

# PINCKNEY LAW FIRM, LLC

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## Confidential Estate Planning Questionnaire

To help us design the best estate plan for you and your family, we will need the following information. If more space is needed, please use the page margins or you may attach a blank sheet of paper and continue your answers. If you wish to discuss the item first, please insert a question mark.

### PERSONAL INFORMATION

Please write "NA" when not applicable. "H" is for Husband and "W" is for Wife.

Full Names:	(H) _____	US Citizen? Yes ___ or No ___
	(W) _____	US Citizen? Yes ___ or No ___
Home Address:	Street Address: _____	EMAIL: _____
	City, State, Zip: _____	County: _____
Dates of Birth	(H) _____	(W) _____
Social Sec. No.	(H) _____	(W) _____
Occupation	(H) _____	Annual Income: _____
	(W) _____	Annual Income: _____
Office Phone Numbers:	(H) _____	(W) _____
Cell Phone Numbers:	(H) _____	(W) _____
State of Health?	(H) _____	(W) _____
Insurable for Health?	(H) _____	(W) _____
Marital Information	Date of Current Marriage _____	

Any Former marriages? (H) Yes \_\_\_ No \_\_\_ (W) Yes \_\_\_ No \_\_\_

Do you have a premarital agreement (also known as an ante-nuptial agreement)? Yes \_\_\_ or No \_\_\_

Have you lived in a foreign country or in one of the following "Community Property" States during your marriage: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas or Washington? Yes \_\_\_ or No \_\_\_

Please indicate the name of your former spouse, if any, the date the marriage was terminated, whether the marriage terminated by death, divorce, and whether there were any children:

(H): \_\_\_\_\_

(W): \_\_\_\_\_

Are there any continuing Financial responsibilities as a result of prior marriages? Yes \_\_\_ or No \_\_\_

**Children:** Please indicate name, date of birth, current address, and phone numbers of your children:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Other than your spouse or children,** who should receive a distribution from your estate upon your death? Please include their full names, addresses, and phone numbers. (for additional space, use back of this sheet).

<u>Husband</u>	<u>Wife</u>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

Would you like to leave any property or cash to **charity**? Yes \_\_\_ No \_\_\_

If yes, please attach a sheet of paper indicating the names, addresses of organizations, and types of property or approximate dollar amounts.

## ESTATE AND DISABILITY PLANNING INFORMATION

At your death, your Executor / Personal Representative is responsible for collecting the assets of your probate estate, carrying out the directions stated in your will, ensuring that your will is properly probated and filing any tax returns which may be due.

Your Trustee is responsible for investing any assets held in trust, preserving such assets for the beneficiaries of the trust and distributing such assets to the beneficiaries according to the directions stated in the trust agreement.

The Guardian of your minor children will assume responsibility for the children in the event that both parents predecease before they reach the age of majority.

Your Attorney-in-Fact will make financial or health care decisions for you if you are incapable of making them yourself.

**GUARDIANS: If you have MINOR CHILDREN:**

A. Whom do you wish to nominate as the GUARDIAN(S) AND SUCCESSOR GUARDIAN(S) for your minor children? Please include their full names, addresses, phone numbers, and relationship (if any).

GUARDIAN:

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SUCCESSOR GUARDIAN:

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B. If a contingency trust is created to hold funds on behalf of your children in the event of both parents' demise, at what ages do you wish the assets to be distributed to them? (For Example: one-quarter at 25, one-quarter at 30 and balance at 35).

Ages:

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**LAST WILL AND TESTAMENT:** Whom do you wish to serve as the EXECUTOR / PERSONAL REPRESENTATIVE and SUCCESSOR EXECUTOR / PERSONAL REPRESENTATIVE? Please include their full names, addresses, and telephone numbers.

EXECUTOR:

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SUCCESSOR EXECUTOR:

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**IRREVOCABLE / PERMANENT TRUSTS:** If you determine that your estate plan should include a Trust (for your spouse and / or your children) under your Will, whom do you want to serve as TRUSTEE and SUCCESSOR TRUSTEE of the Trust? Please include their full names, addresses, telephone numbers, and relationship (if any). (We can discuss the role and selection of trustees when we meet).

TRUSTEE:

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SUCCESSOR TRUSTEE:

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**REVOCABLE / LIVING TRUST:** Other than yourself, whom do you wish to serve as TRUSTEE and SUCCESSOR TRUSTEE of the Trust? Please include their full names, addresses, telephone numbers, and their relationship (if Any).

TRUSTEE:

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**SUCCESSOR TRUSTEE:**

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**DURABLE GENERAL POWER OF ATTORNEY:** If you become unable to manage your FINANCIAL matters, whom do you wish to appoint as your ATTORNEY-IN-FACT and SUCCESSOR ATTORNEY-IN-FACT? Please include their full names, addresses, telephone numbers, and their relationship (if any).

**ATTORNEY-IN-FACT:**

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**SUCCESSOR ATTORNEY-IN-FACT:**

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**HEALTH CARE POWER OF ATTORNEY AND ADVANCE MEDICAL DIRECTIVE:**

In the event that you are unable to make MEDICAL decisions for yourself, whom do you wish to appoint as your ATTORNEY-IN-FACT and SUCCESSOR ATTORNEY-IN-FACT? Please include their full names, addresses, telephone numbers, and relationship (if any).

