



# Estate Planning Questionnaire

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL

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**PERNA LAW FIRM**  
Estate and Trust Planning

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR APPOINTMENT.

*(Please Print All Information)*

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**Perna Law Firm**

◆ 202 David Grove Circle, Suite 105, Cary, North Carolina 27519  
Phone: 919-234-0940 ◆ Web: [pernalaw.com](http://pernalaw.com)

**Part I: Personal Information**

**Client's Legal Name** \_\_\_\_\_  
(i.e. name on driver's license, marriage license, passport, social security card, or birth certificate)

**Also Known As** \_\_\_\_\_  
(other names used to title property and accounts)

Date & Place of Birth \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_ Veteran? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

E-mail Address \_\_\_\_\_ Okay to communicate with you via E-mail?  Yes  No

Were you previously married?  Yes  No If yes, were you: Divorced?  Yes  No Widowed?  Yes  No

Date & Place (City & State) of last Marriage \_\_\_\_\_

**Children, Other Family Members (Parents, Siblings & Close Relatives) & Partner/Significant Other**

*Use full legal name:*

Full Legal Name, Address and Phone Numbers (Home & Cell)	Sex (M/F) & Birth date	Relationship
Name: _____	_____	_____
Address & Phone: _____		

Name: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Name: \_\_\_\_\_

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Name: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

**Advisors**

Name	Telephone
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

Accountant \_\_\_\_\_

Financial Advisor \_\_\_\_\_

Life Insurance Agent \_\_\_\_\_

I was referred to the Perna Law Firm by \_\_\_\_\_  I wish to receive the Firm's News Letter.

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**Your Concerns**

Please rate the following as to how important they are to you:

*(H high concern, S some concerned, L low concern, N/A no concern or not applicable)*

**Description**

**Level of Concern**

Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.

\_\_\_\_\_

Providing for and protecting children.

\_\_\_\_\_

Providing for and protecting grandchildren or other family members.

\_\_\_\_\_

Disinheriting a family member.

\_\_\_\_\_

Providing for charities at the time of death.

\_\_\_\_\_

Plan for the transfer and survival of a family business.

\_\_\_\_\_

Avoiding or reducing your estate taxes.

\_\_\_\_\_

Avoiding probate.

\_\_\_\_\_

Reduce administration costs at time of your death.

\_\_\_\_\_

Avoiding a conservatorship (“living probate”) in case of a disability.

\_\_\_\_\_

Avoiding will contests or other disputes upon death.

\_\_\_\_\_

Protecting assets from lawsuits or creditors.

\_\_\_\_\_

Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.

\_\_\_\_\_

Plan for a child with disabilities or special needs, such as medical or learning disabilities.

\_\_\_\_\_

Protecting a child’s inheritance from the possibility of a failed marriage.

\_\_\_\_\_

Provide that your death shall not be unnecessarily prolonged by artificial means or measures.

\_\_\_\_\_

Other Concerns (Please list below):

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

### Important Family Questions

(Please check "Yes" or "No" for your answer)	Yes	No
Are you receiving Social Security, disability, or other governmental benefits? <i>Describe.</i> _____		
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy.</i>		
If planning to be married, have you signed a pre-marital contract? <i>Please furnish a copy</i>		
Have you been widowed? <i>If so, has a federal estate tax return or a state death tax return been filed, please furnish a copy.</i>		
Have you ever filed federal or state gift tax returns? <i>Please furnish copies of these returns.</i>		
Have you completed previous will, trust, or estate planning? <i>Please furnish copies of these documents.</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
If previously married, have you lived in any of the following states while married to your former spouse? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>		
Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children or grandchildren have special educational, medical, or physical needs? <i>Please explain below.</i>		
Do any of your children or grandchildren receive governmental support or benefits? <i>Please explain below.</i>		
Do you provide primary or other major financial support to adult children or others?		

### Additional Information

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**Part II:**  
**Property Information**

**Instructions for Completing the Property Information checklist:**

**General Headings**

This *Property Information* checklist is to help you list all the property you own and what it is worth. You probably won't own property under all the headings; if not, just leave those blank. Under certain headings you may own more property than can be listed on this checklist. If so, attach **extra sheets** of paper to list your additional property.

**Type**

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

**“Owner” of Property**

How you own your property is **extremely important** for purposes of properly designing and implementing your estate plan. For each property, please indicate how the property is titled using the following abbreviations:

<b>Owner of Property</b>	<b>Use</b>
If you own property in your name only	I
If you own property jointly with someone, i.e. a child, parent, sibling, friend, partner, other significant other, etc.	JTO
If you cannot determine how the property is owned	?

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**Real Property**

**TYPE:** Any interest in real estate including your family residence, vacation home, timeshare, vacant land, etc.

General Description and Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

**Furniture and Personal Effects**

**TYPE:** List separately only major personal effects such as jewelry, collections (i.e. art, coin, stamp...), antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*).

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)	_____	_____
_____	_____	_____
_____	_____	_____
Firearms (Please List)	_____	_____
_____	_____	_____
	<i>Total</i>	_____

**Automobiles, Boats, and RVs**

**TYPE:** For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

_____
_____
_____

**Bank Accounts**

**TYPE:** Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*). Do not include IRAs or 401(k)s here

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

**Stocks, Bonds or Investment/Brokerage Accounts**

**TYPE:** List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account.  
*(indicate type below)*

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

**Life Insurance Policies, Long Term Care Policies, and Annuities**

**TYPE:** Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

**Pension/IRA/Retirement Accounts or Plans**

**TYPE:** Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

**Business Interests**

**TYPE:** General or Limited Partnerships, Limited Liability Companies, Sole Proprietorships, Privately Owned Corporations, Professional Corporations, Oil Interests, Farm and Ranch interests, etc.... **ADDITIONAL INFORMATION:** Give a description of the type of business, who has the interest, your ownership in the interests, and the estimated value of the interests.

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*Total* \_\_\_\_\_

**Money Owed To You**

**TYPE:** Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

**Anticipated Inheritance, Gift, or Lawsuit Judgment**

**TYPE:** Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

**Description** \_\_\_\_\_

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*Total estimated value* \_\_\_\_\_

**Other Assets**

**TYPE:** Other property is any property that you have that does not fit into any of the above listed categories.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i>



**Summary of Values**

Assets	Amount*		Total Value
	Client's	Other Owner's	
Real Property	_____	_____	_____
Furniture and Personal Effects	_____	_____	_____
Automobiles, Boats and RV's	_____	_____	_____
Bank and Savings Accounts	_____	_____	_____
Stocks and Bonds	_____	_____	_____
Life Insurance and Annuities	_____	_____	_____
Retirement Plans	_____	_____	_____
Business Interests	_____	_____	_____
Money owed to you	_____	_____	_____
Anticipated Inheritance, Etc.	_____	_____	_____
Other Assets	_____	_____	_____
<b>Total Assets:</b>	_____	_____	_____

*\* For property owned with another person put your percentage in "client's" column and the other person's ownership percentage in the "other's" column.*

**Part III:  
Fiduciary Information**

**PERSONS TO ACT FOR YOU:**

**GUARDIAN FOR MINOR CHILDREN:** *For children under age 18 or under a legal incapacitation, list in order of preference who is to be guardian.*

Name and Address	Relationship
<u>1<sup>st</sup></u> : _____	_____
<u>2<sup>nd</sup></u> : _____	_____
<u>3<sup>rd</sup></u> : _____	_____

**INITIAL TRUSTEE(S):** *Usually you will be the Trustee of your own trust. You can have a co-trustee if you would like. List in order of preference.*

Name and Address	Relationship
<u>1<sup>st</sup></u> : _____	_____
<u>2<sup>nd</sup></u> : _____	_____

**DISABILITY TRUSTEE:** *If you were incapacitated and unable to make decisions for yourself, who would you want to make decisions for you with regard to your property and financial assets? List in order of preference.*

Name and Address	Relationship
<u>1<sup>st</sup></u> : _____	_____
<u>2<sup>nd</sup></u> : _____	_____
<u>3<sup>rd</sup></u> : _____	_____

**In making distributions during any period of time the client is incapacitated, the successor Trustee shall give primary consideration to:**

- Your needs and then the needs of others dependent upon you.
- Your needs and the needs of others dependent upon you equally.

**DEATH TRUSTEE:** *After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries? List in order of preference.*

Name and Address	Relationship
<u>1<sup>st</sup></u> : _____	_____
<u>2<sup>nd</sup></u> : _____	_____
<u>3<sup>rd</sup></u> : _____	_____

**EXECUTOR OF WILL:** *Who would you like to administer your estate after your death? If possible, please name back-up Executors as well. List in order of preference.*

Name and Address	Relationship
<u>1<sup>st</sup>:</u> _____	_____
<u>2<sup>nd</sup>:</u> _____	_____
<u>3<sup>rd</sup>:</u> _____	_____

**FINANCIAL POWER OF ATTORNEY:** *If you were unable to make financial decisions for yourself, who would you want to make those decisions for you? Usually each spouse serves as the agent for the other. If possible, please name back-up agents as well. List in order of preference.*

Name	Relationship	Instructions or Guidelines
<u>1<sup>st</sup>:</u> _____	_____	_____
<u>2<sup>nd</sup>:</u> _____	_____	_____
<u>3<sup>rd</sup>:</u> _____	_____	_____

**Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are incapacitated?**

**Husband:**  Yes  No

**Wife:**  Yes  No

**Gifting Power Details:** \_\_\_\_\_  
\_\_\_\_\_

**HEALTH CARE POWER OF ATTORNEY:** *If you were incapacitated and unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment? If possible, please name back-up Health Care Agents as well. List in order of preference.*

**HEALTH CARE AGENT**

Name	Relationship	Instructions or Guidelines
<u>1<sup>st</sup>:</u> _____	_____	_____
<u>2<sup>nd</sup>:</u> _____	_____	_____
<u>3<sup>rd</sup>:</u> _____	_____	_____

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