

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.

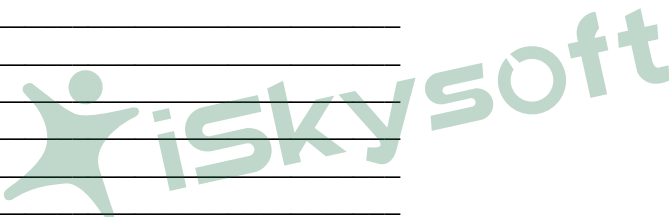
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Please answer the following questions giving thoughtful consideration to the issues. Please note that there are no right or wrong answers, only *your* answers.

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

- _____ Minimize gift and estate taxes
- _____ Provide for disabled descendants
- _____ Elimination of probate or guardianship
- _____ Divorce and Creditor protection for children
- _____ Provide for children
- _____ Protect children from immature spending habits
- _____ Provide for grandchildren
- _____ Protect children's inheritance in the event of a subsequent remarriage by a 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)
 Yes No
 Or a LIVING TRUST? (if Yes, Please provide a copy)
 Yes No

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

4. Do you have any particular CHARITIES you would like to support?
 Yes No

Name of the Charity	Amount/Percentage
_____	_____
_____	_____

5. Do you anticipate receiving a substantial inheritance?

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

Your Information

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 _____

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

Full Legal Name _____ Nickname _____

Birthdate _____ Child of: _____ and _____ 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: _____ and _____ 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: _____ and _____ 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 _____

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

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

			Total _____

Note: If Account is in your name (or your another'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	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	Amount
				Total _____

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.

Total _____

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

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

SUMMARY OF VALUES

Amount*

ASSETS	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:	_____



YOUR SUCCESSORS

Your successors are the "babysitters" you are putting in charge of your affairs while you are incapacitated and after you are gone. Who do you want making decisions for you? 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.

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: _____

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

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: _____

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

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: _____

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

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: _____

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

- Children equally.
- Children in specific shares
- Certain Individual, then to trust.
- To the trust.
- Certain Individual, 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.

Individual or Charity

Amount or Property



HOW AND WHEN TO DISTRIBUTE MY PROPERTY:

DISTRIBUTE OUTRIGHT TO MY 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:

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.)