

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 to make notes, or you may attach a blank sheet of paper and continue your answers. If you wish to discuss an 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:

SUCCESSOR GUARDIAN:

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:

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:

SUCCESSOR EXECUTOR:

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:

SUCCESSOR TRUSTEE:

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:

SUCCESSOR TRUSTEE:

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: _____

SUCCESSOR ATTORNEY-IN-FACT: _____

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: _____

SUCCESSOR ATTORNEY-IN-FACT: _____

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
1. Bank Accounts (cash)			
2. Money Markets Accounts			
3. Saving Accounts			
4. CD's (x-date) //			
5. IRA's			
6. Annuities Co. _____ S.C. ___%			
7. Mutual Funds			
8. STOCKS / BONDS			
9. Retirement Plans / 401k			
10. S-Corporation Stock			
11. Closely Held Business			
12. Partnership Interest			
13. Notes			
14. Interest in Trusts			
15. Inheritance			
16. Real Estate			
(home)			
(other			
17. Personal Property			
A. Cars			
B. Jewelry			
C.			
D.			
E.			
F.			
G.			

Subtotal: _____			
18. Current Income			
A. Salary			
B. Pension			
C. Social Security			
D. IRA			
E. CD's – interest			
F. Other			
19. Life Insurance Policies			
HUSBAND			
Company / Term or Whole Life /			
Death Benefit / Policy Loan			
A.			

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

INCOME:

1. Current income needs: \$ _____ per _____.

2. Other needs:

TOTAL OF COMBINED NET WORTH \$ _____