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**ESTATE PLANNING QUESTIONNAIRE
FOR A MARRIED COUPLE**

Thank you for asking Mercogliano & Associates, PA to help you develop your estate plan. This Estate Planning Questionnaire is designed to assist Mercogliano & Associates, PA in obtaining certain needed information about your estate and your desired disposition of your estate. Furthermore, it will assist Mercogliano & Associates, PA in making recommendations of methods for carrying out your desires and planning for the reduction of taxes.

Please fill out as much of this questionnaire as you can and note where your answers are incomplete. Mercogliano & Associates, PA will rely on your responses as to title ownership and value, therefore please be accurate. Use extra pages if necessary. Some of the information requested will not apply to you. You may not know the answer to some of the questions, but please indicate where you think more information is available from another source.

Also, please be certain that you have confirmed the current ownership of any assets and the beneficiary designations of any retirement accounts or life insurance policies. Mercogliano & Associates, PA will not undertake an independent confirmation of your responses.

Please summarize (on a separate sheet) or provide copies of the following that may be applicable to your situation:

- ❖ Powers of Attorney you have signed. (Bring a copy).
- ❖ Trusts which you have created. (Bring a copy).
- ❖ Wills or trusts which name you as a beneficiary (if available).
- ❖ Partnership Agreements and Shareholder Agreements to which you may be a party.
- ❖ Qualified pension profit sharing plan or IRA benefits and current beneficiary designations.
- ❖ Life insurance policies and beneficiary designations.
- ❖ Real property owned by you or your spouse.
- ❖ Installment Sales Contracts to which you may be a party.
- ❖ Pre-nuptial Agreement, separation agreement, divorce decree or other documents of support obligation for former spouse or children. (Bring a copy).

**PERSONAL DATA
FOR Husband**

1. Full Legal Name: _____

2. Address:

a. Home: _____

b. Work: _____

3. Date of Birth: _____

4. Social Security No.: _____

5. Citizenship: _____ If not U.S., then country of citizenship: _____

6. Communications:

a. Home Telephone: _____

b. Work Telephone: _____

c. Mobile Telephone: _____

d. Facsimile: _____

e. E-mail: _____

7. Prior Marriage: Yes _____ No _____ If yes, provide names of prior spouses and describe how prior marriage terminated:

8. Date of current marriage _____

9. Children/Stepchildren (Put * beside stepchildren):

(Does any child have special needs? If yes, describe need)

Full Name

Age

City/State

10. Employment:

a. Employer: _____

b. Hire Date: _____

c. Retirement date: _____

d. Occupation: _____

11. Grandchildren and their parents (Put * beside name if adopted):

Full Name

Age

Parents

City/State

12. When did you establish residency in North Carolina? _____

13. Trace residences outside of North Carolina during present marriage and approximate dates of each residency:

14. Is anyone dependent on you for support? _____ If so, please identify the person and provide some general information as to the reason for and the extent of support provided:

15. Have you made any gifts in excess of the gift tax allowance to any one individual in any particular year? Yes _____ No _____ If yes, were gift tax returns filed? Yes _____ No _____
(Please provide copies).

16. Please list names and addresses of closest relatives other than children or spouse:

**PERSONAL DATA
FOR Wife**

1. Full Legal Name: _____

2. Address:

a. Home: _____

b. Work: _____

3. Date of Birth: _____

4. Social Security No.: _____

5. Citizenship: _____ If not U.S., then country of citizenship: _____

6. Communications:

a. Home Telephone: _____

b. Work Telephone: _____

c. Mobile Telephone: _____

d. Facsimile: _____

e. E-mail: _____

7. Prior Marriage: Yes _____ No _____ If yes, provide names of prior spouses and describe how prior marriage terminated:

8. Date of current marriage _____

9. Children/Stepchildren (Put * beside stepchildren):
(Does any child have special needs? If yes, describe need)

Full Name

Age

City/State

10. Employment:

d. Employer: _____

e. Hire Date: _____

f. Retirement date: _____

d. Occupation: _____

11. Grandchildren and their parents (Put * beside name if adopted):

Full Name

Age

Parents

City/State

12. When did you establish residency in North Carolina? _____

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14. Is anyone dependent on you for support? _____ If so, please identify the person and provide some general information as to the reason for and the extent of support provided:

15. Have you made any gifts in excess of the gift tax allowance to any one individual in any particular year? Yes _____ No _____ If yes, were gift tax returns filed? Yes _____ No _____
(Please provide copies).

