

Wallis Law Firm, P.A.

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You are set for an estate planning conference at Wallis Law Firm. If you were not quoted a fee for the conference when you scheduled this appointment, please contact us immediately. The consultation fee is due on the day of our conference.

At our meeting, we will discuss actions you should take and documents that are useful in your particular situation. Afterwards, you will sign a contract that confirms costs, documents, and any follow up plans.

Please complete this Questionnaire and return it to us via email before your appointment. This will help you compile and organize the information we need to plan your estate. It will also save time and assure that we do not overlook some important item.

DATE: _____

I. BASIC PERSONAL DATA

Client 1: _____

Name (as you would like it on your will and other documents)

Address: _____

Street Address

City/State

Zip

Email Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Date of Birth: _____ **Place of Birth:** _____

Citizenship: _____ **SSN (last 4 digits):** _____

Client 2: _____

Name (as you would like it on your will and other documents)

Address: _____

Street Address

City/State

Zip

Email Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Date of Birth: _____ **Place of Birth:** _____

Citizenship: _____ **SSN (last 4 digits):** _____

Children: Please note if any children listed are adopted, are stepchildren of one of you, or are disabled or otherwise in need of special attention.

1. Child Name: _____ **Date of birth:** _____

Address: _____
Street Address *City/State* *Zip*

Phone: (Home) _____ (Work) _____ (Cell) _____

Occupation: _____ **Spouse's name:** _____

Child's Children (names, sex and ages): _____

2. Child Name: _____ **Date of birth:** _____

Address: _____
Street Address *City/State* *Zip*

Phone: (Home) _____ (Work) _____ (Cell) _____

Occupation: _____ **Spouse's name:** _____

Child's Children (names, sex and ages): _____

3. Child Name: _____ **Date of birth:** _____

Address: _____
Street Address *City/State* *Zip*

Phone: (Home) _____ (Work) _____ (Cell) _____

Occupation: _____ **Spouse's name:** _____

Child's Children (names, sex and ages): _____

4. Child Name: _____ **Date of birth:** _____

Address: _____
Street Address *City/State* *Zip*

Phone: (Home) _____ (Work) _____ (Cell) _____

Occupation: _____ **Spouse's name:** _____

Child's Children (names, sex and ages): _____

Add a separate sheet if needed for additional children. Are there any family members we need to take into consideration in some way? If so, list those details for us.

II. DISPOSITION AND SPECIAL CONCERNS

What is your most important goal for our meeting and your estate planning?

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1. Please state briefly how you want to dispose of your estate: _____
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2. Do you have any specific concerns or gifts we should know about? You should not put a list of specific tangible items in your will or list a large number of beneficiaries, as it creates a large burden for your Executor. Many personal issues are better handled in a private letter to your family.
 3. If you have young children, you should name a Guardian and alternate Guardian to care for your minor children if you are not survived by your spouse. Please talk to the prospective guardians to make sure they are willing to serve. Being a guardian is a big job, as the Guardian takes over all the duties of a parent. Also, if you have young children, you should name a Trustee to handle your children's financial affairs should they outlive both parents. The Trustee can be the same or a different person from the Guardian. List these on the sheet that follows.
 4. You need to name those who will take care of things for you if you are ill or die. List these trusted people on the sheet that follows.

III. ASSETS

We should review your assets to ensure that everything is structured to accomplish your goals, and identify possible tax consequences, identify items that should have special treatment to transfer ownership, or other concerns. Please list on a separate sheet any of the following that you own.

1. **Bank Accounts** List each account, the average or approximate balance, and the exact manner in which the account is titled (in your name alone or jointly with another).
2. **Stocks and Bonds** For each group of stocks and bonds, estimate the fair market value and note the exact way in which the security is registered (your name alone or jointly with another).
3. **Real Estate** Identify each parcel of real estate you own, including your residence, list its fair market value, the amount of any mortgage, and the exact names of the owners of the property.
4. **Life Insurance** List the face amount of each life insurance policy you own, the beneficiary, and the amount of any loan on the policy.
5. **Business Interests** List any interest you may own in a business and estimate its fair market value.
6. **Vehicles and Other Valuable Personal Property** List each vehicle, the fair market value, and indebtedness. Also list any boats, coin collections, guns, family heirlooms, or any other items of valuable personal property and give your opinion as to value.
7. **Retirement Plans** List all 401(k), IRA, 403(b) or similar assets that you have, with values and beneficiaries. If you are a member of a pension or profit-sharing plan, describe the benefits you or your survivors will receive.

IV. FIDUCIARIES and GUARDIANS:

Please list on these pages the names and requested information for your trusted people.

Client 1:

Executor (can be your spouse): _____

City/State: _____

Alternate Executor: _____

City/State: _____

Client 2:

Executor (can be your spouse): _____

City/State: _____

Alternate Executor: _____

City/State: _____

Guardian: _____

City/State: _____

Alternate Guardian: _____

City/State: _____

Successor Trustee: _____

City/State: _____

Alternate Successor Trustee: _____

City/State: _____

Client 1:

Agent for finances Power of Attorney (can be your spouse):

Agent: _____

Successor Agent or Co-Agent: _____

Agent for health care decision making under Health Care Power of Attorney (can be your spouse):

Agent: _____

Primary Telephone: _____; **Secondary Telephone:** _____

Email Address: _____

Successor Agent or Co-Agent: _____

Primary Telephone: _____; **Secondary Telephone:** _____

Email Address: _____

Client 2:

Agent for finances Power of Attorney (can be your spouse):

Agent: _____

Successor Agent od Co-Agent: _____

Agent for health care decision making under Health Care Power of Attorney (can be your spouse):

Agent: _____

Primary Telephone: _____; **Secondary Telephone:** _____

Email Address: _____

Successor Agent or Co-Agent: _____

Primary Telephone: _____; **Secondary Telephone:** _____

Email Address: _____