



WESTERN WAKE LAW GROUP
ATTORNEYS AT LAW

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ESTATE PLANNING CLIENT QUESTIONNAIRE

Please complete in full and return by email, fax or mail to the Firm. Additional information on Estate Planning, which may be helpful in completing this questionnaire, is available on our website at www.WesternWakeLawGroup.com. Please be sure to check all appropriate boxes and complete all blanks. If "none", please state "none". If "not applicable", please state "n/a".

1. Today's Date: \_\_\_\_\_

2. Name Of Individual Completing This Form: Mr. [ ] Mrs. [ ] Ms. [ ] \_\_\_\_\_

3. Your Legal (Full) Name:
Last Middle First Prefix

4. If Married or Separated, please complete (a) below:
(a) Spouse's Legal (Full) Name:
Last Middle First Prefix

5. Home Address: \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

6. Your Work Address: \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

7. Your Contact Info: Home \_\_\_\_\_ Work/Other \_\_\_\_\_
Cell \_\_\_\_\_ Fax \_\_\_\_\_
E-mail Address: \_\_\_\_\_

8. Spouse's Work Address: \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

9. Spouse's Contact Info: Home \_\_\_\_\_ Work/Other \_\_\_\_\_
Cell \_\_\_\_\_ Fax \_\_\_\_\_
E-mail Address: \_\_\_\_\_

10. Your Date of Birth: \_\_\_\_\_ SS # \_\_\_\_\_
Month Day Year

11. Spouse's Date of Birth: \_\_\_\_\_ SS # \_\_\_\_\_
Month Day Year

12. Your Marital Status: Are you currently married? Yes  No   
 Are you currently separated? Yes  No   
 Have you ever been separated? Yes  No   
 Have you been divorced? Yes  No   
 Have you been widowed? Yes  No

13. Spouse's Marital Status: Is s/he currently married? Yes  No   
 Is s/he currently separated? Yes  No   
 Has s/he ever been separated? Yes  No   
 Is s/he been divorced? Yes  No   
 Has s/he been widowed? Yes  No

14. Is this a 1<sup>st</sup> marriage for both you and your spouse: Yes  No  If no, then provide further information \_\_\_\_\_

**15. COMPLETE THE FOLLOWING ON ANY LIVING CHILDREN: (Including legally adopted but not stepchildren). List the legal (full) name of each child:**

LAST	MIDDLE	FIRST	AGE	CURRENT MARRIAGE	PREVIOUS MARRIAGE	ADOPTED CHILD
_____	_____	_____	_____	( )	( )	( )
_____	_____	_____	_____	( )	( )	( )
_____	_____	_____	_____	( )	( )	( )
_____	_____	_____	_____	( )	( )	( )

16. Do you (or your spouse, if applicable) have any stepchildren? Yes  No  If yes, who \_\_\_\_\_

17. Any deceased children: Yes  No  If yes, who \_\_\_\_\_

18. Any grandchildren from any deceased child: Yes  No  If yes, who \_\_\_\_\_

19. Is any other person dependent upon you for support: (Stepchildren, Grandchildren, Parents, etc.)

PERSON	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. Are any of your children mentally incompetent: Yes  No  If yes, who \_\_\_\_\_

21. All named parties are U.S. Citizens: Yes  No

22. Burial or Cremation preference: Yours: \_\_\_\_\_ Spouses: \_\_\_\_\_

**23. If Married please provide the following information as a couple:**

*Important Comments:*

1. *Because of the potential risk of divorce or separation of a couple, it is strongly recommended that you name only one person rather than a couple for a guardian ( i.e., sister, brother, etc.).*
2. *The only time a spouse would be named Guardian is when there are children from a previous marriage. If there are stepchildren involved and you wish to name your current spouse as Guardian please denote the following beside the spouse name either "Stepfather" or "Stepmother."*

	<u>Husband</u>	<u>Wife</u>
<b>Executor</b>	_____	_____
City & State	_____	_____
<b>Alt. Executor</b>	_____	_____
City & State	_____	_____
<b>2<sup>nd</sup> Alt. Executor</b>	_____	_____
City & State	_____	_____
<b>Trustee</b>	_____	_____
City & State	_____	_____
<b>Alt. Trustee</b>	_____	_____
City & State	_____	_____
<b>2<sup>nd</sup> Alt. Trustee</b>	_____	_____
City & State	_____	_____
<b>Guardian</b>	_____	_____
City & State	_____	_____
<b>Alt. Guardian</b>	_____	_____
City & State	_____	_____
<b>2<sup>nd</sup> Alt. Guardian</b>	_____	_____
City & State	_____	_____

