



Return by: \_\_\_\_\_

## ESTATE PLANNING WORKSHEET

**Please be sure to return this worksheet to our office one week prior to your meeting so that we can prepare for your meeting.** This will ensure we have enough time to understand the specifics of your situation so we can tailor the meeting and education to your circumstances. Don't worry about total accuracy—estimates are sufficient. Also, please know that our fees are not based upon the size of your estate, but rather, on the type of planning that you select based upon your goals.

If you need assistance or will not be able to complete by the return date in the upper-right corner, please call our office (919) 443-3035 and we will assist you.

**For your convenience you can return this worksheet to us by:**

1. U.S. mail
2. Fax to (919) 324-6987
3. Email to [info@carolinafep.com](mailto:info@carolinafep.com)
4. Upload it via Hightail (a file encryption service) by visiting:  
<https://dropbox.hightail.com/CarolinaFEP>  
*(Note: If privacy is a concern, this is a more secure option than email.)*
5. Hand Delivery  
*(Note: Please call first and confirm that someone will be available. Our office is sometimes closed during standard office hours due to off-site events.)*

**ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.**



# PERSONAL INFORMATION

## **Client # 1 (If married couple: Husband)**

US Citizen  US Resident

Full Legal Name \_\_\_\_\_

Nickname/Preferred Name: \_\_\_\_\_ Age \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County of Residence \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone \_\_\_\_\_

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

Married: Year \_\_\_\_\_  Divorced: Year \_\_\_\_\_  Widowed: Year \_\_\_\_\_

Single  Veteran (Active duty dates: \_\_\_\_\_)  Widow of a Veteran

## **Client # 2 (If married couple: Wife)**

US Citizen  US Resident

Full Legal Name \_\_\_\_\_

Nickname/Preferred Name: \_\_\_\_\_ Age \_\_\_\_\_

Cellular Phone \_\_\_\_\_ Email: \_\_\_\_\_

Divorced: Year \_\_\_\_\_  Veteran (Active duty dates: \_\_\_\_\_)

**How did you learn about our office?**  Website  Other: \_\_\_\_\_

Referred by: Name: \_\_\_\_\_

### PROFESSIONAL ADVISORS

**Financial Advisor:** \_\_\_\_\_

Company: \_\_\_\_\_

City/State: \_\_\_\_\_

**Tax Preparer/CPA:** \_\_\_\_\_

Company: \_\_\_\_\_

City/State: \_\_\_\_\_

**Life Insurance Agent:** \_\_\_\_\_

Company: \_\_\_\_\_

City/State: \_\_\_\_\_

**HEALTH INFORMATION:**

*Your health status plays an important role in the design of an estate plan or long-term care plan.*

**You (if married, husband):** Current health status:  Good  Concern: \_\_\_\_\_

Residing at Home without Assistance  Residing at Home with In-home Care

Independent Living Facility  Assisted Living Facility  Skilled Nursing Facility  Hospital

Long Term Care Insurance?  Yes  No      Daily/Monthly Benefit: \$ \_\_\_\_\_

Elimination Period: \_\_\_\_\_ Days      Maximum Lifetime Benefit: \$ \_\_\_\_\_

**Spouse (if married, wife):** Current health status:  Good  Concern: \_\_\_\_\_

Residing at Home without Assistance  Residing at Home with In-home Care

Independent Living Facility  Assisted Living Facility  Skilled Nursing Facility  Hospital

Long Term Care Insurance?  Yes  No      Daily/Monthly Benefit: \$ \_\_\_\_\_

Elimination Period: \_\_\_\_\_ Days      Maximum Lifetime Benefit: \$ \_\_\_\_\_

**CHILDREN**

Name:	Age	Parent (If married: H/W/Both)	Any Specific Concerns?

**CURRENT ESTATE PLANNING:**

*Please bring copies of any existing estate planning documents to your meeting.*

Existing Estate Planning Documents:	You (If married, husband)	Spouse (If married, wife)	Year Signed:
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Financial/Durable Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Healthcare Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## MISCELLANEOUS:

Please Check "Yes" or "No" for Your Answer	YES	NO
Do you provide primary or other major financial support to adult children?		
Are you making payments pursuant to a divorce or property settlement agreement?		
Have you and your spouse ever signed a pre- and/or post- marriage contract?		
If you are widowed, was a Federal estate tax returned upon your spouse's death?		
Have you or your spouse ever filed Federal gift tax returns?		
Do you have any pets?		

