

TIMOTHY W. JONES  
REBECCA K. BRANZ  
KRISTYN G. WHITAKER  
DANIEL C. BENSLEY  
MACKENZIE M. MILLS  
KATHRYN N. LEVONICK



RALEIGH, NC  
GREENSBORO, NC

TEL (800) 928-7260  
FAX (800) 806-2979  
WWW.JONESBRANZ.COM

## ESTATE PLANNING QUESTIONNAIRE

After completing this questionnaire, please return it by fax, mail or email to:

Fax: (800) 806-2979

Mail: 4030 Wake Forest Road, Suite 300, Raleigh, NC 27609

Email: [admin@jonesbranz.com](mailto:admin@jonesbranz.com)

Limited Purpose of Questionnaire: Please understand this questionnaire should not be relied upon as legal advice. It is a tool designed to gather information you will need to make informed estate planning decisions. Completing this questionnaire does not establish an attorney-client relationship.

**Please include full legal name (including full middle name) for each person named on this questionnaire.**

### CLIENT INFORMATION

**Full Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_ County of Residence: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Mobile phone: (\_\_\_\_\_) \_\_\_\_\_

Work phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### CLIENT INFORMATION (Spouse)

**Full Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_ County of Residence: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Mobile phone: (\_\_\_\_\_) \_\_\_\_\_

Work phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**CHILDREN (Full names, addresses, phone numbers & dates of birth. For children from a prior relationship, please indicate which spouse is the parent):**

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## ASSETS

Describe any assets *other* than retirement accounts, life insurance and annuities. Indicate the value and whether it is owned by you, by your spouse or jointly. Include all real property (including your home) and indicate the balance of any mortgage. Include bank accounts.

<u>Description</u>	<u>Value</u>	<u>Owner</u>

Describe any life insurance policies, retirement accounts and annuities.

<u>Description</u>	<u>Owner/Policy Holder</u>	<u>Value</u>	<u>Primary Beneficiary</u>	<u>Secondary Beneficiary</u>

Do you own an interest in a closely-held business? \_\_\_\_\_. If so, please provide the name and describe type of entity (e.g. LLC or S-corporation). \_\_\_\_\_

Would you estimate the value of all of your assets, including life insurance, to be greater than \$5 million? \_\_\_\_\_

Have you signed a prenuptial agreement, postnuptial agreement, or separation agreement? \_\_\_\_\_. If so, please bring a copy to our initial meeting.

Do you have long-term care insurance? \_\_\_\_\_

Does any member of your family have special needs or receive government assistance of any kind? If so, please explain: \_\_\_\_\_

Do you have an existing Will or other estate planning documents? \_\_\_\_\_. If so, please provide them prior to our meeting or bring them to our meeting.

## ESTATE PLANNING GOALS

We will discuss your estate planning goals in detail at our meeting. To assist in preparing for the meeting, please explain in your own words who you want to benefit from your estate when you pass away. (For example, “*All of my estate goes to my surviving spouse, and if I have no surviving spouse, to my children in a trust.*”)

## NOMINATIONS

Please identify potential candidates to serve important roles in your estate plan. We will explain these roles and discuss your selections in greater detail in our meeting.

### GUARDIAN OF YOUR MINOR CHILDREN

A Guardian is a person(s) you nominate to provide for the care and custody of your minor children until they become adults. Minor children will typically reside with the Guardian(s) in their home. Under its inherent authority to look after the best interests of the child, the Clerk of Superior Court must approve any Guardian nominated. If you have minor children, whom would you want to nominate as their Guardian?

First Choice ( <b>full name</b> ):	Relationship:
Second Choice ( <b>full name</b> ):	Relationship:

### TRUSTEE OF TRUST

A Trustee is a person(s) or other representative (including a Trust Company) who has the legal title over and responsibility to manage property for the benefit of a designated person(s). Trustee(s) are often used to manage property for minor children until they attain the age chosen by their parents. Whom would you want to serve as Trustee?

First Choice ( <b>full name</b> ):	Relationship:
Second Choice ( <b>full name</b> ):	Relationship:

**Please include full legal name (including full middle name) for each person named on this questionnaire.**

**NOMINATIONS (Spouse #1 – Name \_\_\_\_\_)**

**EXECUTOR**

Definition of an Executor: An Executor is a person(s) or other representative (including a Trust Company) you appoint under your Will to be responsible for administering your estate. An Executor's duties include filing your Will at the Courthouse after your death, gathering your assets, paying your debts, and distributing property to your beneficiaries. They are also responsible for preparing certain tax returns after your death.

First Choice ( <b>full name</b> ):	Relationship:
Second Choice ( <b>full name</b> ):	Relationship:

**DURABLE POWER OF ATTORNEY**

A Power of Attorney enables another person to manage your financial affairs when you are not able to do so.

