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ESTATE PLANNING QUESTIONNAIRE

**After completing this questionnaire, please return it by fax or email to:
Fax: (336) 333-7909 Attn: Jennifer Noble
Email: jnoble@connorsmorgan.com**

Limited Purpose of Questionnaire: Please understand this questionnaire should not be relied upon as legal advice. It is a tool designed to gather information you will need to make informed estate planning decisions. Completing this questionnaire does not establish an attorney-client relationship.

PERSONAL INFORMATION

CLIENT INFORMATION

Full Name: _____

Date of Birth: _____ U.S. Citizen? _____ County of Residence: _____

_____ Address: _____

Employer: _____ Job Title: _____

Home phone: (_____) _____

Mobile phone: (_____) _____

Work phone: (_____) _____ Email: _____

MARITAL STATUS

- | | |
|--|--|
| <input type="checkbox"/> Single (never been married) | <input type="checkbox"/> Widow/widower |
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Engaged |

CHILDREN (Names, addresses, phone numbers & dates of birth. Indicate children from prior relationship):

ASSETS

Describe any assets *other* than retirement accounts, life insurance and annuities. Indicate the value and whether it is owned by you, by your spouse or jointly. Include all real property (including your home) and bank accounts.

<u>Description</u>	<u>Value</u>	<u>Owner</u>

Describe any life insurance policies, retirement accounts and annuities.

<u>Description</u>	<u>Owner/Policy Holder</u>	<u>Value</u>	<u>Primary Beneficiary</u>	<u>Secondary Beneficiary</u>

Have you signed a prenuptial agreement, postnuptial agreement, or separation agreement? _____. If so, please bring a copy to our initial meeting.

Do you have long-term care insurance? _____

Does any member of your family have special needs or receive government assistance of any kind? If so, please explain: _____

Do you own an interest in a closely-held business? _____. If so, please provide the name and describe type of entity (e.g. LLC or S-corporation). _____

Would you estimate the value of all of your assets, including life insurance, to be greater than \$5 million? _____

Do you have an existing Will or other estate planning documents? _____. If so, please provide them prior to our meeting or bring them to our meeting.

ESTATE PLANNING GOALS

We will discuss your estate planning goals in detail at our meeting. To assist in preparing for the meeting, please explain in your own words who you want to benefit from your estate when you pass away. (For example, “All of my estate goes to my surviving spouse, and if I have no surviving spouse, to my children in a trust.”)

NOMINATIONS

Please identify potential candidates to serve important roles in your estate plan. We will explain these roles and discuss your selections in greater detail in our meeting.

GUARDIAN OF YOUR MINOR CHILDREN

A Guardian is a person(s) you nominate to provide for the care and custody of your minor children until they become adults. Minor children will typically reside with the Guardian(s) in their home. Under its inherent authority to look after the best interests of the child, the Clerk of Superior Court must approve any Guardian nominated.

If you have minor children, whom would you want to nominate as their Guardian?

First Choice (full name):	Relationship:
Second Choice (full name):	Relationship:

TRUSTEE OF TRUST

A Trustee is a person(s) or other representative (including a Trust Company) who has the legal title over and responsibility to manage property for the benefit of a designated person(s). Trustee(s) are often used to manage property for minor children until they attain the age chosen by their parents.

Whom would you want to serve as Trustee?

First Choice (full name):	Relationship:
Second Choice (full name):	Relationship:

NOMINATIONS (cont.)

EXECUTOR

Definition of an Executor: An Executor is a person(s) or other representative (including a Trust Company) you appoint under your Will to be responsible for administering your estate. An Executor's duties include filing your Will at the Courthouse after your death, gathering your assets, paying your debts, and distributing property to your beneficiaries. They are also responsible for preparing certain tax returns after your death.

First Choice (full name):	Relationship:
Second Choice (full name):	Relationship:

DURABLE POWER OF ATTORNEY

A Power of Attorney enables another person to manage your financial affairs when you are not able to do so. Would you like a Power of Attorney? _____

First Choice (full name):	Relationship:
Second Choice (full name):	Relationship:

HEALTH CARE POWER OF ATTORNEY/LIVING WILL

A Health Care Power of Attorney enables another person to make health care decisions for you when you are not able to do so. Would you like a Health Care Power of Attorney? _____

First Choice (full name):	Relationship:	
Home phone:	Work phone:	Mobile phone:
Address:		

Second Choice (full name):	Relationship:	
Home phone:	Work phone:	Mobile phone:
Address:		

In the Health Care Power of Attorney/Living Will, you have the option to express your desires concerning life-prolonging measures (for example, ventilator or artificial nutrition) in the event that you are terminally ill and unable to make your own health care decisions. We will discuss your options at our meeting.

Three options available to you include:

1. Authorizing the person you are naming in the Health Care Power of Attorney to make decisions about life-prolonging measures.
2. Directing your physician to withhold or discontinue life-prolonging measures.
3. Directing your physician to provide you with maximum treatment, including life-prolonging measures.