

## **Law Office of David Watters, PLLC**

### **Estate Planning Questionnaire**

This questionnaire is designed to help you gather information about your estate and how you would like it to be distributed. Please fill out as much of the form as you can, which will allow us to cover more information in our initial meeting. Many of the questions may not apply to you.

Many of our estate planning clients are married and want to conduct their planning jointly. In those circumstances, and unless told otherwise, I will assume that you want the representation to be joint. I further assume that information provided by one spouse may be shared with the other spouse. If you want this representation to be separate, please inform me of that at the beginning of our discussions, so I can proceed appropriately.

I will ask if you have any of the following. In certain cases, I may ask you to provide a copy of the appropriate documents for my files:

Wills

Trusts

Powers of Attorney (this would include a Health Care POA)

Life Insurance Policies, including beneficiary designations

IRA or qualified retirement plan information, including beneficiary designations

Partnership or similar corporate agreements

Real Property owned by either spouse

You can bring the questionnaire to the initial meeting, or you can e-mail it to me so that I may review it before the meeting.

If you have any questions, please e-mail me at [David@DavidWattersLaw.com](mailto:David@DavidWattersLaw.com) or call (919) 571-6448.

Husband  
Personal Data

Name \_\_\_\_\_

Addresses:

Home \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Planned retirement date: \_\_\_\_\_

Date of birth \_\_\_\_\_

Citizenship \_\_\_\_\_

Prior Marriage: Yes \_\_\_\_\_ No \_\_\_\_\_

Children or Stepchildren (Please note if stepchildren):

Full Name	Date of Birth	City/State
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Grandchildren and their parents (Put note if any are adopted):

Full Name	Date of Birth	Parents	City/State
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When did you establish residency in North Carolina? \_\_\_\_\_

If you have ever been a resident outside North Carolina during your present marriage, provide the county, state, and approximate dates of each residency.

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Please identify any special educational, medical, financial, or other personal needs that your relatives or others may have. (For questions like these, please attach your response.)

Please identify any individual who is dependent upon you for support, and provide general information as to the reason for and the extent of support provided.

Please list names and addresses of closest relatives other than children or spouse.

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### Distribution Objectives

Please describe generally how you want your assets distributed?

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If you and your spouse die prematurely, should your minor beneficiaries receive property when they reach majority, or at a later age or ages?

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Do you wish to make bequests to any charitable organization? \_\_\_\_\_

Name of Charitable Organization

Amount

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If none of your children survived you and your spouse, how would you want to distribute your estate?

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Are there any specific assets, such as jewelry, furniture, or works of art, that you want to give as a specific bequest to a person or other institution?

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Do you serve as custodian or trustee of assets of others? \_\_\_\_\_

Have you received any substantial gifts or inheritances, or do you expect to.

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Do you own unique assets, like antiques or works of art, which may require special consideration or valuation? \_\_\_\_\_

Where is your safe deposit box located? \_\_\_\_\_

Do you have any special requests regarding funeral arrangements, burial, cremation or the disposition of your remains?

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Do you currently have a Power of Attorney? \_\_\_\_\_

Do you have a Health Care Power of Attorney? \_\_\_\_\_

Do you have a Living Will (sometimes called a Declaration of a Desire to Die a Natural Death)? \_\_\_\_\_

Wife  
Personal Data

Name \_\_\_\_\_

Addresses:

Home \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Planned retirement date: \_\_\_\_\_

Date of birth \_\_\_\_\_

Citizenship \_\_\_\_\_

Prior Marriage: Yes \_\_\_\_\_ No \_\_\_\_\_

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## Husband and Wife Property Information

For each asset, please identify the owner, using the following:

J – Joint  
H – Husband  
W – Wife  
T – Trust

\_\_\_\_\_ Family residence

Address \_\_\_\_\_  
Estimated fair market value \_\_\_\_\_  
Mortgage Balance \_\_\_\_\_  
Year of purchase \_\_\_\_\_  
Purchase price \_\_\_\_\_

\_\_\_\_\_ Other real estate

Address and description \_\_\_\_\_  
Estimated fair market value \_\_\_\_\_  
Mortgage balance \_\_\_\_\_  
Year of purchase \_\_\_\_\_  
Purchase price \_\_\_\_\_

\_\_\_\_\_ General household furniture and furnishings \_\_\_\_\_

\_\_\_\_\_ Household effects of special value (such as china, silver, art works, antiques,  
jewelry, collections, etc.)

Estimated Value \_\_\_\_\_  
Description \_\_\_\_\_

\_\_\_\_\_ Automobile

Make/Model/Year \_\_\_\_\_  
Value \_\_\_\_\_  
Loan Balance \_\_\_\_\_

\_\_\_\_\_ Automobile

Make/Model/Year \_\_\_\_\_  
Value \_\_\_\_\_  
Loan Balance \_\_\_\_\_



Checking, savings, and other accounts

Institution	Account Number	Approximate balance
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Brokerage Accounts

Institution	Broker's Name	Account Number	Approximate balance
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IRA's, 401 (k) plans, annuities, etc.

Plan Sponsor	Beneficiary	Account balance
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Beneficiary Designations: Each custodian or sponsor has its own agreements, directing or limiting your options regarding payments and beneficiary elections. Please bring a copy of the custodial agreement or beneficiary designation. If you are participating in a 401(k), please bring its summary plan description.

Do you own any business interests that are not publicly traded. For example, do you own an interest in a closely held corporation or partnership? \_\_\_\_\_

Do you have any interests in trusts that were created by others? \_\_\_\_\_

Are you a guarantor of obligations of any other person or business? \_\_\_\_\_

Please list any debts, other than any mortgage on real property listed above. Please do not include consumer debts that are paid off each month.

Lender	Outstanding Balance	Security Interests
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### LIFE INSURANCE

Please list life insurance policies, noting whether each is whole life or term, who owns the policy, who are its beneficiaries, whose life the policy is written on, the face amount of the policy, and its cash surrender value (less outstanding loans).

Kind	Owner	Beneficiary	Life Covered	Face Amount	Cash Value
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