



Armor Trust Attorneys

Estate Planning Questionnaire

The information requested on this questionnaire may seem like none of our business, but it is very important that we understand your current situation and your wishes for the future. Some of the questions may not apply to you, however, please fill out as much of the form as you can, which will allow us to cover more information in our initial meeting. Please feel free to attach additional pages if all of your information does not fit in the space provided.

If you are a married couple, please use Client 1 for Husband and Client 2 for Wife throughout the entire questionnaire.

If you have existing documents please bring a copy for our files to the initial consultation:

- Last Will & Testament
- Revocable Living Trust
- Irrevocable Trust
- Powers of Attorney (Health Care POA and Durable POA)
- Life Insurance Policies, including beneficiary information
- IRA or Qualified Retirement Plan information, including beneficiary information
- Partnership or similar Corporate Agreements
- Deeds for Real Property owned by either Client

You can bring this questionnaire and any other documentation to the initial consultation.

Please call our office at (919) 571-4398 to schedule your initial consultation.

Sincerely,
Armor Trust Attorneys

Erica A. Ferranti
Attorney at Law



**Client 1
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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Grandchildren and their parents (Put note if any are adopted):

Full Name	Date of Birth	Parents	City/State
-----------	---------------	---------	------------

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.

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.

Distribution Objectives

Please describe generally how you want your assets distributed?



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

Do you wish to make bequests to any charitable organization? _____

Name of Charitable Organization	Amount
---------------------------------	--------

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

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?

Do you serve as custodian or trustee of assets of others? _____

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

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?



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)? _____

Client 2
Personal Data

(If married or have a life partner, please fill out even if spouse or partner is not seeking our legal advice)

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
-----------	---------------	------------



Grandchildren and their parents (Put note if any are adopted):

Full Name	Date of Birth	Parents	City/State
-----------	---------------	---------	------------

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.

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.

Distribution Objectives

Please describe generally how you want your assets distributed?

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



Do you wish to make bequests to any charitable organization? _____

Name of Charitable Organization

Amount

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

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?

Do you serve as custodian or trustee of assets of others? _____

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

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?



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)? _____

Client 1 & 2
Property Information

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

- J – Joint
- 1 – Client 1
- 2 – Client 2
- 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Brokerage Accounts

Institution	Broker's Name	Account Number	Approximate balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IRA's, 401 (k) plans, annuities, etc.

Plan Sponsor	Beneficiary	Account balance
_____	_____	_____
_____	_____	_____



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

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



BUSINESSES AND/OR FARMS

Please list any closely held corporations, privately owned businesses, partnerships and LLC's.

Please provide copies of the Articles of Incorporation/ Organization and all written ownership agreements for all entities listed. Also, please bring the company minute books, if possible, for review.

Legal Name of Entity	
Type of Entity	
Name of All Owners	
Your Ownership %	
# of Shares	
Value of Entity	

Client 1 & 2 Appointments

An important part of the estate planning process is naming people to act for you either during your incompetence or after your death.

EXECUTOR

An Executor is the person who will administer your estate after your death. This is a job that will only last from 9 months to 1 year and requires administrative and organizational skills that enable your Executor to file inventories and accountings with the clerk of court. Your Executor does not have to live locally, however it is advantageous if the Executor is a resident of North Carolina. You and your spouse do not have to name the same people as Executor and alternates. Please list your first choice as Executor on line 1, and name at least one alternate, preferably two alternates. **Please list the full legal name of each person you are appointing.**



	CLIENT 1	CLIENT 2
1.		
2.		
3.		

GUARDIAN OF MINOR CHILDREN

Please list who the person you would like to raise your minor children when you are dead or incapacitated. We suggest you choose a person or people who share your values, who will have the energy to raise minor children and will accept them into their family. To avoid conflicts, both parents should agree on their choice now. We suggested you do not name people jointly to prevent a battle for custody in the event of a separation or divorce. Please list your first choice on line 1, and name at least one alternate, preferably two alternates. **Please list the full legal name of each person you are appointing.**

	CLIENT 1	CLIENT 2
1.		
2.		
3.		

TRUSTEE

Please list the person or persons and any alternates you would like to name as the Trustee or Successor Trustee. A Trustee position is a long term job that can last a few months up to many, many years. The Trustee is responsible for managing the assets in the Trust, and making distributions from the Trust. The Trustee does not have to live locally. You and your partner do not have to name the same people as Trustee or alternates. Please list your first choice on line 1, and name at least one alternate, preferably two alternates. **Please list the full legal name of each person you are appointing.**

	CLIENT 1	CLIENT 2
1.		
2.		
3.		

POWER OF ATTORNEY

Please list the person and any alternates you would like to handle your finances and assets when you are incapacitated and can no longer do it. This person should be someone who has good money management skills or is wise enough to seek professional help. It is also helpful if they share your values about money and wealth. We suggest that you do not name people jointly.



	CLIENT 1	CLIENT 2
1.		
2.		
3.		

HEALTH CARE AGENTS

Please indicate who you want to make health care decisions for you if you become incapacitated or incompetent. The people you chose should be those who you trust to carry out your wishes and share your views about life and death issues or at least be trustworthy to abide by your stated wishes. Please name your spouse "First Choice" if that is your intention.

	CLIENT 1	CLIENT 2
1.		
2.		
3.		



ADVISORS

Please list your current advisors that play a key role in the establishment of your estate plan. They may need to be contacted to confirm or change beneficiary designations and titling accounts. Your accountant may need to be consulted relative to tax matters.

Type of Advisor	Client 1's Advisor Name/ Telephone	Client 2's Advisor Name/ Telephone
Accountants Permission to contact: Yes _____ No _____.		
Accountants Permission to contact: Yes _____ No _____.		
Accountants Permission to contact: Yes _____ No _____.		
Accountants Permission to contact: Yes _____ No _____.		
Accountants Permission to contact: Yes _____ No _____.		
Accountants Permission to contact: Yes _____ No _____.		
Accountants Permission to contact: Yes _____ No _____.		
Accountants Permission to contact: Yes _____ No _____.		