

**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 ■ SOCIAL SECURITY DISABILITY ■ PERSONAL INJURY ■ WRONGFUL DEATH

**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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