## YOUR PLANNING OBJECTIVES

Please help us understand planning objectives that you'd like to discuss (select as many as you wish):

### *Preserve and Maximize Assets...*

- Minimizing estate taxes upon your death
- By reducing estate administration costs by avoiding probate
- Avoid/limit Medicaid/nursing home claims on your assets should you require long-term care

### *Protect Yourself and Your Spouse...*

- From malpractice or other creditor claims or lawsuits
- From probate delays and stress upon your death or the death of your partner
- From hospital policies requiring life sustaining procedures when you would rather not endure them

### *Protect Your Children or Beneficiaries...*

- From losing an inheritance in a future divorce
- From malpractice claims (for beneficiaries that are professionals)
- From other creditors' claims (such as car accident plaintiffs or business lawsuits)
- From the costs, stress and delays of the average 9 to 18 month probate process
- From the financial immaturity resulting in a quick loss of an inheritance
- From sharing assets with heirs you would rather disinherit
- For beneficiaries with special needs only:* Ensure that beneficiary has assets that are protected from government seizure while retaining eligibility for needed services
- For beneficiaries with special needs only:* By providing instructions, people, and assets to support your beneficiary above a poverty lifestyle
- For parents of minors:* Nominating permanent and emergency guardians for my children

### *Achieve your Dreams...*

- Benefit a charitable organization or activity
- Make sure my pets are properly provided and cared for
- For business owners only:* By providing for the orderly continuation and transfer of family business interests rather than a distress sale

## **FINANCIAL INFORMATION**

**INSTRUCTIONS:** In order to advise you, it is important that we understand the nature of your estate. This worksheet is to help us understand what you own, how it is titled, and its approximate value. If you own more property than space allows you to list, please use an extra sheet of paper and attach it to this packet or use the back of the sheet. *Please note that estimates are sufficient and our fees are not based upon your income or the size of your estate.*

**OWNER:** How you own your property is extremely important for purposes of properly designing and implementing your estate plan. For each property category, there is a column titled "Owner." When filling in this column, you may find the following abbreviations helpful:

<b>Ownership Form:</b>	<b>Owned with:</b>	<b>Abbreviation</b>
Single	If you are single and own property in your name only	I
Husband's Name	No co-owners	H
Wife's Name	No co-owners	W
Joint Account	Joint with rights of survivorship with a spouse or	JTS
	Joint with rights of survivorship with someone else	JTO
Tenancy In Common (i.e., joint <i>without</i> survivorship)	Tenancy in common with a Spouse or	TCS
	Tenancy in common with someone else	TCO
Unknown/Unsure	If you cannot determine how the property is owned	?

### **INCOME INFORMATION**

<b>You:</b> <input type="checkbox"/> Employed <input type="checkbox"/> Retired	<b>Spouse:</b> <input type="checkbox"/> Employed <input type="checkbox"/> Retired
Occupation:	Occupation:
Employer:	Employer:
Annual Salary: \$	Annual Salary: \$
Pensions – Total Monthly: \$	Pensions – Total Monthly: \$
Social Security Monthly: \$	Social Security Monthly: \$
Disability Monthly: \$	Disability Monthly: \$
Rental Income Monthly:	Rental Income Monthly:
Investments/Dividends Monthly: \$	Investments/Dividends Monthly: \$
Other Income: \$	Other Income: \$



**BROKER-HELD INVESTMENT ACCOUNTS**  None

Examples: Brokerage Accounts; Investment Accounts; & Money Fund Accounts

Bank/Institution: _____ Owner: _____ Account Type: _____	Estimated Balance: \$ _____
Bank/Institution: _____ Owner: _____ Account Type: _____	Estimated Balance: \$ _____
Bank/Institution: _____ Owner: _____ Account Type: _____	Estimated Balance: \$ _____
Bank/Institution: _____ Owner: _____ Account Type: _____	Estimated Balance: \$ _____

**STOCKS**  None

Example: Stock in publicly-owned corporations that you hold and is not held within a broker-held investment account; do not include stock in private or family business

Stock Name: _____ No. of Shares: _____ Owner(s): _____	Estimated Value: \$ _____
Stock Name: _____ No. of Shares: _____ Owner(s): _____	Estimated Value: \$ _____
Stock Name: _____ No. of Shares: _____ Owner(s): _____	Estimated Value: \$ _____

**BONDS**  None

Example: Savings Bonds, Treasury Bonds, corporate or municipal bonds, etc. that are not held in an investment account

Bond Type: _____ Date Purchased: _____ Owner(s): _____ No. of Bonds: _____	Estimated Value: \$ _____
Bond Type: _____ Date Purchased: _____ Owner(s): _____ No. of Bonds: _____	Estimated Value: \$ _____
Bond Type: _____ Date Purchased: _____ Owner(s): _____ No. of Bonds: _____	Estimated Value: \$ _____



**LIFE INSURANCE**  None

Examples: Term Life, Whole Life, Split Dollar, Group Life, or Employer-Provided Life Insurance