First Choice ( <b>full name</b> ):	Relationship:
Second Choice ( <b>full name</b> ):	Relationship:

**HEALTH CARE POWER OF ATTORNEY/LIVING WILL**

A Health Care Power of Attorney enables another person to make health care decisions for you when you are not able to do so.

First Choice ( <b>full name</b> ):		Relationship:
Home phone:	Work phone:	Mobile phone:
Address:		

Second Choice ( <b>full name</b> ):		Relationship:
Home phone:	Work phone:	Mobile phone:
Address:		

In the Health Care Power of Attorney/Living Will, you have the option to express your desires concerning life-prolonging measures (for example, ventilator or artificial nutrition) in the event that you are terminally ill and unable to make your own health care decisions. We will discuss your options at our meeting.

Three options available to you include:

1. Authorizing the person you are naming in the Health Care Power of Attorney to make decisions about life-prolonging measures.
2. Directing your physician to withhold or discontinue life-prolonging measures.
3. Directing your physician to provide you with maximum treatment, including life-prolonging measures.

**Please include full legal name (including full middle name) for each person named on this questionnaire.**

**NOMINATIONS (Spouse #2 – Name \_\_\_\_\_)**

**EXECUTOR**

Definition of an Executor: An Executor is a person(s) or other representative (including a Trust Company) you appoint under your Will to be responsible for administering your estate. An Executor's duties include filing your Will at the Courthouse after your death, gathering your assets, paying your debts, and distributing property to your beneficiaries. They are also responsible for preparing certain tax returns after your death.

First Choice ( <b>full name</b> ):	Relationship:
Second Choice ( <b>full name</b> ):	Relationship:

**DURABLE POWER OF ATTORNEY**

A Power of Attorney enables another person to manage your financial affairs when you are not able to do so.

First Choice ( <b>full name</b> ):	Relationship:
Second Choice ( <b>full name</b> ):	Relationship:

**HEALTH CARE POWER OF ATTORNEY/LIVING WILL**

A Health Care Power of Attorney enables another person to make health care decisions for you when you are not able to do so.

First Choice ( <b>full name</b> ):		Relationship:
Home phone:	Work phone:	Mobile phone:
Address:		

Second Choice ( <b>full name</b> ):		Relationship:
Home phone:	Work phone:	Mobile phone:
Address:		

In the Health Care Power of Attorney/Living Will, you have the option to express your desires concerning life-prolonging measures (for example, ventilator or artificial nutrition) in the event that you are terminally ill and unable to make your own health care decisions. We will discuss your options at our meeting.

Three options available to you include:

1. Authorizing the person you are naming in the Health Care Power of Attorney to make decisions about life-prolonging measures.
2. Directing your physician to withhold or discontinue life-prolonging measures.
3. Directing your physician to provide you with maximum treatment, including life-prolonging measures.

**Please include full legal name (including full middle name) for each person named on this questionnaire.**

## **WAIVER OF CONFLICT OF INTEREST**

It is common for a married couple to employ the same lawyer to assist them in planning their estates. You should know that you are free to retain separate counsel if you would like to do so. You have each chosen to ask us to represent both of you in your estate planning. It is important that you understand that because we will be representing both of you, you are considered our client collectively. Accordingly, any matter that one of you might discuss with us may be disclosed to the other of you. Ethical considerations prohibit us from agreeing with either of you to withhold information from the other. Of course, anything either of you discusses with us is privileged from disclosure to third parties.

If a conflict of interest arises between you during the course of your planning or if the two of you have difference of opinion, we can point out the "pros and cons" of your respective positions or differing opinions. However, ethical considerations prohibit us, as the lawyers for both of you, from advocating one of your positions over the other. Furthermore, we would not be able to advocate one of your positions versus the other if there is a dispute at any time as to your respective property rights or interests or as to other legal issues between you. If actual conflicts of interest do arise between you of such a nature that in my judgment it is impossible for us to perform our ethical obligations to both of you, it would become necessary for us to withdraw as your joint lawyers.

Once documentation is executed to put into place the planning that you have hired us to implement, our engagement will be concluded and our attorney-client relationship will terminate. If you need our services in the future, please feel free to contact us and renew our relationship. In the meantime, we will not take any further action with reference to your affairs unless and until we hear otherwise from you.

If you have any questions about anything discussed in this Waiver, please let us know.

## **CONSENT**

By returning this questionnaire or proceeding with an appointment with Jones Branz & Whitaker LLP, you acknowledge that (i) you have read the foregoing Waiver and understand its contents, (ii) you consent to having Jones Branz & Whitaker LLP represent you on the terms and conditions set forth and (iii) you agree that the attorneys at Jones Branz & Whitaker LLP may, in their discretion, share with both of you any information regarding the representation that is received from either of you or any other source.