

# **Estate Planning Questionnaire**

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## **David C. Franklin, Attorney at Law, LL.M Taxation**

Meier & Franklin, PLLC

3500 Westgate Drive, Ste. 603

Durham, North Carolina 27707

Ph: (919) 489-3100, ext. 2

Fax: (919) 433-0295

Email: [david@MeierandFranklin.com](mailto:david@MeierandFranklin.com)

### **Practicing:**

- 1. Estate Planning and litigation,**
- 2. Business formation, transactions, succession planning and litigation,**
- 3. Tax planning, tax audits and litigation**
- 4. Real Estate transactions, taxation and ligation.**

## Family Names

Please state the full names of each family member (husband, wife & children, including adopted children and children from current and prior relationships), their ages and dates of birth:

	<u>Full Name (including middle name)</u>	<u>Age</u>	<u>Date of Birth</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

## Husband's Information

1. **Husband's Name:** \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Social Security #: \_\_\_\_\_
4. Home Phone #: \_\_\_\_\_
5. Cell Phone #: \_\_\_\_\_
6. Home email: \_\_\_\_\_
7. Employer: \_\_\_\_\_
8. Employer's Address: \_\_\_\_\_  
\_\_\_\_\_
9. Work Phone #: \_\_\_\_\_
10. Work Fax #: \_\_\_\_\_
11. Work Email: \_\_\_\_\_
12. Full Name of your current spouse: \_\_\_\_\_
13. Date you were married to your current spouse: \_\_\_\_\_
14. Children of your present marriage - names, birth dates, ages and social security number:
  - a. Child 1 - Name : \_\_\_\_\_
  - b. Birth Date: \_\_\_\_\_
  - c. Age: \_\_\_\_\_
  - d. Social Security number: \_\_\_\_\_
  
  - a. Child 2 – Name: \_\_\_\_\_
  - b. Birth Date: \_\_\_\_\_
  - c. Age: \_\_\_\_\_
  - d. Social Security number: \_\_\_\_\_
  
  - a. Child 3 – Name: \_\_\_\_\_
  - b. Birth Date: \_\_\_\_\_
  - c. Age: \_\_\_\_\_
  - d. Social Security number: \_\_\_\_\_
  
  - a. Child 4 – Name: \_\_\_\_\_
  - b. Birth Date: \_\_\_\_\_
  - c. Age: \_\_\_\_\_
  - d. Social Security number: \_\_\_\_\_
15. Prior marriages: State the name of the person to who you were married, the date of the marriage, the date of the divorce:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. If you were married previously, were there any children born of such prior marriage(s)?

\_\_\_\_\_

If yes, for each such child, please state the name of the other parent, the name of the child, the child's birth date, age and social security number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Do you have any children that were born of a non-marital relationship?

\_\_\_\_\_

If yes, for each such child, please state the name of the other parent, the name of the child, the child's birth date, age and social security number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Do you have any adopted children? \_\_\_\_\_

If yes, for each such child, please state the name, the child's birth date, age and social security number and date of adoption:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Do you have any deceased children? \_\_\_\_\_

If yes, for each such child, please state the name, and date of death.

\_\_\_\_\_  
\_\_\_\_\_

20. If you do have a deceased child(ren), please state whether such deceased child(ren) has children: \_\_\_\_\_

If yes, for each such child, please state the name, and age of each grandchild and the other parent's name and where and with whom they reside:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Husband's Fiduciary Information

### A. Executors/Executrices to Act under your Will:

Please provide the following information for the Executor/Executrix for you will (if it is your spouse, state only her name):

1. Executor's/Executrix's Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Home Phone #: \_\_\_\_\_
4. Cell Phone #: \_\_\_\_\_
5. email: \_\_\_\_\_
6. Employer: \_\_\_\_\_
7. Employer's Address: \_\_\_\_\_
8. Work Phone #: \_\_\_\_\_

Please provide the following information for your alternate Executor/Executrix for your will):

1. Executor's/Executrix's Name: \_\_\_\_\_
2. Relationship to you (brother, sister, cousin, friend, etc): \_\_\_\_\_
3. \_\_\_\_\_
4. Address: \_\_\_\_\_  
\_\_\_\_\_
5. Home Phone #: \_\_\_\_\_
6. Cell Phone #: \_\_\_\_\_
7. email: \_\_\_\_\_
8. Employer: \_\_\_\_\_
9. Employer's Address: \_\_\_\_\_
10. Work Phone #: \_\_\_\_\_

### B. Attorneys-in-Fact to act under your Durable Power of Attorney:

Please provide the following information about the person who will act as your attorney-in-fact under your Durable Power of Attorney (if it is your spouse, state only his or her name):

1. Attorney-in-Fact's Name: \_\_\_\_\_
2. Relationship to you (brother, sister, cousin, friend, etc): \_\_\_\_\_
3. Address: \_\_\_\_\_  
\_\_\_\_\_
4. Home Phone #: \_\_\_\_\_
5. Cell Phone #: \_\_\_\_\_
6. email: \_\_\_\_\_

7. Employer: \_\_\_\_\_
8. Employer's Address: \_\_\_\_\_
9. Work Phone #: \_\_\_\_\_

**Please provide the following information for your alternate Attorney-in-fact under your DPOA:**

1. Attorney-in-fact's Name: \_\_\_\_\_
2. Relationship to you (brother, sister, cousin, friend, etc): \_\_\_\_\_
3. Address: \_\_\_\_\_  
\_\_\_\_\_
4. Home Phone #: \_\_\_\_\_
5. Cell Phone #: \_\_\_\_\_
6. email: \_\_\_\_\_
7. Employer: \_\_\_\_\_
8. Employer's Address: \_\_\_\_\_
9. Work Phone #: \_\_\_\_\_

**C. Attorneys-in-Fact to act under your Health Care Power of Attorney:**

**Please provide the following information about the person who will act as your alternate attorney-in-fact under your Health Care Power of Attorney (if it is your spouse, state only his or her name):**

1. Attorney-in-fact's Name: \_\_\_\_\_
2. Relationship to you (brother, sister, cousin, friend, etc): \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Home Phone #: \_\_\_\_\_
5. Cell Phone #: \_\_\_\_\_
6. email: \_\_\_\_\_
7. Employer: \_\_\_\_\_
8. Employer's Address: \_\_\_\_\_
9. Work Phone #: \_\_\_\_\_

**Please provide the following information for your alternate Health Care Attorney-in-Fact:**

1. Attorney-in-fact's Name: \_\_\_\_\_
2. Relationship to you (brother, sister, cousin, friend, etc): \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Home Phone #: \_\_\_\_\_
5. Cell Phone #: \_\_\_\_\_
6. email: \_\_\_\_\_
7. Employer: \_\_\_\_\_
8. Employer's Address: \_\_\_\_\_
9. Work Phone #: \_\_\_\_\_

**D. Guardian(s) For Your children:**

**If you have child(ren) and want to name a Guardian in your Will, please provide the following information about your guardian(s). If it is the same person as named as the Trustee above, simply write that person's name below and write "see above information")**

1. Attorney-in-Fact's Name: \_\_\_\_\_
2. Relationship to you (brother, sister, cousin, friend, etc): \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Home Phone #: \_\_\_\_\_
5. Cell Phone #: \_\_\_\_\_
6. email: \_\_\_\_\_
7. Employer: \_\_\_\_\_
8. Employer's Address: \_\_\_\_\_
9. Work Phone #: \_\_\_\_\_

**Please provide the following information for your alternate guardian:**

1. Attorney-in-fact's Name: \_\_\_\_\_
2. Relationship to you (brother, sister, cousin, friend, etc): \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Home Phone #: \_\_\_\_\_
5. Cell Phone #: \_\_\_\_\_
6. email: \_\_\_\_\_
7. Employer: \_\_\_\_\_
8. Employer's Address: \_\_\_\_\_
9. Work Phone #: \_\_\_\_\_

**E. Trustees for Your Minor or Disabled Children:**

**If you have child(ren) and want to name a Guardian in your Will, please provide the following information about your guardian(s). If it is the same person as named as the Trustee above, simply write that person's name below and write "see above information")**

10. Attorney-in-Fact's Name: \_\_\_\_\_
11. Relationship to you (brother, sister, cousin, friend, etc): \_\_\_\_\_
12. Address: \_\_\_\_\_
13. Home Phone #: \_\_\_\_\_
14. Cell Phone #: \_\_\_\_\_
15. email: \_\_\_\_\_
16. Employer: \_\_\_\_\_
17. Employer's Address: \_\_\_\_\_

18. Work Phone #: \_\_\_\_\_

**Please provide the following information for your alternate guardian:**

10. Attorney-in-fact's Name: \_\_\_\_\_

11. Relationship to you (brother, sister, cousin, friend, etc): \_\_\_\_\_

12. Address: \_\_\_\_\_

13. Home Phone #: \_\_\_\_\_

14. Cell Phone #: \_\_\_\_\_

15. email: \_\_\_\_\_

16. Employer: \_\_\_\_\_

17. Employer's Address: \_\_\_\_\_

18. Work Phone #: \_\_\_\_\_

## Wife's Information

1. **Wife's Name:** \_\_\_\_\_
2. **Address:** \_\_\_\_\_  
\_\_\_\_\_
3. **Social Security #:** \_\_\_\_\_
4. **Home Phone #:** \_\_\_\_\_
5. **Cell Phone #:** \_\_\_\_\_
6. **Home email:** \_\_\_\_\_
7. **Employer:** \_\_\_\_\_
8. **Employer's Address:** \_\_\_\_\_  
\_\_\_\_\_
9. **Work Phone #:** \_\_\_\_\_
10. **Work Fax #:** \_\_\_\_\_
11. **Work Email:** \_\_\_\_\_
12. **Full Name of your current spouse:** \_\_\_\_\_
13. **Date you were married to your current spouse:** \_\_\_\_\_
14. **Children of your present marriage - names, birth dates, ages and social security number:**
  - a. **Child 1 - Name :** \_\_\_\_\_
  - b. **Birth Date:** \_\_\_\_\_
  - c. **Age:** \_\_\_\_\_
  - d. **Social Security number:** \_\_\_\_\_
  
  - a. **Child 2 – Name:** \_\_\_\_\_
  - b. **Birth Date:** \_\_\_\_\_
  - c. **Age:** \_\_\_\_\_
  - d. **Social Security number:** \_\_\_\_\_
  
  - a. **Child 3 – Name:** \_\_\_\_\_
  - b. **Birth Date:** \_\_\_\_\_
  - c. **Age:** \_\_\_\_\_
  - d. **Social Security number:** \_\_\_\_\_
  
  - a. **Child 4 – Name:** \_\_\_\_\_
  - b. **Birth Date:** \_\_\_\_\_
  - c. **Age:** \_\_\_\_\_
  - d. **Social Security number:** \_\_\_\_\_
15. **Prior marriages: State the name of the person to who you were married, the date of the marriage, the date of the divorce:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**16.** If you were married previously, were there any children born of such prior marriage(s)?

\_\_\_\_\_

If yes, for each such child, please state the name of the other parent, the name of the child, the child's birth date, age and social security number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**17.** Do you have any children that were born of a non-marital relationship?

\_\_\_\_\_

If yes, for each such child, please state the name of the other parent, the name of the child, the child's birth date, age and social security number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**18.** Do you have any adopted children? \_\_\_\_\_

If yes, for each such child, please state the name, the child's birth date, age and social security number and date of adoption:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**19.** Do you have any deceased children? \_\_\_\_\_

If yes, for each such child, please state the name, and date of death.

\_\_\_\_\_  
\_\_\_\_\_

**20.** If you do have a deceased child(ren), please state whether such deceased child(ren) has children: \_\_\_\_\_

If yes, for each such child, please state the name, and age of each grandchild and the other parent's name and where and with whom they reside:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Wife's Fiduciary Information

### A. Executors/Executrices to Act under your Will:

Please provide the following information for the Executor/Executrix for you will (if it is your spouse, state only her name):

1. Executor's/Executrix's Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Home Phone #: \_\_\_\_\_
4. Cell Phone #: \_\_\_\_\_
5. email: \_\_\_\_\_
6. Employer: \_\_\_\_\_
7. Employer's Address: \_\_\_\_\_
8. Work Phone #: \_\_\_\_\_

Please provide the following information for your alternate Executor/Executrix for your will):

1. Executor's/Executrix's Name: \_\_\_\_\_
2. Relationship to you (brother, sister, cousin, friend, etc): \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Home Phone #: \_\_\_\_\_
5. Cell Phone #: \_\_\_\_\_
6. email: \_\_\_\_\_
7. Employer: \_\_\_\_\_
8. Employer's Address: \_\_\_\_\_
9. Work Phone #: \_\_\_\_\_

### B. Attorneys-in-Fact to act under your Durable Power of Attorney:

Please provide the following information about the person who will act as your attorney-in-fact under your Durable Power of Attorney (if it is your spouse, state only his or her name):

1. Attorney-in-Fact's Name: \_\_\_\_\_
2. Relationship to you (brother, sister, cousin, friend, etc): \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Home Phone #: \_\_\_\_\_
5. Cell Phone #: \_\_\_\_\_
6. email: \_\_\_\_\_
7. Employer: \_\_\_\_\_
8. Employer's Address: \_\_\_\_\_

9. Work Phone #: \_\_\_\_\_

**Please provide the following information for your alternate Attorney-in-fact under your DPOA:**

1. Attorney-in-fact's Name: \_\_\_\_\_
2. Relationship to you (brother, sister, cousin, friend, etc): \_\_\_\_\_
3. Address: \_\_\_\_\_  
\_\_\_\_\_
4. Home Phone #: \_\_\_\_\_
5. Cell Phone #: \_\_\_\_\_
6. email: \_\_\_\_\_
7. Employer: \_\_\_\_\_
8. Employer's Address: \_\_\_\_\_
9. Work Phone #: \_\_\_\_\_

**C. Attorneys-in-Fact to act under your Health Care Power of Attorney:**

**Please provide the following information about the person who will act as your alternate attorney-in-fact under your Health Care Power of Attorney (if it is your spouse, state only his or her name):**

1. Attorney-in-fact's Name: \_\_\_\_\_
2. Relationship to you (brother, sister, cousin, friend, etc): \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Home Phone #: \_\_\_\_\_
5. Cell Phone #: \_\_\_\_\_
6. email: \_\_\_\_\_
7. Employer: \_\_\_\_\_
8. Employer's Address: \_\_\_\_\_
9. Work Phone #: \_\_\_\_\_

**Please provide the following information for your alternate Health Care Attorney-in-Fact:**

1. Attorney-in-fact's Name: \_\_\_\_\_
2. Relationship to you (brother, sister, cousin, friend, etc): \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Home Phone #: \_\_\_\_\_
5. Cell Phone #: \_\_\_\_\_
6. email: \_\_\_\_\_
7. Employer: \_\_\_\_\_
8. Employer's Address: \_\_\_\_\_
9. Work Phone #: \_\_\_\_\_

**D. Guardian(s) For Your children:**

**If you have child(ren) and want to name a Guardian in your Will, please provide the following information about your guardian(s). If it is the same person as named as the Trustee above, simply write that person's name below and write "see above information")**

1. Attorney-in-Fact's Name: \_\_\_\_\_
2. Relationship to you (brother, sister, cousin, friend, etc): \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Home Phone #: \_\_\_\_\_
5. Cell Phone #: \_\_\_\_\_
6. email: \_\_\_\_\_
7. Employer: \_\_\_\_\_
8. Employer's Address: \_\_\_\_\_
9. Work Phone #: \_\_\_\_\_

**Please provide the following information for your alternate guardian:**

1. Attorney-in-fact's Name: \_\_\_\_\_
2. Relationship to you (brother, sister, cousin, friend, etc): \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Home Phone #: \_\_\_\_\_
5. Cell Phone #: \_\_\_\_\_
6. email: \_\_\_\_\_
7. Employer: \_\_\_\_\_
8. Employer's Address: \_\_\_\_\_
9. Work Phone #: \_\_\_\_\_

**E. Trustees for Your Minor or Disabled Children:**

**If you have child(ren) and want to name a Trustee other than the Guardian in your Will, please provide the following information about your guardian(s). If it is the same person as named as the Trustee above, simply write that person's name below and write "see above information")**

1. Attorney-in-Fact's Name: \_\_\_\_\_
2. Relationship to you (brother, sister, cousin, friend, etc): \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Home Phone #: \_\_\_\_\_
5. Cell Phone #: \_\_\_\_\_
6. email: \_\_\_\_\_
7. Employer: \_\_\_\_\_
8. Employer's Address: \_\_\_\_\_
9. Work Phone #: \_\_\_\_\_

**Please provide the following information for your alternate Trustee:**

1. Attorney-in-fact's Name: \_\_\_\_\_
2. Relationship to you (brother, sister, cousin, friend, etc): \_\_\_\_\_
3. Address: \_\_\_\_\_  
\_\_\_\_\_
4. Home Phone #: \_\_\_\_\_
5. Cell Phone #: \_\_\_\_\_
6. email: \_\_\_\_\_
7. Employer: \_\_\_\_\_
8. Employer's Address: \_\_\_\_\_
9. Work Phone #: \_\_\_\_\_