

# Carolina Family Estate Planning

WILLS | TRUSTS | ESTATES

## ESTATE/TRUST ADMINISTRATION ASSESSMENT FORM

**FAX TO: (919)324-6987 or EMAIL TO: [info@carolinafep.com](mailto:info@carolinafep.com)**

**MAIL TO: 201 Commonwealth Ct., Suite 100, Cary, NC 27511 or**

**UPLOAD TO: <https://upload.carolinafep.com>**

Please complete to the best of your ability. This information helps us prepare for your meeting. Estimates are sufficient. If you have any questions regarding an item, simply leave that section blank and we will discuss during your meeting.

***All information provided is confidential.***

**Your Name:** \_\_\_\_\_

**Your Address:** \_\_\_\_\_

**Your Phone:** (h/w/c) \_\_\_\_\_ **Other Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Are you/your loved one a current client?** \_\_\_\_\_

**If not a current client, how did you hear about us?** \_\_\_\_\_

### Decedent's Information:

Date of passing \_\_\_\_\_ Your relationship to Decedent \_\_\_\_\_

Full Name of Decedent: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Any additional information you wish to share about your loved one: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Please answer the questions below so we may help you in the most effective way possible:

1. Was Decedent  married  divorced? Name: \_\_\_\_\_

2. Did Decedent have a Will in place?  No  Yes

If yes, do you have the original Will?  No  Yes

3. Was the planning completed by our office?  No  Yes

4. Did Decedent have any trusts in place?  No  Yes If yes:  Revocable  Irrevocable

5. Did Decedent have children?  No  Yes

If yes: How many? \_\_\_\_\_ Natural/Step/Adopted \_\_\_\_\_

6. What is the relationship between the surviving family members (i.e., are they getting along)?

\_\_\_\_\_

\_\_\_\_\_

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7. Are you the Executor or do you know who the Will appoints as Executor(s)?  No  Yes

**Executor**     **Trustee**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

(W) \_\_\_\_\_

Email: \_\_\_\_\_

**Executor**     **Trustee**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

(W) \_\_\_\_\_

Email: \_\_\_\_\_

**Executor**     **Trustee**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

(W) \_\_\_\_\_

Email: \_\_\_\_\_

8. Did deceased own their own home:  No  Yes

Approx. Value \$ \_\_\_\_\_ County \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mortgage Owed \$ \_\_\_\_\_

Sole Owner     Joint/Survivor     Tenants in Common     Held by Trust     Unsure

9. Did Decedent own other real estate?  No  Yes

Approx. Value \$ \_\_\_\_\_ County \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mortgage Owed \$ \_\_\_\_\_

Sole Owner     Joint/Survivor     Tenants in Common     Held by Trust     Unsure

(If additional real estate, provide complete addresses, values and mortgages below)

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10. Rough estimate of total cash assets, aside from the real estate:

Sole= Titled in decedent's name only; JT= Titled jointly; TR= Title to Trust; POD= Payable on Death or Transfer on Death designation; ?= Unsure of holding

