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ESTATE ANALYSIS QUESTIONNAIRE

CONFIDENTIAL LEGAL PLANNING INFORMATION

This form is extremely important. Your accuracy and completeness in responding will help our firm to best represent you. *Please list all names as they would appear on legal documents. Include full address and phone number where indicated.* If any section is not applicable to you, please indicate "N/A." If you are uncertain regarding how to answer any of the questions contained in this document, please feel free to contact an attorney in the firm.

We acknowledge that the information contained herein will be used by Culp Elliott & Carpenter, PLLC solely for the preparation of our estate planning documents, and that the information is correct and complete.

Signature: _____ Date: _____

Signature: _____ Date: _____

PERSONAL DATA

Husband:

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Preferred #: Home Cell Business

Date of Birth: _____

U.S. Citizen: Yes No

If no, please note country of citizenship:

Soc. Sec. #: _____

Email: _____

Resident of current state since _____

Other states in which you have resided:

Date of Marriage: _____

Prior marriage(s)? Yes No

Wife:

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Preferred #: Home Cell Business

Date of Birth: _____

U.S. Citizen: Yes No

If no, please note country of citizenship:

Soc. Sec. #: _____

Email: _____

Resident of current state since _____

Other states in which you have resided:

Date of Marriage: _____

Prior marriage(s)? Yes No

YOUR FAMILY
CHILDREN OF BOTH HUSBAND AND WIFE

Name: _____ Date of Birth: _____

Please list full legal names of any children of this child:

Name: _____ Date of Birth: _____

Please list full legal names of any children of this child:

Name: _____ Date of Birth: _____

Please list full legal names of any children of this child:

Name: _____ Date of Birth: _____

Please list full legal names of any children of this child:

YOUR FAMILY

CHILDREN OF HUSBAND OR WIFE SEPARATELY

Name: _____ Date of Birth: _____

Child of: Husband Wife

Please list full legal names of any children of this child:

Name: _____ Date of Birth: _____

Child of: Husband Wife

Please list full legal names of any children of this child:

Name: _____ Date of Birth: _____

Child of: Husband Wife

Please list full legal names of any children of this child:

Name: _____ Date of Birth: _____

Child of: Husband Wife

Please list full legal names of any children of this child:

OTHER BENEFICIARIES

Include anyone you may designate to receive a portion of your estate

(e.g. parents, siblings, charities).

Husband:

Name: _____

Address: _____

Relationship: _____

Name: _____

Address: _____

Relationship: _____

Name: _____

Address: _____

Relationship: _____

Wife:

Name: _____

Address: _____

Relationship: _____

Name: _____

Address: _____

Relationship: _____

Name: _____

Address: _____

Relationship: _____

HEALTH CARE POWER OF ATTORNEY

If you become unable to make medical decisions for yourself, list who you want to make those decisions on your behalf. (List in order of priority; include your spouse, if desired.)

Husband:

1. Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

2. Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

3. Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Wife:

1. Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

2. Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

3. Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

FINANCIAL POWER OF ATTORNEY

If you become unable to make financial decisions on your own behalf, who would you want to do so?
(List in order of priority; include your spouse, if desired.)

Husband:

Wife:

Primary: _____

Primary: _____

Successor: _____

Successor: _____

TRUSTEE AND SUCCESSOR TRUSTEE(S) OF REVOCABLE TRUSTS

The trustee is the person who holds title to the assets on behalf of the trust. A trustee is responsible for managing the trust assets and for overseeing the operation of the trust. Substantial fiduciary duties are involved with accepting the responsibilities of a trustee. The person establishing the trust will be the initial trustee. Successor trustees assume their fiduciary roles upon the death or incapacity of the previous trustee. (List in order of priority; include your spouse, if desired.)

Husband:

Wife:

First Successor:

First Successor:

Second Successor:

Second Successor:

EXECUTOR AND SUCCESSOR EXECUTOR OF WILL

Please list in order of priority.

Husband:

Wife:

Primary: _____

Primary: _____

Successor: _____

Successor: _____

GUARDIAN AND SUCCESSOR GUARDIAN FOR MINOR CHILDREN

Primary: _____

Relationship: _____

Successor: _____

Relationship: _____

MISCELLANEOUS INFORMATION

- 1. Are you expecting a significant inheritance? Yes No
- 2. Have you ever created a Trust? Yes No
- 3. Are you a beneficiary or trustee of any Trust? Yes No
- 4. Are you a holder of a power of appointment established under any Trust? Yes No
- 5. Have you previously executed any of the following documents (please check those that apply)?

