



NORTH CAROLINA
ESTATE PLANNING
& FIDUCIARY LAW
A Tradition Of Excellence & Trust

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Estate Planning Questionnaire

James E. Hickmon, PLLC Estate Planning

The attached Estate Planning Questionnaire* is designed to help you organize your personal and financial information, to help us effectively assess your goals and circumstances, and to enable us to recommend an estate plan that will work for you and your family.

We recognize that this questionnaire asks personal and sensitive information from you, and some of the requested information may not be applicable. The answers to these questions may have an important impact on how you dispose of your property and the more complete the information is, the better we will be able to provide the best possible estate planning options for you.

We will keep your information in the strictest confidence and we will not release it without your consent.

Please take the time to complete this questionnaire carefully. It will be of great assistance to us and to you.

This questionnaire appears to be designed for a couple (married or unmarried), but it may be completed by an individual as well, in which case some questions may not apply.

You may fill in this PDF electronically with Adobe Acrobat Reader to email to us or print the form and fax or mail it. Should you choose to email us this questionnaire, please note that our email server may not be secure, and you should use caution when sending sensitive information such as social security numbers.

OFFICE LOCATION

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Wills, Trusts & Estate Planning Team

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**The receipt of this Estate Planning Questionnaire is not intended to create an attorney-client relationship between you and James E. Hickmon, PLLC and North Carolina Estate Planning & Fiduciary Law. An attorney-client relationship is not established until we receive the necessary information and confirm such relationship in writing. Please contact any attorney at James E. Hickmon, PLLC to provide the information necessary to establish an attorney-client relationship.*

I. PERSONAL INFORMATION

DATE: _____	SPOUSE/PARTNER 1	SPOUSE/PARTNER 2
Full Name		
Other Names/Nickname		
Home Address		
Best Email Address		
Telephone Number	Cell _____ Work _____ Home _____	Cell _____ Work _____ Home _____
Date of Birth		
Social Security Number		
Employer		
Occupation		
Pre or Post-Marital Agreement? (If yes, please bring to your initial meeting.)		
Previously Married? (If yes, please bring divorce decree or death certificate, as applicable, to your initial meeting.)	Name of Former Spouse: _____ Manner of Termination: <input type="checkbox"/> Divorce <input type="checkbox"/> Legal Separation <input type="checkbox"/> Annulment <input type="checkbox"/> Death Date: _____	Name of Former Spouse: _____ Manner of Termination: <input type="checkbox"/> Divorce <input type="checkbox"/> Legal Separation <input type="checkbox"/> Annulment <input type="checkbox"/> Death Date: _____
Citizenship		
List any special needs or health concerns		
Who referred you?		

II. FAMILY INFORMATION

A. LIVING CHILDREN (to add information, please use page 14)

CHILD 1

Full Name _____ Nickname _____ Date of Birth _____

Home address _____

Relationship: Birthchild Adopted

Of Which Spouse/Partner: _____ (Both; Spouse/Partner 1; or Spouse/Partner 2)

Does the child have any special needs? Yes No
(e.g., health issues, disabilities, concerns about marriage, concerns about ability to manage assets, etc.)

If yes, please briefly explain: _____

Marital Status: _____ If married, full name of spouse: _____

Names and dates of birth of child's children (your grandchildren)

Name: _____ DOB: _____ Adopted? Yes No

Name: _____ DOB: _____ Adopted? Yes No

Name: _____ DOB: _____ Adopted? Yes No

Name: _____ DOB: _____ Adopted? Yes No

CHILD 2

Full Name _____ Nickname _____ Date of Birth _____

Home address _____

Relationship: Birthchild Adopted

Of Which Spouse/Partner: _____ (Both; Spouse/Partner 1; or Spouse/Partner 2)

Does the child have any special needs? Yes No
(e.g., health issues, disabilities, concerns about marriage, concerns about ability to manage assets, etc.)

If yes, please briefly explain: _____

Marital Status: _____ If married, full name of spouse: _____

Names and dates of birth of child's children (your grandchildren)

Name: _____ DOB: _____ Adopted? Yes No

Name: _____ DOB: _____ Adopted? Yes No

Name: _____ DOB: _____ Adopted? Yes No

Name: _____ DOB: _____ Adopted? Yes No

CHILD 3

Full Name _____ Nickname _____ Date of Birth _____

Home address _____

Relationship: Birthchild Adopted

Of Which Spouse/Partner: _____ (Both; Spouse/Partner 1; or Spouse/Partner 2)

Does the child have any special needs? Yes No
(e.g., health issues, disabilities, concerns about marriage, concerns about ability to manage assets, etc.)

If yes, please briefly explain: _____

Marital Status: _____ If married, full name of spouse: _____

Names and dates of birth of child's children (your grandchildren)

Name: _____ DOB: _____ Adopted? Yes No

Name: _____ DOB: _____ Adopted? Yes No

Name: _____ DOB: _____ Adopted? Yes No

Name: _____ DOB: _____ Adopted? Yes No

B. DECEASED CHILDREN (to add additional information, please use page 14)

Name of Deceased Child: _____ DOB: _____ Adopted? Yes No

Names and dates of birth of deceased child's children (your grandchildren)

Name: _____ DOB: _____ Adopted? Yes No

Name: _____ DOB: _____ Adopted? Yes No

C. PARENTS	SPOUSE / PARTNER 1	SPOUSE / PARTNER 2
Mother's Full Name & Address		
Father's Full Name & Address		

D. SIBLINGS	SPOUSE / PARTNER 1	SPOUSE / PARTNER 2
Sibling 1 Full Name & Address		
Sibling 2 Full Name & Address		
Sibling 3 Full Name & Address		
Sibling 4 Full Name & Address		

III. CURRENT DOCUMENTS

Check the box for each of the following documents that you already have in place, and indicate whether a copy or the original of that document is on file with *North Carolina Estate Planning & Fiduciary Law* (and if not, please provide a copy of the document in advance of the first meeting).

	SPOUSE/ PARTNER 1	Location	SPOUSE/ PARTNER 2	Location
Will				
Trusts				
Durable General Power of Attorney / Financial Power of Attorney				
Health Care Power of Attorney / Health Care Proxy				
Nomination of Guardian				
HIPAA Authorization				
Other Estate Planning Documents				

IV. FINANCIAL INFORMATION

A. CURRENT INCOME	Salary (Annual)	Investment Income	Other
SPOUSE/PARTNER 1			
SPOUSE/PARTNER 2			

B. REAL ESTATE

Name of Owner(s) as shown on Deed	Location / Address	Mortgage Balance	Fair Market Value

C. CASH AND BANK ACCOUNTS

Name(s) on Account	Bank	Type of Account (Checking/Savings/CD/etc.)	Average Balance in Account

D. RETIREMENT ACCOUNTS

i. Employer sponsored Plans (profit sharing, 401(k), 403(b), pension (including military pension), Keogh, other type of retirement plan)

Name of Owner	Type of Account	Beneficiaries (Primary & Contingent)	Account Value or Monthly Benefit

ii. IRAS / ROTH IRAS / ANNUITIES

Name of Owner	Type of Account (eg: Traditional or Roth)	Institution / Custodian	Beneficiaries (Primary & Contingent)	Account Value

E. SECURITIES (Non-Retirement)

Name of Owner(s) (As shown on Stock Certificate, bond, account, or other document)	Location (Name of bank, broker, or other institution)	Account Value

F. PERSONAL PROPERTY

(Example: vehicles, furniture, jewelry, etc. Please combine in groupings. Please also note any especially valuable collections such as antiques, stamps, jewelry, art work, etc.)

Name of Owner(s)	Item (car, furniture, jewelry, etc.)	Value

G. LIFE INSURANCE

Name of Owner(s)	Name of Insured	Insurance Company	Beneficiaries (Primary & Contingent)	Death Benefit	Type of Policy (eg: Term, Whole Life)

G. LIFE INSURANCE (CONTINUED)

Name of Owner(s)	Name of Insured	Insurance Company	Beneficiaries (Primary & Contingent)	Death Benefit	Type (eg: Term, Whole Life)

H. BUSINESS INTERESTS

i. Ownership Interests

Do you have any ownership interest in any closely held business? YES NO
(corporation, partnership, limited liability company, sole proprietorship)

Legal Name of Entity	Name of Owner(s)	Type of Entity (LLC, S Corp, C Corp, etc.)	Percentage(s) Owned	Value

Corporate Counsel: _____

Business Accountant: _____

Are there any stockholder, partnership, operating, buy-sell, or other types of agreements which affect your rights in the business or your power to dispose of your business interests?

YES NO (If yes, please provide copies of relevant documents)

ii. Stock Options & Deferred Compensation

Do you own any stock options, warrants, phantom stock, stock appreciation rights, or similar rights? YES NO
(If yes, please provide copies)

Are you a party to any deferred compensation arrangements? YES NO (If yes, please provide copies)

I. FUTURE INHERITANCES

i. Are you aware that you will be receiving any inheritances? For example, are you the beneficiary of any trust; or do you expect to inherit from someone else? YES NO

Source of Inheritance: _____ Projected Amount \$ _____

If you are the beneficiary of a trust created by someone else, please provide a copy, if available.

J. MONEY OWED TO YOU

i. Does any person or entity owe you money? YES NO

Person/Entity _____

Amount Due \$ _____ Date Obligation Arose _____

Please provide a copy of any promissory note or other writing evidencing the obligation if one exists.

K. MISCELLANEOUS ASSETS: Any assets not covered by the above.

Name of Owner	Asset	Value

L. LIABILITIES	SPOUSE / PARTNER 1 Individual Debt	SPOUSE / PARTNER 2 Individual Debt	JOINT DEBT
Personal Residence Mortgage			
Equity Line of Credit			
Other Mortgages			
Personal Loans			
Credit Card Debt			
Other			

M. FOREIGN ASSETS

i. Do you have any assets located outside the United States? YES NO

If yes, please explain (Where? What type of asset?) _____

N. COMMUNITY PROPERTY

i. Did you live in a community property state at any time during your marriage? YES NO

(AZ, CA, ID, LA, NV, NM, TX, WA, and WI)

If yes, please explain (Where? When?) _____

O. ADVISORS

Life Insurance Agent

Name _____

Address _____

Phone _____ Email _____

Property & Casualty (Homeowners) Insurance Agent

Name _____

Address _____

Phone _____ Email _____

Accountant / Tax Preparer

Name _____

Address _____

Phone _____ Email _____

Financial / Investment Advisor

Name _____

Address _____

Phone _____ Email _____

Other Advisors

Name _____

Address _____

Phone _____ Email _____

Name _____

Address _____

Phone _____ Email _____

V. DECISIONS TO MAKE

A. FIDUCIARIES

In preparation for our meeting, please think about who you might want to fill the following roles (include full names and addresses):

I. EXECUTOR / PERSONAL REPRESENTATIVE

This person will settle your estate (for example: collect assets, pay debts and taxes, and distribute property under the terms of your Will).

Executor _____

Address _____

Alternate Executor _____

Address _____

II. TRUSTEE

This person will administer your trust when you are not able (for example: manage trust assets for your benefit or the benefit of others, make distributions under the terms of the trust).

Trustee _____

Address _____

Alternate Trustee _____

Address _____

III. GUARDIAN OF MINOR CHILDREN

This person will care for your minor children if something should happen to you while they are still young.

Guardian _____

Address _____

Alternate Guardian _____

Address _____

iv. AGENT UNDER DURABLE GENERAL POWER OF ATTORNEY

This person will manage your non-trust assets when you are unable to do so (for example: sign your tax returns, open or close bank accounts, cancel credit cards, and pay bills).

Primary Agent _____

Address _____

Alternate Agent _____

Address _____

v. AGENT UNDER DURABLE POWER OF ATTORNEY FOR HEALTH CARE

This person will make medical decisions for you when you are temporarily or permanently unable to do so.

Primary Agent _____

Address _____

Alternate Agent _____

Address _____

B. DISTRIBUTION OF ASSETS AT DEATH *(to add more information, please use page 14)*

In preparation for our meeting, please explain in your own words how you would like your property distributed on your death and/or the death of your spouse/partner:

C. FUNERAL AND BURIAL ARRANGEMENTS *(to add more information, please use page 14)*

Have you thought about or formalized any funeral arrangements? YES NO

If yes, please explain:

VI. MISCELLANEOUS

A. GIFT TAXES

Have you ever filed a gift tax return (IRS Form 709)?

SPOUSE/PARTNER 1 YES NO

SPOUSE/PARTNER 2 YES NO

If yes, please bring copies to your initial meeting.

B. INHERITANCE RECEIVED

Have you received any assets through an inheritance where an IRS Form 8971 (Information Regarding Beneficiaries Acquiring Property from a Decedent) was provided to you? YES NO

If so, please provide copies of all Forms 8971 that you received.

C. PREDECEASED SPOUSE

If you were predeceased by a spouse, did the executor of your spouse's estate file a federal estate tax return (IRS Form 706)? YES NO

Please provide a copy of your spouse's federal and state estate tax returns, if any.

D. SAFE DEPOSIT BOXES

Bank	Location	Who Has Access?	Contents

Is this where your valuable papers and records are kept? YES NO

If not, where?

E. QUESTIONS

Please list any specific questions on page 14 of this questionnaire.



Estate Planning Checklist

Please bring copies of the following to your initial meeting:

- DEED to each piece of real property that you own or in which you hold an interest (example: residence, rental properties, undeveloped land, or timeshares)
- ARTICLES and BYLAWS, OPERATING AGREEMENT, SHAREHOLDER AGREEMENT, and/or PARTNERSHIP AGREEMENT (for closely held business)
- WILLS
- TRUST INSTRUMENTS created by you or created by someone else, under which you are a beneficiary, contingent beneficiary, or have any power of appointment
- PROMISSORY NOTES evidencing money owed to you
- PRE or POST MARITAL AGREEMENT
- PREPAID FUNERAL CONTRACT
- LONG TERM CARE INSURANCE POLICY

VII. SUPPLEMENTAL INFORMATION

Please use this page for any additional information or questions.