner	Amount
		Total	

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

STOCKS AND BONDS

IF YOU PREFER, YOU CAN WAIT UNTIL AFTER OUR MEETING TO SUPPLY ACCOUNT NUMBERS

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account.

(indicate type below)

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
			Total	

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

Total ___________________

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Total ___________________

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Total ___________________

MONEY OWED TO YOU

TYPE: Mortgages or promissory notes payable **to you,** or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance

Total ________________

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail**.

Description ____

____

Total estimated value ________________________

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value

Total ________________

SUMMARY OF VALUES

ASSETS	Total Value
Real Property	
Furniture and Personal Effects	
Bank and Savings Accounts	
Stocks and Bonds	
Life Insurance and Annuities	
Retirement Plans	
Business Interests	
Money owed to you	
Anticipated Inheritance, Etc.	
Other Assets	
Total Assets:	

DESIGN INFORMATION

PERSONS TO ACT FOR YOU – IF YOU ARE UNABLE

WE CAN ALSO MAKE THESE DECISIONS AT OUR MEETING SO THESE SECTIONS MAY BE LEFT BLANK BUT YOU SHOULD START CONSIDERING EACH ROLE

PERMANENT GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference who would raise them and love them in the manner as close as possible to the way you would.

Name, Address and Phone Number **Relationship**

____

____

____

TEMPORARY GUARDIANS: These are people who live within 20 minutes of your house and could pick up your child(ren) if something ever happened to you.

Name, Address and Phone Number **Relationship**

____

____

____

____

FINANCIAL DECISION MAKERS

PERSONAL REPRESENTATIVE: After your death, who do you want making decisions regarding the management and distribution of your assets to your beneficiaries?

Name, Address and Phone Number **Relationship**

____

____

____

SUCCESSOR TRUSTEE (IF APPLICABLE): If you have minor children, *or* you have a revocable living trust, who do you want to be the trustee of the assets after you pass?

Name, Address and Phone Number **Relationship**

____

____

<u>DURABLE POWER OF ATTORNEY</u>: Who do you want to be able to make financial and legal decisions for you?

Name, Address and Phone Number **Relationship**

____

____

____

<u>HEALTH CARE</u>

<u>HEALTH CARE SURROGATE</u>: If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

Name, Address, and Phone Number **Relationship**

____

____

____

Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? ____

Do you want to provide that your organs and tissues should be made available for transplant purposes?

<u>DISTRIBUTION OF YOUR ESTATE</u>

<u>SPECIFIC DISTRIBUTIONS</u>: Do you want to leave any specific assets (real estate, automobile, a sum of money, artwork, jewelry, collections, etc) to a specific person? If so, please list the asset and the recipient below:

Recipient Name and Relationship to You **Asset Description**

____

____

____

____

____

____

____

____

____

____

<u>RESIDUE DISTRIBUTIONS</u>: How would you like the remainder of your estate distributed? You should use percentages for each recipient. The percentages should add up to 100%.

Recipient Name and Relationship to You	**Percentage**