

**CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE  
(IF RESPONSES ARE HANDWRITTEN, PLEASE USE INK)**

I. *Personal Information*

A. *Husband (or Single)*

Full Name (as it appears on Driver's License): \_\_\_\_\_

Prefer to be called/Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Telephone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

B. *Spouse*

Full Name (as it appears on Driver's License): \_\_\_\_\_

Prefer to be called/Nickname: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City and Zip Code: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Telephone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

C. *Marital Information*

Date and Place of Marriage: \_\_\_\_\_

Prior States of residence during marriage: \_\_\_\_\_

Prior marriage? Husband (or Single): \_\_\_\_\_ Wife: \_\_\_\_\_

Children of prior marriage? Husband (or Single): \_\_\_\_\_ Wife: \_\_\_\_\_

Do you have any continuing obligations under any separation agreement?

Husband (or Single): \_\_\_\_\_ Wife: \_\_\_\_\_

D. *Children* (Indicate if child is adopted, by a prior marriage, or a stepchild)

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status/children: \_\_\_\_\_

Special Needs: \_\_\_\_\_

**STEWART LAW, P.A.**

ESTATE PLANNING. PROBATE. CORPORATE.  
*Create a Legacy™*

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Child's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City and Zip Code: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Marital Status/children: \_\_\_\_\_  
\_\_\_\_\_  
Special Needs: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City and Zip Code: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Marital Status/children: \_\_\_\_\_  
\_\_\_\_\_  
Special Needs: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City and Zip Code: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Marital Status/children: \_\_\_\_\_  
\_\_\_\_\_  
Special Needs: \_\_\_\_\_

II. *Questions*

- A. Do you expect to receive any inheritances or substantial gifts? Give value and source.  
Husband (or Single): \_\_\_\_\_  
Wife: \_\_\_\_\_
- B. Are there any trusts in existence of which you or your spouse are or will be a beneficiary? Describe trust and interest.  
Husband (or Single): \_\_\_\_\_  
Wife: \_\_\_\_\_
- C. Are you the holder of a power of appointment\*? If so, give details.  
*(\*This would usually be given in another person's Will (such as a parent's Will). The Power of Appointment gives you the right to direct where that other person's property will be distributed.)*  
Husband (or Single): \_\_\_\_\_  
Wife: \_\_\_\_\_
- D. Have you ever made a gift to any one individual of more than \$10,000 in one year?  
Husband (or Single): \_\_\_\_\_ Wife: \_\_\_\_\_

E. Do you have a will?

Husband (or Single): \_\_\_\_\_ Dated: \_\_\_\_\_ Location: \_\_\_\_\_  
Wife: \_\_\_\_\_ Dated: \_\_\_\_\_ Location: \_\_\_\_\_

F. Have you ever created a trust?

Husband (or Single): \_\_\_\_\_ Dated: \_\_\_\_\_  
Type (e.g., revocable, irrevocable): \_\_\_\_\_

Wife: \_\_\_\_\_ Dated: \_\_\_\_\_  
Type (e.g., revocable, irrevocable): \_\_\_\_\_

G. Do you have a financial power of attorney?

Husband (or Single): \_\_\_\_\_ Dated: \_\_\_\_\_ Location: \_\_\_\_\_  
Wife: \_\_\_\_\_ Dated: \_\_\_\_\_ Location: \_\_\_\_\_

If so, was it recorded with the Register of Deeds?

Husband (or Single): \_\_\_\_\_ County where recorded: \_\_\_\_\_  
Wife: \_\_\_\_\_ County where recorded: \_\_\_\_\_

H. Do you have a health care power of attorney?

Husband (or Single): \_\_\_\_\_ Dated: \_\_\_\_\_ Location: \_\_\_\_\_  
Wife: \_\_\_\_\_ Dated: \_\_\_\_\_ Location: \_\_\_\_\_

I. Safety Deposit Box location(s):

Who has the key? \_\_\_\_\_  
Authorized persons? \_\_\_\_\_

J. Who would you like to make financial decisions for you in the event that your spouse is not available?

(For Husband (or Single)):  
Name: \_\_\_\_\_  
Relationship (if any): \_\_\_\_\_  
(For Wife):  
Name: \_\_\_\_\_  
Relationship (if any): \_\_\_\_\_

K. Who would you like to make health care decisions for you in the event that your spouse is not available?

(For Husband (or Single)):  
Name: \_\_\_\_\_  
Relationship (if any): \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_

(For Wife):

Name: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

- L. Who would you like to have physical custody of your children if their other parent is unable to perform this duty?

