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CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

In order for our office to be able to properly advise you regarding your estate plan, please fill out this client questionnaire completely. PLEASE PRINT IN INK OR TYPE. The attorney will be relying on the information provided in the questionnaire in making recommendations regarding estate planning. We will keep all information strictly confidential within the parameters of the law. It is in your best interest to provide all information completely and accurately. We understand that you may not know the exact value of every asset. Please estimate the value as accurately as you can.

Part 1 – Information About You and Your Spouse:

(If unmarried, fill out for “You” only.)

Your SSN# _____ - _____ - _____ Spouse’s SSN# _____ - _____ - _____

Your Name: _____ Date of Birth ____ - ____ - _____

Street Address _____

City _____ State _____ Zip Code: _____

Home Phone Number (____) _____ Cell Phone Number (____) _____

Occupation _____ Work Phone Number (____) _____

Spouse’s Name: _____ Date of Birth ____ - ____ - _____

Occupation _____ Work Phone Number (____) _____

Which state are you a resident? _____ Your Spouse? _____

Are you a United States Citizen? Yes ____ No ____ Your Spouse? Yes ____ No ____

Part 2 – Information About Your Family:

Are you married now? Yes ___ No ___

If yes, date and place of marriage _____

Have (either of) you been married before? Yes ___ No ___

If yes, please state the name of each prior spouse and the approximate date of dissolution of marriage or date of death, below:

Name _____ **H / W** _____ **Date** _____ **Death=DE** _____ **Divorce=DI** _____

Please name all your children and grandchildren. If a child is from a former marriage, please indicate whose child it is. Please name all children you have ever had, including predeceased children (whether or not they will be included in your will). Please note if the child is adopted or a stepchild. If more room is needed, please attach a separate sheet.

Child of (B) Both
(H) Husband

Name of Child _____ **(W) Wife** _____ **Birth Date** _____ **Address** _____

Name of Grandchild	Parent	Birth Date	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Appointment of Guardian for Minor Children:

(Please indicate your choices for minor children).

1st Choice: _____

2nd Choice: _____

Part 3 – Information ‘About

If married, do either of you have separate property? Yes ___ No ___

If yes, Value of Wife’s separate property? \$ _____ Husband’s \$ _____

Value of Joint Property \$ _____

Your Annual Income \$ _____ Spouse’s Annual Income \$ _____

Do (either of) you expect to inherit from parents or others? Yes ___ No ___

Are (either of) you now the beneficiary of a will or a trust? Yes ___ No ___

List of Assets:

Real Estate Address (or city, if vacant lot)	Approximate Market Value	Approximate Amount You Owe	How Title Held Held*

(*joint tenancy, community property, or separate property of H or W)

All Other Assets:

All other assets includes but is not limited to items such as furniture and furnishings; vehicles, boats, motors, trailers, jet skis, snow mobiles, motorcycles; stocks and bonds; life insurance; pension plans/IRA’s; art and antiques; money owed to you by others.

Assets	Approximate Market Value	Approximate Amount You Owe

Estimate of Total Size of Your Estate (Net Worth):

Please include stocks, bonds, mutual funds, partnership interests, retirement plans (IRA, Keogh, Pension, Annuities, etc.), savings, CD's, Money Market Accounts, life insurance, etc.

Total Size of Estate: \$ _____

Part 4 – Executor:

Please list whom you want to name as Executor. The Executor is responsible for carrying out the terms of the Will. The Executor can also be a beneficiary.

Name of Executor: _____

Successor Executor: _____

(Person responsible for managing and settling estate upon the death of Executor)

Part 5 – Beneficiaries of Your Will:

Please list here how you would like your estate distributed.

Please choose one (1) of the following:

- A. Everything to my spouse who survives me, and if my spouse does not survive me, then to my children or to their issue who survives me by right of representation;
- B. ____ Percent to my spouse who survives me and ____ percent to my children or their issue by right of representation who survives me;
- A. Everything to my spouse, nothing to my children. If my spouse does not survive me, then everything to the following person or charity: _____
- B. Everything to my children or their issue by right of representation, nothing to my spouse; or
- C. Other distribution as follows: _____

Name of Beneficiary	Age	Relationship to You	% Distribution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Part 6 – Specific Bequests:

Please list any specific personal property and who is to receive it, i.e., Diamond ring to Mary Smith.

Name	Description of Property
_____	_____
_____	_____
_____	_____
_____	_____

Miscellaneous Information:

- A. Financial institutions, i.e., checking or savings account, safe deposit boxes, CD:
Name: _____ Type of Acct: _____
Address _____
- B. Life Insurance Agent:
Name: _____ Phone No: _____
Address: _____
- C. Stock Broker:
Name: _____ Phone No: _____
Address: _____
- D. Account / Tax Advisor / Tax Preparer:
Name: _____ Phone No: _____
Address: _____

When Completed, Please Date and Sign This Questionnaire

I / we state that the information in this questionnaire is correct to the best of my / our knowledge and belief, and that it may be relied on for the preparation of my / our will.

Dated: _____

Signature _____ Signature _____

Please return this questionnaire to:

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