Husband:

Wife:

Revocable Trust

Revocable Trust

Last Will and Testament

Last Will and Testament

Power of Attorney

Power of Attorney

Living Will

Living Will

Health Care Power of Attorney

Health Care Power of Attorney

Premarital Agreement

Premarital Agreement

Post-marital Agreement

Post-marital Agreement

- 6. Have you ever filed a gift tax return? Yes No
- 7. Do you have a current financial statement? Yes No If yes, please attach a copy. If no, please complete the section entitled "Financial Information," found on the following page.
- 8. Do any of your spouse, children, grandchildren or other beneficiaries have a mental or physical disability that may entitle them to receive government benefits? Yes No

FINANCIAL INFORMATION

ASSETS:	Husband	Wife	Joint
Cash	_____	_____	_____
Notes /Mortgages Receivable	_____	_____	_____
Accounts Receivable	_____	_____	_____
Bonds	_____	_____	_____
Stocks and Mutual Funds	_____	_____	_____
Closely –held Bus. Interests	_____	_____	_____
Real Estate	_____	_____	_____
Insurance	_____	_____	_____
Emp. Benefits/ Retirement Plans	_____	_____	_____
Miscellaneous	_____	_____	_____
TOTAL ASSETS:	_____	_____	_____
LIABILITIES:			
Real Estate Mortgages	_____	_____	_____
Notes Payable	_____	_____	_____
Other Loans	_____	_____	_____
Tax Liabilities	_____	_____	_____
Other Obligations	_____	_____	_____
TOTAL LIABILITIES:	_____	_____	_____
NET WORTH:	_____	_____	_____
(Total Assets minus Total Liabilities)			
ANNUAL INCOME:			
Salaries, Bonuses, Commissions	_____	_____	_____

INSURANCE POLICIES

Husband:

Company: _____

Policy #: _____

Owner: _____

Beneficiary(ies): _____

Face Amount: \$_____

Term Whole Life Universal Variable

Company: _____

Policy #: _____

Owner: _____

Beneficiary(ies): _____

Face Amount: \$_____

Term Whole Life Universal Variable

Company: _____

Policy #: _____

Owner: _____

Beneficiary(ies): _____

Face Amount: \$_____

Term Whole Life Universal Variable

Wife:

Company: _____

Policy #: _____

Owner: _____

Beneficiary(ies): _____

Face Amount: \$_____

Term Whole Life Universal Variable

Company: _____

Policy #: _____

Owner: _____

Beneficiary(ies): _____

Face Amount: \$_____

Term Whole Life Universal Variable

Company: _____

Policy #: _____

Owner: _____

Beneficiary(ies): _____

Face Amount: \$_____

Term Whole Life Universal Variable

RETIREMENT ACCOUNTS

Husband:

IRA 401K Pension
Profit Sharing Annuity

Approximate Value: \$ _____

Beneficiary(ies): _____

IRA 401K Pension
Profit Sharing Annuity

Approximate Value: \$ _____

Beneficiary(ies): _____

IRA 401K Pension
Profit Sharing Annuity

Approximate Value: \$ _____

Beneficiary(ies): _____

Wife:

IRA 401K Pension
Profit Sharing Annuity

Approximate Value: \$ _____

Beneficiary(ies): _____

IRA 401K Pension
Profit Sharing Annuity

Approximate Value: \$ _____

Beneficiary(ies): _____

IRA 401K Pension
Profit Sharing Annuity

Approximate Value: \$ _____

Beneficiary(ies): _____

**Please list any other advisors who assist you in your estate, financial, or insurance planning
(e.g. financial planners, accountants, life insurance agents)**

Name: _____

Firm Name: _____

Address: _____

Telephone: _____

Name: _____

Firm Name: _____

Address: _____

Telephone: _____

Name: _____

Firm Name: _____

Address: _____

Telephone: _____

CHECKLIST OF DOCUMENTS TO BRING TO THE INITIAL CONFERENCE

For the initial conference, please bring with you the following documents, if available (these documents are not required, but will enable us to discuss and analyze your estate planning needs more efficiently and precisely):

1. Copies of wills, trusts, financial powers of attorney, health care powers of attorney, and any other ancillary estate planning documents;
2. Copies of any premarital or post-marital agreements;
3. Copies of any and all trusts in which you are a beneficiary, grantor, or hold a power of appointment;
4. Copy of your most recent federal income tax return;
5. Copies of gift tax returns (Form 709), if any.
6. Beneficiary designation forms for life insurance policies and retirement accounts.

Thank you for giving us the opportunity to assist you with your estate planning needs. We look forward to working with you.

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