

LAW OFFICE OF CHERYL R. WATKINS
-BASIC ESTATE PLANNING QUESTIONNAIRE-

DIRECTIONS

**PLEASE ACCURATELY COMPLETE THIS WORKSHEET, FAX IT TO OUR OFFICE AT 704-973-9737,
AND CALL OUR OFFICE AT 704-552-3993 OR 704-953-1884 FOR A CONSULTATION.
ATTACH ADDITIONAL SHEETS TO PROVIDE ANY OTHER RELEVANT INFORMATION.**

1. Full Name: _____ Date of Birth: _____
All aliases: _____
2. Mailing Address: _____
3. Home Phone: _____ Work Phone: _____ Fax: _____
Cell Phone: _____ Email Address: _____
4. Your Employment Status: Employed____ Self Employed____ Retired____ Other____
Employer / Line of Work: _____
5. Marital Status: Single____ Married____ Divorced____ Separated____ Widowed____
6. Name of Spouse: _____ Date of Birth: _____
7. Spouse's Employment Status: Employed____ Self Employed____ Retired____ Other____
Employer / Line of Work: _____
8. Information about your children (if any):
Name: _____ Age: ____ Address: _____ Phone: _____
Name: _____ Age: ____ Address: _____ Phone: _____
Name: _____ Age: ____ Address: _____ Phone: _____
9. Are you considering establishing a trust for the benefit of your spouse, children, and/or grandchildren? Yes____ Not at this time____
10. Are you interested in an Incentive Trust to encourage good behavior and discourage bad behavior from your beneficiaries? Yes____ Not at this time____
11. Have you ever drafted or had someone draft for you the following documents:
A) A Will [Yes / No]; B) A Trust [Yes / No]; C) Financial Power of Attorney [Yes / No]
12. Please circle yes or no to each question for tax purposes. Are you currently a:
A) U.S. Citizen [Yes / No]; B) Resident Alien [Yes / No]; C) Non-Resident Alien [Yes / No]

LAW OFFICE OF CHERYL R. WATKINS

6000 FAIRVIEW ROAD, STE. 1200
CHARLOTTE, NC 28210

OFFICE: 704.552.3993 ■ DIRECT: 704.953.1884 ■ FAX: 704.973.9737 ■ EMAIL: CHERYL@CRWATKINSLAW.COM
ESTATE ADMINISTRATION ■ ESTATE PLANNING ■ BUSINESS SUCCESSION ■ PERSONAL INJURY ■ SOCIAL SECURITY

YOUR ASSETS

13. Life Insurance Policies:

Value: _____ Beneficiary(ies): _____ Company: _____

Value: _____ Beneficiary(ies): _____ Company: _____

Value: _____ Beneficiary(ies): _____ Company: _____

14. Real Estate Information:

	Approx.	Outstanding
Address	Value	Mortgage Amt
<hr/>		

Primary Residence: _____

Other Real Estate: _____

Other Real Estate: _____

15. Accounts with financial institutions. Please indicate institution name and approx. value.

Financial Institution	Approx. Balance	Financial Institution	Approx. Balance
Checking _____	_____	Checking _____	_____
Checking _____	_____	Checking _____	_____
Savings _____	_____	Savings _____	_____
Investment _____	_____	Investment _____	_____
Investment _____	_____	Investment _____	_____

16. Retirement Benefits:

17. Automobile(s) (describe year and type): _____

18. Business Interests Owned:

a. _____ b. _____

19. Other Assets:

a. _____ c. _____

b. _____ d. _____

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CHARITIES AND FIDUCIARIES

20. Charity, Church, Fraternity, or Sorority to which you would most likely contribute (if any):

a. _____ b. _____

21. Who would you nominate as Guardian(s) of your children who are minors should both parents become incapacitated or die (indicate name, phone number, and address):

a. _____

b. _____

22. Name the person(s) you would like to appoint to administer your estate (i.e., executor, executrix) (indicate name, phone number, and address):

a. _____

b. _____

23. Name the person(s) you would like to appoint to administer your trust (i.e., trustee) (indicate name, phone number, and address):

a. _____

b. _____

24. Name the person(s) you would like to appoint to make financial and business decisions for you should you become temporarily or permanently unable to do so for yourself (i.e., financial attorney-in-fact) (indicate name, phone, and address):

a. _____

b. _____

25. Name the person(s) you would like to appoint to make decisions about your medical treatment and care should you become temporarily or permanently unable to do so for yourself (i.e., healthcare attorney-in-fact) (indicate name, phone, and city of residence):

a. _____

b. _____

26. Additional Information (please attach other sheets as necessary for thoroughness:

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