16. Please list names and addresses of closest relatives other than children or spouse:

**DISTRIBUTION OBJECTIVES
FOR Husband**

1. Upon your death, describe generally how you want your assets distributed? (i.e. doled out in shares/equally distributed/specific bequests):

2. If you and your spouse both die prematurely, should your children receive property at majority (age 18), at age 21, or at a later age?

3. Do you want your spouse to manage your estate from an investment standpoint? _____

4. Is minimizing estate taxation of great importance to you? _____

5. Do you wish to make bequests to any charitable organization? _____

Name

Address

Amount

6. If none of your children are living when you and your spouse die, how should your estate be distributed?

7. Business Assets:

a. If you own an interest in a business, is there a buy-sell agreement in effect? _____

b. Do you desire your interest in that business to be distributed in a particular way? _____

8. Do you want specific assets (i.e. jewelry, collections, furniture or heirlooms) to go to a specific person, charity or institution?

9. Are you willing to make any substantial gifts to reduce your estate and/or the tax on your estate?

10. Do you currently have a Power-of-Attorney?

11. If you were to execute a Power-of-Attorney, should that agent be restricted in his or her authority to make gifts of your property to your spouse or descendants? _____

**DISTRIBUTION OBJECTIVES
FOR Wife**

1. Upon your death, describe generally how you want your assets distributed? (i.e. doled out in shares/equally distributed/specific bequests):

2. If you and your spouse both die prematurely, should your children receive property at majority (age 18), at age 21, or at a later age?

3. Do you want your spouse to manage your estate from an investment standpoint? _____

4. Is minimizing estate taxation of great importance to you? _____

5. Do you wish to make bequests to any charitable organization? _____

<u>Name</u>	<u>Address</u>	<u>Amount</u>
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6. If none of your children are living when you and your spouse die, how should your estate be distributed?

7. Business Assets:

a. If you own an interest in a business, is there a buy-sell agreement in effect? _____

b. Do you desire your interest in that business to be distributed in a particular way? _____

8. Do you want specific assets (i.e. jewelry, collections, furniture or heirlooms) to go to a specific person, charity or institution?

9. Are you willing to make any substantial gifts to reduce your estate and/or the tax on your estate?

10. Do you currently have a Power-of-Attorney?

11. If you were to execute a Power-of-Attorney, should that agent be restricted in his or her authority to make gifts of your property to your spouse or descendants? _____

**FIDUCIARIES AND ADVISORS
FOR Husband**

(Names, city and telephone numbers, if available)

1. Attorney: Kathy Anderson Mercogliano, Mercogliano & Associates, PA, P.O. Box 1281, 7621 Purfoy Rd., Ste. 222, Fuquay-Varina, NC 27526; 919-552-2501 (Phone); 919-552-0292 (Fax)
2. Accountant: _____
3. Life insurance agent: _____
4. Banker: _____
5. Executor of your estate (Co-executors – can only have two): _____

6. Substitute Executor: _____
7. Trustee: _____
8. Substitute Trustee: _____
9. Attorney-in-Fact (health care, general and specific and living wills): _____

10. Substitute Attorney-in-Fact: _____
11. Health Care Agent: _____
12. Guardian for minor children: _____
13. Substitute Guardian for minor children: _____
14. Investment Adviser: _____
15. Physician: _____
16. Clergyman: _____
17. Location of safe deposit box (and where are the keys): _____

**FIDUCIARIES AND ADVISORS
FOR Wife**

(Names, city and telephone numbers, if available)

1. Attorney: Kathy Anderson Mercogliano, Mercogliano & Associates, PA, P.O. Box 1381, 7621 Purfoy Rd., Ste. 222, Fuquay-Varina, NC 27526; 919-552-2501 (Phone); 919-552-0292 (Fax)
2. Accountant: _____
3. Life insurance agent: _____
4. Banker: _____
5. Executor of your estate (Co-executors – can only have two): _____

6. Substitute Executor: _____
7. Trustee: _____
8. Substitute Trustee: _____
9. Attorney-in-Fact (health care, general and specific and living wills): _____

10. Substitute Attorney-in-Fact: _____
11. Health Care Agent: _____
12. Guardian for minor children: _____
13. Substitute Guardian for minor children: _____
14. Investment Adviser: _____
15. Physician: _____
16. Clergyman: _____
17. Location of safe deposit box (and location of the keys): _____

ESTATE OF Husband

1. Have any gifts or inheritances been received by you or do you expect any in the future? _____
If yes, please describe possibility and estimated value.

2. Do you own any "special" assets such as unique collections, family collections, antiques, art work or jewelry which require special consideration and valuation?