**24. Estimated Estate Value:**

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
Real Estate (House)	\$ _____	\$ _____	\$ _____
Bank Accounts	\$ _____	\$ _____	\$ _____
Money Markets	\$ _____	\$ _____	\$ _____
Cash	\$ _____	\$ _____	\$ _____
401ks	\$ _____	\$ _____	\$ _____
IRAs	\$ _____	\$ _____	\$ _____
Stocks/Mutual Funds Invests.	\$ _____	\$ _____	\$ _____
Life Insurance	\$ _____	\$ _____	\$ _____
Type? (Term or Whole Life)	_____	_____	
Cars/Boats	\$ _____	\$ _____	\$ _____
Personal Property (Jewelry/Art/Guns)	\$ _____	\$ _____	\$ _____

Stamps/Coins	\$ _____	\$ _____	\$ _____
Other Retirement Plans	\$ _____	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____	\$ _____
Total Est. Value	\$ _____	\$ _____	\$ _____

25. Brief Description of Estate Distribution (including any gifts, called specific bequests, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

26. Please note any questions or concerns you may have or any additional information you wish to provide that should be made aware to us \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**27. General Durable Power of Attorney**

(Yes or No) \_\_\_\_\_

**Springing Power of Attorney**

(Yes or No) \_\_\_\_\_

**Attorney in Fact** \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

**Alt. AIF** \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

**2<sup>nd</sup> Alt. AIF** \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

**28. Health Care Power of Attorney**

(Yes or No) \_\_\_\_\_

**Attorney in Fact** \_\_\_\_\_  
 Address & Phone # \_\_\_\_\_  
 \_\_\_\_\_

**Alt. AIF** \_\_\_\_\_  
 Address & Phone # \_\_\_\_\_  
 \_\_\_\_\_

**2<sup>nd</sup> Alt. AIF** \_\_\_\_\_  
 Address & Phone # \_\_\_\_\_  
 \_\_\_\_\_

29. **Living Wills**

(Yes or No) \_\_\_\_\_

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30. **Additional Documents that may be needed:**

- Your current **Will(s)**, including all **Codicils** (amendments), if applicable
- All current **trust** documents, including all restatements, modifications and amendments, if applicable
- All current **agency** and **health care** documents, including Durable Power of Attorney, Living Will, Health Care Power of Attorney, etc., if applicable
- All **marital property** agreements, including prenuptial or postnuptial agreements; as well as all **support** agreements/court orders, if applicable
- Financial Statements and asset ownership paperwork, if any:

I/We have provided the information requested in this document to Western Wake Law Group with the understanding that they will use it in designing, implementing and funding my/our estate plan. The information is true and correct to the best of my/our knowledge, and I/we expressly direct Western Wake Law Group to rely upon it in the performance of their services. I/We will not hold Western Wake Law Group liable for any omissions or errors I/we have made in completing this Questionnaire. If my/our financial situation changes or I/we discover any error or omission, it will be my/our duty to notify Western Wake Law Group of that fact.

\_\_\_\_\_  
Client's signature

Date \_\_\_\_\_

\_\_\_\_\_  
Client's signature

Date \_\_\_\_\_

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**FOR OFFICE USE ONLY**

**Blended Family:** Yes \_\_\_\_\_ No \_\_\_\_\_  
**1<sup>st</sup> Marriage:** Yes \_\_\_\_\_ No \_\_\_\_\_  
**Primary residence, T-E:** Yes \_\_\_\_\_ No \_\_\_\_\_  
**Separation Agreement in Place:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Asset Distribution**

- All to each other and then to issue per stirpes \_\_\_\_\_
- If issue has passed, does surviving spouse receive \_\_\_\_\_
- or pass directly to grandchildren \_\_\_\_\_
- Testamentary Trust for children/grandchildren to age \_\_\_\_\_
- Other (see notes below) \_\_\_\_\_

**Tax Planning**

**Credit Shelter Trust**

- Spouse only \_\_\_\_\_
- Sprinkle (Spouse and Children) \_\_\_\_\_
- Age for distribution to Children \_\_\_\_\_

**Balance**

- Outright to Spouse \_\_\_\_\_
- Q-Tip \_\_\_\_\_

Payment will be made by \_\_\_\_\_

Will Signing Ceremony Requested Date \_\_\_\_\_

Attorney's Fees \_\_\_\_\_

Questionnaire completed by: \_\_\_\_\_

Forward by: Regular Mail \_\_\_\_\_ E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Drafting Approved by \_\_\_\_\_

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