NON-RETIREMENT ACCOUNTS		
<input type="checkbox"/> Ckg/Svg/CD/MM <input type="checkbox"/> Inv/Stock/Bonds	\$	<input type="checkbox"/> Sole <input type="checkbox"/> JT <input type="checkbox"/> TR <input type="checkbox"/> POD <input type="checkbox"/> ?
<input type="checkbox"/> Ckg/Svg/CD/MM <input type="checkbox"/> Inv/Stock/Bonds	\$	<input type="checkbox"/> Sole <input type="checkbox"/> JT <input type="checkbox"/> TR <input type="checkbox"/> POD <input type="checkbox"/> ?
<input type="checkbox"/> Ckg/Svg/CD/MM <input type="checkbox"/> Inv/Stock/Bonds	\$	<input type="checkbox"/> Sole <input type="checkbox"/> JT <input type="checkbox"/> TR <input type="checkbox"/> POD <input type="checkbox"/> ?
<input type="checkbox"/> Ckg/Svg/CD/MM <input type="checkbox"/> Inv/Stock/Bonds	\$	<input type="checkbox"/> Sole <input type="checkbox"/> JT <input type="checkbox"/> TR <input type="checkbox"/> POD <input type="checkbox"/> ?
<input type="checkbox"/> Ckg/Svg/CD/MM <input type="checkbox"/> Inv/Stock/Bonds	\$	<input type="checkbox"/> Sole <input type="checkbox"/> JT <input type="checkbox"/> TR <input type="checkbox"/> POD <input type="checkbox"/> ?
RETIREMENT ACCOUNTS		Beneficiary Designation:
<input type="checkbox"/> IRA <input type="checkbox"/> 401K <input type="checkbox"/> Other:	\$	<input type="checkbox"/> Spouse <input type="checkbox"/> Kids <input type="checkbox"/> TR <input type="checkbox"/> ?
<input type="checkbox"/> IRA <input type="checkbox"/> 401K <input type="checkbox"/> Other:	\$	<input type="checkbox"/> Spouse <input type="checkbox"/> Kids <input type="checkbox"/> TR <input type="checkbox"/> ?
<input type="checkbox"/> IRA <input type="checkbox"/> 401K <input type="checkbox"/> Other:	\$	<input type="checkbox"/> Spouse <input type="checkbox"/> Kids <input type="checkbox"/> TR <input type="checkbox"/> ?
<input type="checkbox"/> IRA <input type="checkbox"/> 401K <input type="checkbox"/> Other:	\$	<input type="checkbox"/> Spouse <input type="checkbox"/> Kids <input type="checkbox"/> TR <input type="checkbox"/> ?
<input type="checkbox"/> IRA <input type="checkbox"/> 401K <input type="checkbox"/> Other:	\$	<input type="checkbox"/> Spouse <input type="checkbox"/> Kids <input type="checkbox"/> TR <input type="checkbox"/> ?
LIFE INSURANCE/ANNUITIES		Beneficiary Designation:
<input type="checkbox"/> LI <input type="checkbox"/> Annuity	\$	<input type="checkbox"/> Spouse <input type="checkbox"/> Kids <input type="checkbox"/> TR <input type="checkbox"/> ?
<input type="checkbox"/> LI <input type="checkbox"/> Annuity	\$	<input type="checkbox"/> Spouse <input type="checkbox"/> Kids <input type="checkbox"/> TR <input type="checkbox"/> ?
<input type="checkbox"/> LI <input type="checkbox"/> Annuity	\$	<input type="checkbox"/> Spouse <input type="checkbox"/> Kids <input type="checkbox"/> TR <input type="checkbox"/> ?
<input type="checkbox"/> LI <input type="checkbox"/> Annuity	\$	<input type="checkbox"/> Spouse <input type="checkbox"/> Kids <input type="checkbox"/> TR <input type="checkbox"/> ?
<input type="checkbox"/> LI <input type="checkbox"/> Annuity	\$	<input type="checkbox"/> Spouse <input type="checkbox"/> Kids <input type="checkbox"/> TR <input type="checkbox"/> ?

11. Did deceased own any motor vehicles?  No  Yes If Yes, how many: \_\_\_\_\_

If Yes,  Sole Owner  Joint/Survivor  Held by Trust  Unsure

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Mileage: \_\_\_\_\_ VIN (if known): \_\_\_\_\_

12. Did Decedent own any businesses?  No  Yes If Yes, how many: \_\_\_\_\_

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

Value of interest: \_\_\_\_\_ Percentage owned: \_\_\_\_\_

13. Are there any outstanding debts of Decedent?  No  Yes

If yes: Estimate \$ \_\_\_\_\_ Owed to: \_\_\_\_\_

Estimate \$: \_\_\_\_\_ Owed to: \_\_\_\_\_

Estimate \$: \_\_\_\_\_ Owed to: \_\_\_\_\_

14. Was Decedent ever on Medicaid?  No  Yes Veteran's benefits?  No  Yes

15. Was the Decedent receiving Social Security?  No  Yes

16. Was the Decedent receiving any pensions?  No  Yes If Yes, how many: \_\_\_\_\_

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Will there be others attending the appointment with you?  No  Yes

*\*\*Due to attorney confidentiality rules and the sensitivity of the information we may be discussing during the meeting, we generally recommend that the meeting only be attended by the named executor, person applying to be administrator, trustee (if applicable), and immediate family. Thank you for understanding!\*\**

Name: \_\_\_\_\_ Relation to Deceased: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Deceased: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Deceased: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Deceased: \_\_\_\_\_

Anything else you'd like us to know?: \_\_\_\_\_

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