

THE LAW OFFICE OF RANDALL T. MARTIN-FRANKS, PLLC

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POST OFFICE BOX 187
JACKSON, NORTH CAROLINA 27845-0187

(252) 558-9080 (O) | (252) 565-0412 (F)
RANDALL@MARTIN-FRANKSLAW.COM

ESTATE PLANNING PERSONAL AND FINANCIAL QUESTIONNAIRE

PERSONAL INFORMATION

DATE: _____

1. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated or about to divorce				
2. Your Name (Last, First, Middle)		Soc. Sec. No.		Date of Birth
3. Spouse's Name (Last, First, Middle)		Soc. Sec. No.		Date of Birth
4. Home Address (Number, Street)		City	State	Zip
5. Mailing Address if Different from Above (Number, Street)		City	State	Zip
6. Home Phone ()		Your Work Phone ()		Spouse's Work Phone ()
7. Email Address		Spouse's Email Address		
8. Your Employer		Your Occupation		Your Rank/Grade (If applicable)
9. Spouse's Employer		Spouse's Occupation		Spouse's Rank/Grade (If applicable)

Please select or fill in your answers to the following questions.	You	Your Spouse
1. Are you a United States Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have a will or trust at the present time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you expecting to receive money from (check all that apply): If so, approximately how much?	<input type="checkbox"/> Gift <input type="checkbox"/> Inheritance <input type="checkbox"/> Lawsuit <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Gift <input type="checkbox"/> Inheritance <input type="checkbox"/> Lawsuit <input type="checkbox"/> Other \$ _____
4. How many living children do you have?		
5. Are all of your children legally yours? (i.e. biological or legally adopted)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. How many, if any, stepchildren do you have?		
7. In which state are you registered to vote?		
8. Which state issued your driver's license?		
9. In which state are your vehicles registered?		
10. In which state(s) do you own real estate?		
11. Do you pay state income tax? If so, to which state(s)?		
12. In which state do you plan to retire/live permanently?		
13. Have you ever lived in a community property state? (AZ, CA, ID, LA, NV, NM, TX, WA, WI, or PR)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you have a pre-nuptial or post-nuptial agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Do you have a divorce decree which affects your pension or other property rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered yes to questions 2, 14, or 15, you must bring these documents to your appointment.</i>		

FINANCIAL INFORMATION

1. Do you own a home or other real estate? Please indicate which is your primary residence.

Description and Location	Titled in whose name Please indicate if owned jointly	Purchase Price	Fair Market Value	Mtg. Balance	Equity Balance (FMV - Mtg.)
Total Net Value					

2. Do you own any other titled property? (i.e. car, boat, trailer, etc...)

Description	Titled in whose name Please indicate if owned jointly	Fair Market Value	Mortgage Balance	Equity Balance (FMV - Mortgage)
Total Net Value				

3. Do you have any checking accounts?

Name of Financial Institution	Titled in Whose Name Please indicate if owned jointly	Approx. Balance
Total Value		

4. Do you have any interest bearing accounts? (i.e. savings, money market, and/or CD's)

Name of Financial Institution	Titled in Whose Name Please indicate if owned jointly	Approx. Balance
Total Value		

5. Do you own any stocks, bonds, or mutual funds (including employee stock purchasing plans)?

Number of Shares	Name of Security	Titled in whose name Please indicate if owned jointly	Purchase Price	Current Value
Total Value				

6. Do you have any profit sharing, IRA's, or pension plans?

Description/Location	Beneficiary	Current Value
Total Value		

7. Do you have any life insurance policies or annuities?

Name of Company	Insured	Policy Owner	1 st Beneficiary	2 nd Beneficiary	Death Benefit
SGLI					
Total Value					