Company: _____ Employer-provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Owner: _____ Insured: _____ Type: _____ Primary Beneficiary: _____ Contingent Beneficiary: _____	Death Benefit: \$ _____ Est. Cash Value: \$ _____
Company: _____ Employer-provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Owner: _____ Insured: _____ Type: _____ Primary Beneficiary: _____ Contingent Beneficiary: _____	Death Benefit: \$ _____ Est. Cash Value: \$ _____
Company: _____ Employer-provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Owner: _____ Insured: _____ Type: _____ Primary Beneficiary: _____ Contingent Beneficiary: _____	Death Benefit: \$ _____ Est. Cash Value: \$ _____
Company: _____ Employer-provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Owner: _____ Insured: _____ Type: _____ Primary Beneficiary: _____ Contingent Beneficiary: _____	Death Benefit: \$ _____ Est. Cash Value: \$ _____

**ANNUITIES**  None

Company: _____ Owner: _____ Primary Beneficiary: _____ Contingent Beneficiary: _____	Estimated Value: \$ _____ <input type="checkbox"/> within IRA
Company: _____ Owner: _____ Primary Beneficiary: _____ Contingent Beneficiary: _____	Estimated Value: \$ _____ <input type="checkbox"/> within IRA
Company: _____ Owner: _____ Primary Beneficiary: _____ Contingent Beneficiary: _____	Estimated Value: \$ _____ <input type="checkbox"/> within IRA

**REAL ESTATE**  None

Examples: Your Residence; Vacation Property; Rental Property;  
Business Property; Vacant Land; Timber/Farmland.

Property Address: _____ County/State: _____ Year Purchased: _____ Owners: _____ <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home/Vacation <input type="checkbox"/> Rental Property <input type="checkbox"/> Business Property <input type="checkbox"/> Vacant Land <input type="checkbox"/> Timber/Farmland Is there a Mortgage or Home Equity Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Value: \$ _____ Mortgage/Loans: \$ _____ Purchase Price: \$ _____
Property Address: _____ County: _____ Year Purchased: _____ Owners: _____ <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home/Vacation <input type="checkbox"/> Rental Property <input type="checkbox"/> Business Property <input type="checkbox"/> Vacant Land <input type="checkbox"/> Timber/Farmland Is there a Mortgage or Home Equity Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Value: \$ _____ Mortgage/Loans: \$ _____ Purchase Price: \$ _____
Property Address: _____ County: _____ Year Purchased: _____ Owners: _____ <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home/Vacation <input type="checkbox"/> Rental Property <input type="checkbox"/> Business Property <input type="checkbox"/> Vacant Land <input type="checkbox"/> Timber/Farmland Is there a Mortgage or Home Equity Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Value: \$ _____ Mortgage/Loans: \$ _____ Purchase Price: \$ _____

**MOTOR VEHICLES**  None

Examples: Automobiles; motorcycles; motor homes; boats; snowmobiles; airplanes; etc.

Type: _____ Year, Make, Model: _____ Owner: _____ Primary Driver: _____ Loan Against Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No    Loan Amount: \$ _____	Estimated Value: \$ _____
Type: _____ Year, Make, Model: _____ Owner: _____ Primary Driver: _____ Loan Against Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No    Loan Amount: \$ _____	Estimated Value: \$ _____

Type: _____ Year, Make, Model: _____	Estimated Value:
Owner: _____ Primary Driver: _____	\$ _____
Loan Against Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No    Loan Amount: \$ _____	

**PERSONAL PROPERTY**  None

Examples: Household furnishings, jewelry, art work, china, collections, furs, antiques, appliances, tools, etc., with either significant monetary value or a substantial sentimental value

Description: _____	Estimated Value:
Owner: _____	\$ _____
Do You Consider the Primary Value: <input type="checkbox"/> Monetary Value <input type="checkbox"/> Sentimental Value <input type="checkbox"/> Both	
Is there a specific person or entity you wish to leave the personal property to?	
<input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, Name of Recipient: _____	

Description: _____	Estimated Value:
Owner: _____	\$ _____
Do You Consider the Primary Value: <input type="checkbox"/> Monetary Value <input type="checkbox"/> Sentimental Value <input type="checkbox"/> Both	
Is there a specific person or entity you wish to leave the personal property to?	
<input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, Name of Recipient: _____	

**BUSINESS INTERESTS**  None

Example: List any business interests you may own such as corporations, limited liability companies, partnerships, or sole proprietorships.

Company Name: _____	Estimated Value:
Owner(s): _____	\$ _____
Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership	
<input type="checkbox"/> "C" Corporation <input type="checkbox"/> "S" Corporation <input type="checkbox"/> Professional Corporation/Association	
Percentage of Ownership: _____% Is there a Buy/Sell Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name: _____	Estimated Value:
Owner(s): _____	\$ _____
Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership	
<input type="checkbox"/> "C" Corporation <input type="checkbox"/> "S" Corporation <input type="checkbox"/> Professional Corporation/Association	
Percentage of Ownership: _____% Is there a Buy/Sell Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	

