

BROCK, PAYNE & MEECE, P.A.
ESTATE PLANNING QUESTIONNAIRE

The information requested will assist us in developing the most appropriate estate plan for you. Please provide as much information as accurately and completely as possible. Feel free to attach additional sheets if necessary. Also, if you are uncertain about answer to a particular question, simply make a note of it, and give us your best answer. Information you provide will be kept confidential unless you authorize its release to others. However, if we are being asked to represent both spouses we must and will treat all communications by either spouse (including a desire to terminate the joint representation) as common knowledge to be shared among all of us, while maintaining strict confidentiality as to anyone else.

PERSONAL INFORMATION

Full Name: _____

Home Address: _____

Home Phone: _____

Date of Birth: _____

Employer: _____

Work Address: _____

Work Phone: _____

Cellular Phone: _____

Marital History: _____

Do you presently have a will? (If so please attach) _____

SPOUSE'S INFORMATION

Spouse's full name: _____

Date of Birth: _____

Employer: _____

Work Address: _____

Work Phone: _____

Does your spouse currently have a will? _____

CHILDREN'S INFORMATION

Children	Date of Birth	Address	his/hers/ours
----------	---------------	---------	---------------

Grandchildren	Date of Birth	Address	Parents
---------------	---------------	---------	---------

Please provide names, addresses and telephone numbers for the following advisors (if applicable):

Accountant: _____

Financial Advisor: _____

Stock Broker: _____

Trust Officer or Banker: _____

Attorneys: _____

CLOSELY-HELD BUSINESS INTERESTS

Company: _____

Address: _____

Type of Entity: _____

Percentage of Business you own and its estimated value: _____

Percentage of Business other family members own and its value: _____

Identity of Non-family owners if any: _____

Do you desire the business to be continued after your death? _____

What provisions have been made for successor management? _____

Are there any buy/sell or stock redemption agreements? _____

What arrangements have been made to fund any such buyout or redemption? _____

ESTATE PLANNING OBJECTIVES

State any particular objectives each of you wish your estate plan to accomplish:

Identify any debts owed to you that you wish to address in your estate plan:

Debtor	Relationship	Amount of Debt

Identify any debts you owe that you wish to address in your estate plan:

Creditor	Relationship	Amount of Debt

Do you want to require that any mortgage or other debt secured by your residence or any other real property be paid out of your estate? _____ If so explain: _____

FINANCIAL INFORMATION

Assets

	You	Joint Owner	If joint, with whom
Cash and Bank Accounts	\$ _____	\$ _____	_____
Notes and Accounts Receivable	\$ _____	\$ _____	_____
Stocks, Bonds and Mutual Funds	\$ _____	\$ _____	_____
Annuities	\$ _____	\$ _____	_____
Options	\$ _____	\$ _____	_____
Residence (market value)	\$ _____	\$ _____	_____
Other Real Estate (market value)	\$ _____	\$ _____	_____
Life Insurance (face value)	\$ _____	\$ _____	_____
IRA, 401(k), Qualified Pension and Profit Sharing Plans (vested)	\$ _____	\$ _____	_____
Tangible Personal Property	\$ _____	\$ _____	_____
Business Interests	\$ _____	\$ _____	_____
Other	\$ _____	\$ _____	_____
Subtotal	\$ _____	\$ _____	_____

Liabilities

	You	Joint Obligor	If joint with whom
Real Estate Mortgages	\$ _____	\$ _____	_____
Loans on Insurance Policies	\$ _____	\$ _____	_____
Other Loans & Notes	\$ _____	\$ _____	_____
Pledges	\$ _____	\$ _____	_____
Taxes	\$ _____	\$ _____	_____
Other	\$ _____	\$ _____	_____
Subtotal	\$ _____	\$ _____	_____
Totals	\$ _____	\$ _____	_____

LIFE INSURANCE INFORMATION

Company: _____
Address: _____
Type of Policy: _____
Insured: _____
Owner: _____
Primary Beneficiary: _____
Contingent Beneficiary: _____
Death Benefit: _____
Insurance Agent's name: _____

Company: _____
Address: _____
Type of Policy: _____
Insured: _____
Owner: _____
Primary Beneficiary: _____
Contingent Beneficiary: _____
Death Benefit: _____
Insurance Agent's name: _____