**ATTORNEY-IN-FACT:**

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**SUCCESSOR ATTORNEY-IN-FACT:**

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**Name of Accountant/CPA:**

**Name of Financial Planner:**

**Name of Insurance Professional:**

**Name of Banker:**

**Name of Physician:**

**Name of Minister, Rabbi, Priest or other?**

**Have you ever made a will? Yes\_\_\_ No\_\_\_**

**Do you have a safe deposit box? Yes\_\_\_ No\_\_\_**

**If yes, what location: \_\_\_\_\_ In whose name: \_\_\_\_\_**

**Have either of you created any trusts? (H) Yes\_\_\_ No\_\_\_ (W) Yes\_\_\_ No\_\_\_**

**If yes, please bring a copy of the trust with you.**

**Are either of you the beneficiary of any trust? (H) Yes\_\_\_ No\_\_\_ (W) Yes\_\_\_ No\_\_\_**

**Do either of you have any powers of appointment? (H) Yes\_\_\_ No\_\_\_ (W) Yes\_\_\_ No\_\_\_**

Are either of your parents still living? (H) Yes\_\_\_ No\_\_\_ (W) Yes\_\_\_ No\_\_\_

If living, do you expect to provide for your parent(s) in your estate planning?

(H) Yes\_\_\_ No\_\_\_ (W) Yes\_\_\_ No\_\_\_

Do you expect to receive any substantial gifts from your parents during their lifetimes or as an inheritance?

(H) Yes\_\_\_ No\_\_\_ (W) Yes\_\_\_ No\_\_\_

Are any of your children developmentally handicapped?

Have you made or do you contemplate making gifts to your children or others in excess of \$10,000 / year?

(H) Yes\_\_\_ No\_\_\_ (W) Yes\_\_\_ No\_\_\_

Can you provide copies of Deeds to all Real Estate? Yes\_\_\_ No\_\_\_

If yes, please bring a copy(s) of all Deed(s).

Do you or your spouse have Long Term Care Insurance for long term disability?

Yes\_\_\_ No\_\_\_

Do you want to be jointly represented with your spouse, for purposes of estate planning? If so, all information provided during consultation will be made available to both parties.

Yes \_\_\_ Initials of (H)\_\_\_\_\_ (W)\_\_\_\_\_ No \_\_\_ Initials of (H)\_\_\_\_\_ (W)\_\_\_\_\_

If you were referred to us, please specify by whom so that we may acknowledge the referral.

Name of referrer: \_\_\_\_\_

Please check the appropriate statement:

A. \_\_\_ To the best of our knowledge, our total assets, including life insurance, do not presently exceed \$\_\_\_\_\_ nor are our total assets likely to exceed \$\_\_\_\_\_ in the near future.

B. \_\_\_\_\_ As of the date below, our total assets exceed \$600,000. If so, complete the attached List of Assets sheet.

This information is true and accurate to the best of my / our knowledge and belief.

Date: \_\_\_\_\_ (H): \_\_\_\_\_

Date: \_\_\_\_\_ (W): \_\_\_\_\_

ALL INFORMATION SUPPLIED IN THE PERSONAL DATASHEET  
SHALL BE TREATED AS STRICTLY CONFIDENTIAL

## LIST OF ASSETS

Values may be approximated. Any similar financial statement will suffice.  
Please indicate how assets are titled.

	HUSBAND'S SOLE NAME PROPERTY	WIFE'S SOLE NAME PROPERTY	JOINTLY OWNED PROPERTY
<b>1. Bank Accounts (cash)</b>			
<b>2. Money Markets Accounts</b>			
<b>3. Saving Accounts</b>			
<b>4. CD's (x-date) //</b>			
<b>5. IRA's</b>			
<b>6. Annuities Co. _____ S.C. ___%</b>			
<b>7. Mutual Funds</b>			
<b>8. STOCKS / BONDS</b>			
<b>9. Retirement Plans / 401k</b>			
<b>10. S-Corporation Stock</b>			
<b>11. Closely Held Business</b>			
<b>12. Partnership Interest</b>			
<b>13. Notes</b>			
<b>14. Interest in Trusts</b>			
<b>15. Inheritance</b>			
<b>16. Real Estate</b>			
<b>(home)</b>			
<b>(other)</b>			
<b>17. Personal Property</b>			
<b>A. Cars</b>			
<b>B. Jewelry</b>			
<b>C.</b>			
<b>D.</b>			
<b>E.</b>			
<b>F.</b>			
<b>G.</b>			
_____			
<b>Subtotal: _____</b>			
<b>18. Current Income</b>			
<b>A. Salary</b>			
<b>B. Pension</b>			
<b>C. Social Security</b>			
<b>D. IRA</b>			
<b>E. CD's – interest</b>			

<b>F. Other</b>			
<b>19. Life Insurance Policies</b>			
<b>HUSBAND</b>			
<b>Company / Term or Whole Life / Death Benefit / Policy Loan</b>			
<b>A.</b>			
<b>B.</b>			
<b>C.</b>			
<b>D.</b>			
<b>WIFE</b>			
<b>Company / Term or Whole Life / Death Benefit / Policy Loan</b>			
<b>ASSETS TOTAL:</b>			
<b>LIST OF LIABILITIES</b>			
<b>List of all significant debts and liabilities.</b>	<b>Type of Debt</b>	<b>Owed Jointly or by Husband or Wife</b>	<b>Amount</b>
<b>1.</b>			
<b>2.</b>			
<b>3.</b>			
<b>4.</b>			
<b>5.</b>			
<b>6.</b>			
<b>7.</b>			
<b>8.</b>			
<b>9.</b>			
<b>10.</b>			
<b>LIABILITIES TOTAL:</b>			

**INCOME:**

**1. Current income needs:** \$ \_\_\_\_\_ per \_\_\_\_\_.

**2. Other needs:**

**TOTAL OF COMBINED NET WORTH \$ \_\_\_\_\_**