8. Does anyone owe you money?

Description	Approx. Value
Approx. Total Value	

9. Do you own any special items of value? (i.e. coin collections, antiques, jewelry, etc.)

Description	Approx. Value
Approx. Total Value	

10. What is the approximate value of all of your other personal property? (i.e. anything that is not included above)

A gross estimation is acceptable \$ _____

11. Do you have any debts other than the mortgages and loans listed above? (i.e. personal loans, credit card debt, etc.)

Description	Amount Owed
Total Amount Owed	

12. Total value of everything you and your spouse own (add lines 1 through 10 above) \$ _____

13. Total amount you and your spouse owe (total from line 11 above) \$ _____

14. Total Net Estate Value (subtract line 13 from line 12 above) \$ _____

15. Do you own any safe deposit boxes?

Location	Titled in whose name

MANAGEMENT DECISIONS: YOUR ESTATE MANAGEMENT TEAM

1. Personal Representative/Executor: This individual manages the probate and settlement of your estate. They can be a spouse, adult children, a trusted friend, and/or a corporate fiduciary.

For You

For Your Spouse

Name: _____

Name: _____

Home Phone: _____

Home Phone: _____

2. Successor Personal Representative/Executor: This individual will take over should your primary personal representative die or be unwilling to fulfill their responsibility as your personal representative/executor.

1st Successor For You

1st Successor For Your Spouse

Name: _____

Name: _____

Home Phone: _____

Home Phone: _____

2nd Successor For You

2nd Successor For Your Spouse

Name: _____

Name: _____

Home Phone: _____

Home Phone: _____

3. Trustee: Manages the administration and investments in your trust. They should be someone with financial responsibility and experience. If you are creating a trust of which your spouse is to be both the beneficiary and trustee (e.g. a tax saving Credit Shelter Trust (B Trust) you *should* also name a co-trustee to make discretionary decisions.

For You

For Your Spouse

Name: _____

Name: _____

Contact Phone: _____

Contact Phone: _____

4. Successor Trustee (or Co-Trustee): Back-up manager who steps in after your first trustee either dies or resigns. This can be your adult children, a trusted friend, and/or a corporate fiduciary.

1st Successor For You

1st Successor For Your Spouse

Name: _____

Name: _____

Contact Phone: _____

Contact Phone: _____

2nd Successor For You

2nd Successor For Your Spouse

Name: _____

Name: _____

Contact Phone: _____

Contact Phone: _____

You may provide that your Personal Representative and/or Trustees be insured, or bonded, in order to protect the beneficiaries of the trust:
Your Personal Representative must be bonded. Your Spouse's Personal Representative must be bonded.

Yes No

Yes No

Your Trustee must be bonded.

Yes No

Your Spouse's Trustee must be bonded.

Yes No

5. Guardians for Minor Children: This is a responsible adult who will raise you children if something happens to you.

1st Choice For You

1st Choice For Your Spouse

Name: _____

Name: _____

Home Phone: _____

Home Phone: _____

Relationship: _____

Relationship: _____

2nd Choice For You

2nd Choice For Your Spouse

Name: _____

Name: _____

Home Phone: _____

Home Phone: _____

Relationship: _____

Relationship: _____

BENEFICIARIES

1. Special Gifts to Organizations: Do you want to make a gift (cash or specific item) to a charity, foundation, religious, or fraternal organization?

Name of Organization	Description of Gift	Alternate Beneficiary

2. Do you want to give any specific items or cash gifts to a family member or other individual? (e.g. wedding ring to your daughter, gun collection to a son or nephew, etc.)

Name of Individual	Description of Gift or Amount	Alternate Beneficiary

3. Who do you want to receive the rest of your estate after the above-referenced special gifts have been distributed? You may designate a dollar amount or a percentage, however; a percentage is easier and must add up to 100%.