Company: _____
Address: _____
Type of Policy: _____
Insured: _____
Owner: _____
Primary Beneficiary: _____
Contingent Beneficiary: _____
Death Benefit: _____
Insurance Agent's name: _____

Identify any charitable or non-charitable specific gifts you wish to make in your estate plan:

Name	Relationship	Item or Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe how you would like to dispose of the remainder of your estate:

Name	Relationship	Item or Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Should all of your intended beneficiaries fail to survive to take your property, please list any contingent charitable or non-charitable beneficiaries to whom you may wish to leave your property:

Name	Relationship	Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____

GUARDIANS, EXECUTORS, TRUSTEES AND AGENTS

If you have a minor child or minor children, you may designate in your will a guardian or guardians you wish to nominate to have physical care and custody of the minor child or children if both natural parents are deceased.

Name	Relationship	Address
Guardian: _____	_____	_____
Alternate: _____	_____	_____
Alternate: _____	_____	_____

Your executor has the responsibility to wind up your affairs after your death. An executor will ensure that your assets are collected, any claims against you, expenses, estate and inheritance taxes are paid, and then distribute the remaining estate property to trustees or other named beneficiaries. We strongly encourage you to designate one or more executors.

Name	Relationship	Address
------	--------------	---------

Executor: _____

Alternate: _____

If your estate plan will include trusts, you should select one or more trustees. A trustee has the responsibility for the management of estate property that is to be held in trust for the benefit of the beneficiaries of the trust. A trustee can be an individual or a corporation qualified to act as a trustee (typically a bank or trust company).

Name	Relationship	Address
------	--------------	---------

Trustee: _____

Alternate: _____

Have you made past gifts to a person or organization other than a spouse or a charity where the amount of such gift in any single year was more than \$3,000.00 in any year prior to 1982 or more than \$10,000.00 in any year since 1982? _____ If so, please state the nature and amount of the gift, when it was made, and to whom it was made:

Have you placed any property in joint names with any person other than your spouse? _____ If so please explain: _____

Are you a guarantor of any indebtedness? _____ If so please explain: _____

Do you currently possess any powers of appointment over property (the right to transfer or dispose of property that you do not own) under a will, trust or other document? _____ If so, please explain and provide a copy of the document(s) creating any such power of appointment:

Are you an organ donor? _____

Have you purchased prepaid burial contracts? _____ If so please describe: _____

Do you have long term care insurance? _____ If so please describe: _____

Are any of your intended beneficiaries qualified to receive governmental benefits as a result of any mental or physical impairment? _____ If so please describe: _____

Describe or list any other facts or matters about your affairs or situation that may be relevant in planning your estate but which do not seem to be covered by the other sections of this questionnaire: _____

POWER OF ATTORNEY

A power of attorney is a legal document in which you authorize another person (called an agent or attorney in fact) to act on your behalf in the management of your affairs. If your estate plan is to include a Power of Attorney, you should select one or more agents.

Name	Relationship	Address
------	--------------	---------

Agent: _____

Alternate Agent: _____

HEALTH CARE POWER OF ATTORNEY

A Health Care Power of Attorney appoints a person (called a health care agent) as your representative to make decisions regarding your health care treatment when you are unable to give informed consent. If you wish to include a Health Care Power of Attorney in your estate plan, you will need to list the physician (or you can put "my attending physician") who you wish to make the determination as to when you are incapable of giving informed consent, in which event the Health Care Power of Attorney will be activated. You also will need to list the persons you want to serve as your health care agents.

Name	Relationship	Address
------	--------------	---------

Physician: _____

Agent: _____

Alternate Agent: _____

OTHER MATTERS RELEVANT TO ESTATE PLANNING

List the current primary and contingent beneficiaries of each IRA and retirement benefits plan:

IRA or Benefits Plan	Primary/Relationship	Contingent/Relationship
----------------------	----------------------	-------------------------

List the current primary and contingent beneficiaries of each annuity:

Annuity	Primary/Relationship	Contingent/Relationship
---------	----------------------	-------------------------

Do you own any real property outside of North Carolina? _____ If so, please describe the property owned and where it is located:
