



ATTORNEYS AT LAW

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ESTATE PLANNING CLIENT QUESTIONNAIRE

Please complete in full and return by email, fax or mail to the Firm. Additional information on Estate Planning, which may be helpful in completing this questionnaire, is available on our website at www.WesternWakeLawGroup.com. Please be sure to check all appropriate boxes and complete all blanks. If "none", please state "none". If "not applicable", please state "n/a".

1. Today's Date: _____

2. Name Of Individual Completing This Form: Mr. Mrs. Ms. _____

3. Your Legal (Full) Name:

Last	First	Middle	Prefix
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4. If Married or Separated, please complete (a) below:

(a) Spouse's Legal (Full) Name:

Last	First	Middle	Prefix
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5. Home Address: _____

City _____ State _____ Zip Code _____

6. Your Work Address: _____

City _____ State _____ Zip Code _____

7. Your Contact Info: Home _____ Work/Other _____

Cell _____ Fax _____

E-mail Address: _____

8. Spouse's Work Address: _____

City _____ State _____ Zip Code _____

9. Spouse's Contact Info: Home _____ Work/Other _____

Cell _____ Fax _____

E-mail Address: _____

10. Your Date of Birth: _____ SS # _____

Month Day Year

11. Spouse's Date of Birth: _____ SS # _____

Month Day Year

12. Your Marital Status: Are you currently married? Yes No
 Are you currently separated? Yes No
 Have you ever been separated? Yes No
 Have you been divorced? Yes No
 Have you been widowed? Yes No

13. Spouse's Marital Status: Is s/he currently married? Yes No
 Is s/he currently separated? Yes No
 Has s/he ever been separated? Yes No
 Is s/he been divorced? Yes No
 Has s/he been widowed? Yes No

14. Is this a 1st marriage for both you and your spouse: Yes No If no, then provide further information _____

15. COMPLETE THE FOLLOWING ON ANY LIVING CHILDREN: (Including legally adopted but not stepchildren). List the legal (full) name of each child:

FIRST	MIDDLE	LAST	AGE	CURRENT MARRIAGE	PREVIOUS MARRIAGE	ADOPTED CHILD
_____	_____	_____	_____	()	()	()
_____	_____	_____	_____	()	()	()
_____	_____	_____	_____	()	()	()
_____	_____	_____	_____	()	()	()

16. Do you (or your spouse, if applicable) have any stepchildren? Yes No If yes, who _____

17. Any deceased children: Yes No If yes, who _____

18. Any grandchildren from any deceased child: Yes No If yes, who _____

19. Is any other person dependent upon you for support: (Stepchildren, Grandchildren, Parents, etc.)

PERSON	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. Are any of your children mentally incompetent: Yes No If yes, who _____

21. All named parties are U.S. Citizens: Yes No

22. Burial or Cremation preference: Yours: _____ Spouses: _____

23. If Married please provide the following information as a couple:

Important Comments:

1. Because of the potential risk of divorce or separation of a couple, it is strongly recommended that you name only one person rather than a couple for a guardian (i.e., sister, brother, etc.).
2. The only time a spouse would be named Guardian is when there are children from a previous marriage. If there are stepchildren involved and you wish to name your current spouse as Guardian please denote the following beside the spouse name either "Stepfather" or "Stepmother."

	<u>Husband</u>	<u>Wife</u>
Executor	_____	_____
City & State	_____	_____
Alt. Executor	_____	_____
City & State	_____	_____
2nd Alt. Executor	_____	_____
City & State	_____	_____
Trustee	_____	_____
City & State	_____	_____
Alt. Trustee	_____	_____
City & State	_____	_____
2nd Alt. Trustee	_____	_____
City & State	_____	_____
Guardian	_____	_____
City & State	_____	_____
Alt. Guardian	_____	_____
City & State	_____	_____
2nd Alt. Guardian	_____	_____
City & State	_____	_____

24. Please note any questions or concerns you may have or any additional information you wish to provide that should be made aware to us _____

25. General Durable Power of Attorney

(Yes or No) _____

Springing Power of Attorney

(Yes or No) _____

Attorney in Fact	_____	_____
Address	_____	_____
	_____	_____
Alt. AIF	_____	_____
Address	_____	_____
	_____	_____
2nd Alt. AIF	_____	_____
Address	_____	_____
	_____	_____

26. **Health Care Power of Attorney**

(Yes or No) _____

Attorney in Fact _____

Address & Phone # _____

Alt. AIF _____

Address & Phone # _____

2nd Alt. AIF _____

Address & Phone # _____

27. **Living Wills**

(Yes or No) _____

28. **Additional Documents that may be needed:**

- Your current **Will(s)**, including all **Codicils** (amendments), if applicable
- All current **trust** documents, including all restatements, modifications and amendments, if applicable
- All current **agency** and **health care** documents, including Durable Power of Attorney, Living Will, Health Care Power of Attorney, etc., if applicable
- All **marital property** agreements, including prenuptial or postnuptial agreements; as well as all **support** agreements/court orders, if applicable
- Financial Statements and asset ownership paperwork, if any:

I/We have provided the information requested in this document to Western Wake Law Group with the understanding that they will use it in designing, implementing and funding my/our estate plan. The information is true and correct to the best of my/our knowledge, and I/we expressly direct Western Wake Law Group to rely upon it in the performance of their services. I/We will not hold Western Wake Law Group liable for any omissions or errors I/we have made in completing this Questionnaire. If my/our financial situation changes or I/we discover any error or omission, it will be my/our duty to notify Western Wake Law Group of that fact.

Client's signature

Date _____

Client's signature

Date _____