Name of Person/Organization	Amount/Percentage	Alternate Beneficiary

4. Inheritance Instructions: Please list your children

Name	Address	Age	T = This Marriage P = Previous Marriage	Married Y or N	Number of Grandchildren

5. Do you want your children to receive their inheritance in installments, at certain ages, or all at once? In what amounts and at what age(s)? Your children's inheritance can be held in trust and managed for them until they are at any age you choose (21, 25, 30, etc.) and used for their education and other needs until that time. This method waits until the children are mature enough to handle money.

6. If one of your children predeceases you, do you want that child's share to go to that child's children, your grandchildren, (Per Stirpes) or do you want that child's share to be divided among only your other living children (Per Capita), , nothing to a grandchild whose parent predeceased you.

7. Do you want to insure that your children from a previous marriage receive a share of your estate? (N/A) For You For Your Spouse
 Yes No Yes No

8. List Dependents Who Require Special Care: Do you want to provide for "basic" care or luxuries and other extras to supplement government benefits?
 Yes No

9. Who do you want to receive your estate if you (and your spouse) outlive the beneficiaries that you have named above?

Name of Person/Organization	Amount

10. Disinheritance: Are there any relatives that you specifically do not want to receive anything from your estate?

SPECIAL INSTRUCTIONS FOR INCOMPETENCY

1. Keeping/Selling Assets: If necessary to pay for your care, do you want certain assets sold first? Are there potential buyers you want contacted?

2. Medical Care: Do you want to be in (or avoid) a certain hospital/nursing facility? _____

A Living Will makes your wishes known to family and doctors regarding life support and the following decisions in the event you become terminally ill or injured with no hope of recovery. Do you want a Living Will?	For You <input type="checkbox"/> Yes <input type="checkbox"/> No	For Your Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No
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If you answered yes to the previous question, please answer the following questions, otherwise skip this section

If you have a terminal condition, diagnosed by two (2) doctors, do you want:	For You	For Your Spouse
Your life artificially prolonged by machine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Artificial hydration? (i.e. IV tubes)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Artificial nutrition? (i.e. Feeding tube)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood Transfusions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Organ Transplants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Upon your death do you wish to donate your organs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you wish to donate your organs do you wish to donate them for transplants or medical research?	<input type="checkbox"/> Transplant <input type="checkbox"/> Research	<input type="checkbox"/> Transplant <input type="checkbox"/> Research
Do you wish to die at home rather than in a hospital or nursing home?	<input type="checkbox"/> Home <input type="checkbox"/> Hosp./Nurs.	<input type="checkbox"/> Home <input type="checkbox"/> Hosp./Nurs.

A Health Care Power of Attorney gives broader protection than a Living Will by itself. Do you want to appoint someone (spouse, child, trusted friend) to make health care decisions for you if you are incapable of making them for yourself? If so, please provide the following:

1st Choice For You

1st Choice For Your Spouse

Name: _____

Name: _____

Home Phone: _____

Home Phone: _____

Address: _____

Address: _____

2nd Choice For You

2nd Choice For Your Spouse

Name: _____

Name: _____

Home Phone: _____

Home Phone: _____

Address: _____

Address: _____

A Durable General Power of Attorney appoints an agent that can make any decision and do any act that you can. A Durable Power of Attorney will remain effective even after you become incapacitated. The powers granted in a Durable Power of Attorney are broad and sweeping and should only be granted with great care and to a person whom you trust implicitly. If you wish to create a Durable General Power of Attorney, please provide the following:

1st Choice For You

1st Choice For Your Spouse

Name: _____

Name: _____

Home Phone: _____

Home Phone: _____

Address: _____

Address: _____

2nd Choice For You

2nd Choice For Your Spouse

Name: _____

Name: _____

Home Phone: _____

Home Phone: _____

Address: _____

Address: _____

SPECIAL INSTRUCTIONS FOR FUNERAL/BURIAL

1. What type of service do you want, how elaborate, and where? Are there any special people to contact? Do you want to be cremated?

2. If you have a cemetery plot, where is it located?

Cemetery Name	Address	Plot # and Whose Name Plot is Titled In