Name: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

- M. (For Husband (or Single)):

Please check one:

Burial? \_\_\_\_\_ Cremation? \_\_\_\_\_ Other? \_\_\_\_\_

(For Wife ):

Please check one:

Burial? \_\_\_\_\_ Cremation? \_\_\_\_\_ Other? \_\_\_\_\_

III. *Financial Information*

- A. *Tangible Personal Property* (Automobiles, Household Furnishings, Collections, etc.; Give brief description, indicate owner and estimate value):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- B. *Accounts and Notes Receivable*

Amounts owed to you by others (indicate amount owed and whether it is owed to Husband (or Single), Wife or both): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- C. *Bank Accounts, Certificates of Deposit, Money Market Accounts* (a brokerage account can also be listed here in the aggregate; individual stocks held outside the account can be shown below):

1. Name of Institution: \_\_\_\_\_

Account Holder's Name: \_\_\_\_\_

Average Balance: \_\_\_\_\_ Type of Account: \_\_\_\_\_

2. Name of Institution: \_\_\_\_\_

Account Holder's Name: \_\_\_\_\_

Average Balance: \_\_\_\_\_ Type of Account: \_\_\_\_\_

3. Name of Institution: \_\_\_\_\_  
 Account Holder's Name: \_\_\_\_\_  
 Average Balance: \_\_\_\_\_ Type of Account: \_\_\_\_\_
4. Name of Institution: \_\_\_\_\_  
 Account Holder's Name: \_\_\_\_\_  
 Average Balance: \_\_\_\_\_ Type of Account: \_\_\_\_\_

D. *Other Securities (Stocks and Bonds)*

<u>Name of Company</u>	<u>No. of Shares or Amount</u>	<u>Owner</u>	<u>Estimated Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional sheets or provide statement photocopies if necessary.)

E. *Real Property*

Personal Residence Address: \_\_\_\_\_  
 Brief Description: \_\_\_\_\_  
 Fair Market Value: \_\_\_\_\_  
 Legal Title in whose name (Husband (or Single), Wife or Joint)? \_\_\_\_\_  
 Mortgage Amount: \_\_\_\_\_ Owed to whom? \_\_\_\_\_  
 If property is held Jointly with someone other than your spouse, give details:  
 \_\_\_\_\_  
 Date Acquired: \_\_\_\_\_

*Other Real Property (Vacation home, rental property, etc.)*

Address: \_\_\_\_\_  
 Brief Description: \_\_\_\_\_  
 Fair Market Value: \_\_\_\_\_  
 Legal Title in whose name? (Husband (or Single), Wife or Joint) \_\_\_\_\_  
 Mortgage Amount: \_\_\_\_\_ Owed to whom? \_\_\_\_\_  
 If property is held Jointly with someone other than your spouse, give details:  
 \_\_\_\_\_  
 Date Acquired: \_\_\_\_\_

Address: \_\_\_\_\_  
 Brief Description: \_\_\_\_\_  
 Fair Market Value: \_\_\_\_\_  
 Legal Title in whose name? (Husband (or Single), Wife or Joint) \_\_\_\_\_  
 Mortgage Amount: \_\_\_\_\_ Owed to whom? \_\_\_\_\_  
 If property is held Jointly with someone other than your spouse, give details:  
 \_\_\_\_\_  
 Date Acquired: \_\_\_\_\_

F. *Income Information for Last Two Years*

Husband (or Single) Occupation: \_\_\_\_\_

Spouse Occupation: \_\_\_\_\_

	<i>Current Year Estimate</i>		<i>Last Year</i>	
	Husband	(or Single) Wife	Husband (or Single)	Wife
Salary:	\$ _____	_____	\$ _____	_____
Bonus:	\$ _____	_____	\$ _____	_____
Interest:	\$ _____	_____	\$ _____	_____
Dividends:	\$ _____	_____	\$ _____	_____
Rents:	\$ _____	_____	\$ _____	_____
Soc. Sec.:	\$ _____	_____	\$ _____	_____
Other:	\$ _____	_____	\$ _____	_____
Total:	\$ _____	_____	\$ _____	_____

G. *Employee Benefit Plans*

List any pension plan, profit-sharing plan, employee stock plan, individual retirement account, Keogh plan or any other retirement plan maintained by your employer or by you. Indicate approximate value and current beneficiary.

Husband (or Single): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Wife: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Give brief description of any deferred compensation arrangements.

Husband (or Single): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Wife: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

H. *Closely Held Business*

If you have any interest in any closely-held business, please give the following information:

Name and type of business: \_\_\_\_\_

Book value of business at end of last fiscal year: \_\_\_\_\_

Earnings of closely-held business before taxes for last 2 years:

Year	Earnings Before Taxes
20__	\$ _____
20__	\$ _____

Number of outstanding voting shares: \_\_\_\_\_  
 Ownership of stock: \_\_\_\_\_  
 Is there a buy-sell agreement? \_\_\_\_\_  
 Are there any stock options outstanding? \_\_\_\_\_

Key Man Insurance:  
Employee                      Face Value                      Cash Value                      Payee  
 \_\_\_\_\_

I. *Life and Accidental Insurance on Husband's (or Single) Life*

Face Amount	Type-Whole Life Term or Accidental	Company and Policy No.	Designated Beneficiary	Cash Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

J. *Life and Accidental Insurance on Wife's Life*

Face Amount	Type-Whole Life Term or Accidental	Company and Policy No.	Designated Beneficiary	Cash Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IV. *Advisors*

	Name	Telephone
Accountant:	_____	_____
Banker:	_____	_____
Life Ins. Agent:	_____	_____
Financial Planner:	_____	_____

V. Please indicate your level of concern about losing assets to possible future creditors. For example, some clients in high-risk professions recognize the possibility for a loss of wealth related to claims stemming from business reversals or malpractice allegations.

5 (Very concerned)      4      3      2      1 (Not Concerned at All)  
 \_\_\_\_\_

VI. Please describe your estate planning goals: