

ESTATE PLANNING WORKSHEET

**For:
Appointment:**

The purpose of this booklet is to help prepare you for your upcoming estate planning consultation, and to provide us with important personal and financial information related to your estate, so that we are able to properly advise you on your situation.

Please return the completed booklet and copies of any existing estate planning documents to us at least 3 days prior to our scheduled planning meeting so that we have time to review the information, and be better prepared.

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Please answer the following questions giving thoughtful consideration to the issues. Please note that there are no right or wrong answers, only *your* answers.

Rank the top five (5) concerns you have (1=most important) and identify any other issues which are important to you with an "X."

Husband Wife

- _____ _____ Minimize gift and estate taxes
- _____ _____ Provide for disabled descendants
- _____ _____ Elimination of probate or guardianship
- _____ _____ Divorce and Creditor protection for children
- _____ _____ Provide for spouse
- _____ _____ Provide for children
- _____ _____ Protect children from immature spending habits
- _____ _____ Provide for grandchildren
- _____ _____ Protect children's inheritance in the event of a subsequent remarriage by the surviving spouse
- _____ _____ Protect/preserve the family business
- _____ _____ Plan for a disability
- _____ _____ Make a positive difference in the community
- _____ _____ Provide for certain charities
- _____ _____ Pass values and responsibility to family members
- _____ _____ Other _____
- _____ _____ Other _____
- _____ _____ Other _____
- _____ _____ Other _____
- _____ _____ Other _____
- _____ _____ Other _____

1. Have you ever done any prior estate planning?
 _____ No _____ Yes

2. Do you have WILL? (if Yes, Please provide a copy)
 (Husband) Yes _____ No _____ (Wife) Yes _____ No _____
 Or a LIVING TRUST? (if Yes, Please provide a copy)
 (Husband) Yes _____ No _____ (Wife) Yes _____ No _____

3. Have you signed a pre-nuptial or post marital property agreement? (if Yes, Please provide a copy)
 Yes _____ No _____

4. Do either of you have any particular CHARITIES you would like to support?

(Husband) Yes ___ No ___ (Wife) Yes ___ No ___

Name of the Charity	Amount/Percentage
_____	_____
_____	_____

5. Do either of you anticipate receiving a substantial inheritance?

(Husband) Yes ___ No ___ (Wife) Yes ___ No ___

Name of the Benefactor	Amount/Percentage
_____	_____
_____	_____
_____	_____

6. Do you own or operate a Business? Yes ___ No ___

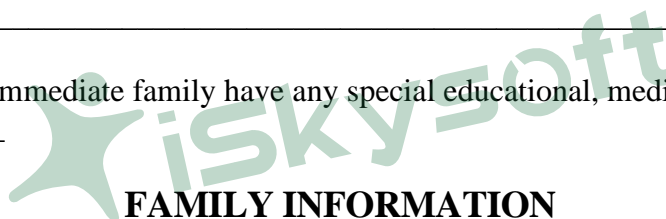
If Yes, is the business a sole proprietorship ___ LLC ___ or S-Corp ___?

Name of Business: _____

Names of Business Partners/Owners: _____

7. Does anyone in your immediate family have any special educational, medical or physical needs?

Yes ___ No ___



FAMILY INFORMATION

Husband

Full Legal Name _____
 Nickname _____ Birthdate _____
 Street Address _____ City _____ State _____ Zip _____
 County _____
 Phone: Home _____ Cell _____ Work _____
 E-Mail Address: _____
Print your Name as you would like it to appear for signature on legal documents

 U.S. Citizen? Yes ___ No ___ Social Security Number _____
 Employer _____ Position _____
 Business Address _____

Wife

Full Legal Name _____
 Nickname _____ Birthdate _____
 Street Address _____ City _____ State _____ Zip _____
 County _____
 Phone: Home _____ Cell _____ Work _____
 E-Mail Address: _____

Print your Name as you would like it to appear for signature on legal documents

U.S. Citizen? Yes ___ No ___ Social Security Number _____
Employer _____ Position _____
Business Address _____

Date of Marriage _____

Children (Please include information for any children that have predeceased you)

Full Legal Name _____ Nickname _____
Birthdate _____ Child of: Joint ___ Husband ___ Wife ___ Adopted ___
Married: Yes ___ No ___ Divorced ___ If Married, Spouse's Name _____
Does this child have any children of his/her own? If Yes,
Name _____ Age _____
Name _____ Age _____
Name _____ Age _____

Full Legal Name _____ Nickname _____
Birthdate _____ Child of: Joint ___ Husband ___ Wife ___ Adopted ___
Married: Yes ___ No ___ Divorced ___ If Married, Spouse's Name _____
Does this child have any children of his/her own? If Yes,
Name _____ Age _____
Name _____ Age _____
Name _____ Age _____

Full Legal Name _____ Nickname _____
Birthdate _____ Child of: Joint ___ Husband ___ Wife ___ Adopted ___
Married: Yes ___ No ___ Divorced ___ If Married, Spouse's Name _____
Does this child have any children of his/her own? If Yes,
Name _____ Age _____
Name _____ Age _____
Name _____ Age _____

Are there any family members you wish to disinherit or otherwise prevent from receiving a share of your estate? Yes ___ No ___ If yes, please list their names and relationship.

Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____

Advisors

Accountant (CPA) _____ Telephone _____

Attorney _____ Telephone _____

Financial Advisor _____ Telephone _____

Referred to Our Firm by _____

FINANCIAL INFORMATION

**This information will be kept strictly CONFIDENTIAL.
 Rough Estimates on account balances and values is fine.**

EMPLOYMENT INFORMATION

<u>Husband</u>	<u>Wife</u>
Employer: _____	Employer: _____
Job Title: _____	Job Title: _____
Approximate Annual Salary: _____	Approximate Annual Salary: _____

BANK & SAVINGS 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	Type	Owner	Approx. Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			Total _____

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.

If possible, please bring copies of the signature cards or account holder designations showing pay on death beneficiary.

RETIREMENT ACCOUNTS

Name of Institution	Type of Account: (IRA/401-K/Other)	Who is The Primary Beneficiary	Approx. Current Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			Total _____

If possible, please bring copies of the beneficiary designations.

STOCKS AND BONDS

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	Approx. Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

If possible, please bring copies of the signature cards or account holder designations showing pay on death beneficiary.

LIFE INSURANCE POLICES 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>	_____

If possible, please bring copies of the beneficiary designations.

REAL PROPERTY

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

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If possible, please bring copies of the most recent deeds and any deeds of trust.

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

If possible, please bring copies of the operating agreements, bylaws, or other governing documents concerning dissolution and/or business continuity plans.

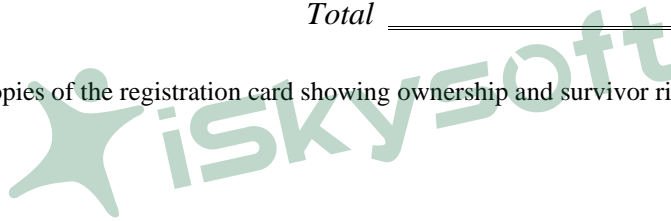
MOTOR VEHICLES

Make/Model/Year

Current Fair Market Value

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
	<i>Total</i> <hr/>

If possible, please bring copies of the registration card showing ownership and survivor rights.



SUMMARY OF VALUES

	Amount*		
ASSETS	Husband	Wife	Total Value
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			
Total Assets:			

* *Joint Property values enter 1/2 in husband's column and 1/2 in wife's column.*



YOUR SUCCESSORS

Typically, when most people travel, they make arrangements for their affairs to be taken care of while they're gone. When there are children being left at home, there are usually several lists of instructions left for the babysitter, or whoever is left in charge. Your successors are the "babysitters" you're putting in charge of your affairs while you're incapacitated and after you're gone. Who do you want making decisions for you? This is a vital part of the planning process which most people are ill-equipped to decide on the spot. You do not have to have an answer set in stone. We would prefer, however, that you have several choices to consider choosing from. While it is generally a good idea to name one person at a time, more than one person can sometimes be named so that they act together.

EXECUTOR – This is the person charged with carrying out the instructions in your will and managing the PROBATE process.

Husband (First Choice)

Full Legal Name _____ Relationship _____
 Address _____
 Phone Number: _____

Husband (Second Choice)

Full Legal Name _____ Relationship _____
 Address _____
 Phone Number: _____

Husband (Third Choice)

Full Legal Name _____ Relationship _____
 Address _____
 Phone Number: _____

Wife (First Choice)

Full Legal Name _____ Relationship _____
 Address _____
 Phone Number: _____

Wife (Second Choice)

Full Legal Name _____ Relationship _____
 Address _____
 Phone Number: _____

Wife (Third Choice)

Full Legal Name _____ Relationship _____
 Address _____
 Phone Number: _____

TRUSTEE – This is the person responsible to manage the instructions in any trust you create.

Husband (First Choice)

Full Legal Name _____ Relationship _____

Address _____

Phone Number: _____

Husband (Second Choice)

Full Legal Name _____ Relationship _____

Address _____

Phone Number: _____

Husband (Third Choice)

Full Legal Name _____ Relationship _____

Address _____

Phone Number: _____

Wife (First Choice)

Full Legal Name _____ Relationship _____

Address _____

Phone Number: _____

Wife (Second Choice)

Full Legal Name _____ Relationship _____

Address _____

Phone Number: _____

Wife (Third Choice)

Full Legal Name _____ Relationship _____

Address _____

Phone Number: _____

FINANCIAL OR DURABLE POWER OF ATTORNEY – This is the person responsible to manage your financial affairs if you become incapacitated.

Husband (First Choice)

Full Legal Name _____ Relationship _____

Address _____

Phone Number: _____

Husband (Second Choice)

Full Legal Name _____ Relationship _____

Address _____

Phone Number: _____

Husband (Third Choice)

Full Legal Name _____ Relationship _____
Address _____
Phone Number: _____

Wife (First Choice)

Full Legal Name _____ Relationship _____
Address _____
Phone Number: _____

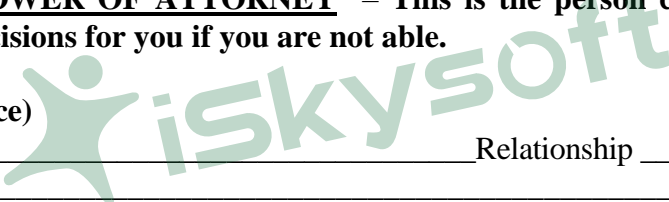
Wife (Second Choice)

Full Legal Name _____ Relationship _____
Address _____
Phone Number: _____

Wife (Third Choice)

Full Legal Name _____ Relationship _____
Address _____
Phone Number: _____

HEALTH CARE POWER OF ATTORNEY – This is the person charged with making HEALTH CARE decisions for you if you are not able.



Husband (First Choice)

Full Legal Name _____ Relationship _____
Address _____
Phone Number: _____

Husband (Second Choice)

Full Legal Name _____ Relationship _____
Address _____
Phone Number: _____

Husband (Third Choice)

Full Legal Name _____ Relationship _____
Address _____
Phone Number: _____

Wife (First Choice)

Full Legal Name _____ Relationship _____
Address _____
Phone Number: _____

Wife (Second Choice)

Full Legal Name _____ Relationship _____
Address _____
Phone Number: _____

Wife (Third Choice)

Full Legal Name _____ Relationship _____
Address _____
Phone Number: _____

GUARDIAN – This is the person responsible to continue the PARENTING responsibilities for any minor children.

First Choice

Full Legal Name _____ Relationship _____
Address _____
Phone Number: _____

Second Choice

Full Legal Name _____ Relationship _____
Address _____
Phone Number: _____

Third Choice

Full Legal Name _____ Relationship _____
Address _____
Phone Number: _____



YOUR WISHES

While we can't know every scenario that is going to arise during our lifetime, it is still important to make a plan. You do not have to know all the answers today, and your answers may change from time to time. Part of estate planning is doing regular reviews of your Plan and updates when changes occur in your lives. For today, what is your general idea of how you would want your estate distributed and/or how would you want your property and money handled after your death?

DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS

- FOR HUSBAND:** Spouse, then children equally. Children
 Spouse, then to trust. To the trust.
 Spouse, then other named individuals.
 Other named individuals. List on next line.

- FOR WIFE:** Spouse, then children equally. Children
 Spouse, then to trust. To the trust.
 Spouse, then other named individuals.
 Other named individuals. List on next line.

SPECIFIC GIFTS: List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities. Indicate whether these gifts are to be made even if the other spouse is alive.

FOR HUSBAND:

Individual or Charity	Amount or Property	Contingent on Wife predeceasing?
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FOR WIFE:

Individual or Charity	Amount or Property	Contingent on Husband predeceasing?
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PROVIDING FOR THE SURVIVING SPOUSE UPON DEATH OF FIRST SPOUSE TO DIE

OUTRIGHT: We want to leave property outright to the surviving spouse. We recognize that this offers no protection from creditors or predators. Allows surviving spouse to leave property to whomever he or she wants. Also allows a new spouse to possibly make claim on property in case of death or divorce

GENERAL APPOINTMENT TRUST: All income and principal are available to the surviving spouse upon demand. The surviving spouse is free to do as he or she pleases. This would include the ability to remove all property in the Marital Share from the trust.

ALL INCOME – PRINCIPAL FOR NEEDS: All income is distributed to surviving spouse; principal is

available for his or her needs (health, education and maintenance).

ONLY INCOME: Only income is distributed to surviving spouse. Principal is not available to the surviving spouse.

DIVISION OF PROPERTY UPON DEATH OF SECOND SPOUSE TO DIE

DIVIDE EQUALLY BETWEEN OUR CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN:

DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES:

HOW AND WHEN TO DISTRIBUTE MY PROPERTY:

DISTRIBUTE OUTRIGHT TO OUR BENEFICIARIES: Provides no protection from creditors, predators, or from themselves.

STRUCTURED TRUST: You determine how long the property is to remain in trust. During the period of time the property is held in trust it is available to the beneficiary for needs (health, education and maintenance). You may give written instructions to the trustee outlining guidelines to be followed in determining the beneficiary's needs. You may provide for a staggered distribution of principal; i.e. 1/3 at age 30 and balance at age 40. You decide who will manage the property and to carry out your distribution instructions. Does the beneficiary have a right to be a cotrustee and/or choose his or her own cotrustee? You decide how the trust is designed. List your desires:

HOW TO HANDLE MY DIGITAL ASSETS:

HUSBAND:

Type of Digital Asset (i.e. LinkedIn, Twitter, Yahoo, Facebook, Instagram, etc.) and any special instructions upon death (i.e. close, remain open for period of time, allow access only to spouse or other individual, download photos, etc.)

WIFE:

Type of Digital Asset (i.e. LinkedIn, Twitter, Yahoo, Facebook, Instagram, etc.) and any special instructions upon death (i.e. close, remain open for period of time, allow access only to spouse or other individual, download photos, etc.)