3. Are you the custodian or trustee over any assets belonging to others? _____

If yes, is there a substitute or successor custodian or trustee named? _____

If yes, please explain: _____

4. List approximate value of property received after date of present marriage by gift, inheritance or survivorship:

ESTATE OF Wife

1. Have any gifts or inheritances been received by you or do you expect any in the future? _____
If yes, please describe possibility and estimated value.

2. Do you own any "special" assets such as unique collections, family collections, antiques, art work or jewelry which require special consideration and valuation?

3. Are you the custodian or trustee over any assets belonging to others? _____

If yes, is there a substitute or successor custodian or trustee named? _____

If yes, please explain: _____

4. List approximate value of property received after date of present marriage by gift, inheritance or survivorship:

**REAL AND PERSONAL PROPERTY
OWNED BY Husband and Wife**

Please list all real and personal property owned and be sure to specify how such property is owned (i.e. jointly with your spouse, separately either by you or your spouse, or in trust).

1. Family residence:

- a. Ownership: _____
- b. Address _____
- c. Estimated fair market value _____
- d. Mortgage Balance _____
- e. Year of purchase _____
- f. Purchase price _____

2. General household furniture and furnishings: _____

3. Household effects of special value (such as china, silver, art works, antiques, jewelry, collections, etc.):

- a. Estimated Value _____
- b. Description _____

4. Automobile:

- a. Year _____
- b. Make _____
- c. Value _____
- d. Loan Balance _____
- e. Location of Title _____

5. Automobile:

- a. Year _____
- b. Make _____
- c. Value _____
- d. Loan Balance _____
- e. Location of Title _____

6. Automobile:

- a. Year _____
- b. Make _____
- c. Value _____
- d. Loan Balance _____
- e. Location of Title _____

7. Other Real Estate:

- a. Address and description _____
- b. Estimated fair market value _____
- c. Mortgage balance _____
- d. Year of purchase _____
- e. Purchase price _____

8. Other Real Estate:

- a. Address and description _____
- b. Estimated fair market value _____
- c. Mortgage balance _____
- d. Year of purchase _____
- e. Purchase price _____

9. Checking, savings, and other accounts:

<u>Acct. No.</u>	<u>Ownership</u>	<u>Bank/Broker</u>	<u>Approximate balance</u>

Brokerage Accounts:

<u>Firm</u>	<u>Broker's Name</u>	<u>Account #</u>	<u>Ownership</u>	<u>Value</u>

IRA's, 401 (k) plans, annuities, etc...:

<u>Plan Sponsor</u>	<u>Beneficiary</u>	<u>Ownership</u>	<u>Account balance</u>

Non-publicly traded business interests (such as closely held corporations, royalty rights, partnerships, etc.)

Ownership: _____

Describe: _____

Is this business an S-Corporation: _____

Other assets, including any amounts owed to you (other than life insurance):

Interests in trusts created by others (Bring copy of trust):

Any power of appointments over any property?

**LIFE INSURANCE
FOR Husband and Wife**

List life insurance on you or your spouse, specifying, for each policy, whether it is a whole life or term policy, the owner, beneficiary, on whose life the policy is written, the face amount of the policy, and its cash surrender value less outstanding loans) if any:

<u>KIND</u> (whole/term)	<u>OWNER</u>	<u>BENEFICIARY.</u>	<u>LIFE</u> <u>COVERED</u>	<u>FACE</u> <u>AMOUNT</u>	<u>CASH VALUE</u>
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DEBT (exceeding \$1,000)

List your debts, if any, other than any mortgage on real property previously listed. Do not include consumer debt that will be paid off month to month.

<u>TO WHOM?</u>	<u>AMOUNT DUE</u>	<u>SECURED BY</u>
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Are you the guarantor of the obligations of any other person or business? If yes, please describe.

<u>DEBTOR</u>	<u>CREDITOR</u>	<u>CURRENT</u> <u>AMOUNT OWED</u>	<u>MAXIMUM AMOUNT</u> <u>SUBJECT TO GUARANTY</u>
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**FUNERAL ARRANGEMENTS AND DISPOSITION OF REMAINS
FOR Husband**

1. Do you have any special requests regarding funeral arrangements, burial, cremation or the disposition of your remains?

2. Do you have a Living Will? _____

If not, would you like to have a Living Will? _____

3. Do you have a Health Care Agent? _____

If not, would you like to have a Health Care Agent? _____

**FUNERAL ARRANGEMENTS AND DISPOSITION OF REMAINS
FOR Wife**

1. Do you have any special requests regarding funeral arrangements, burial, cremation or the disposition of your remains?

2. Do you have a Living Will? _____

If not, would you like to have a Living Will? _____

3. Do you have a Health Care Agent? _____

If not, would you like to have a Health Care Agent? _____