230 North Elm Street, Suite 1000
Greensboro, NC 27401

100 Europa Drive, Suite 271
Chapel Hill, NC 27517

(mail) Post Office Box 21847
Greensboro, NC 27420

Date: _____

SCHELL BRAY

SCHELL BRAY PLLC
Attorneys and Counselors at Law

336.370.8800
(fax) 877.475.5170
www.schellbray.com

# ESTATE PLANNING QUESTIONNAIRE *for unmarried partners*

The information requested will assist us in helping you develop appropriate estate plans. Please provide information that is as accurate and complete as possible. Please attach additional sheets if necessary. Also, if you are uncertain about a question, please note this and give us your best answer. Information you provide will be kept confidential unless you authorize its release to others; however, since we are being asked to represent both of you, we must and will treat all communications by either of you (including a desire to terminate the joint representation) as common knowledge to be shared among all of us, while maintaining strict confidentiality as to anyone else.

## PERSONAL INFORMATION

(Please List All Names as They Appear on Government Issued Identification)

**Partner #1 full name**: _____

Date of birth:_____ Age:_____ Gender:_____

Cell Phone Number:_____

Employer:_____

Work address:_____

Work telephone:_____

Of what country are you a citizen?_____

What is the condition of your health?_____

Have you ever been married (including a civil union)? Yes: _____ No: _____

Do you have parents or other adults who are financially dependent on you? Yes: _____ No: _____

Do you presently have a Will? Yes: _____ No: _____ (If so, please attach a copy.)

**Partner #2 full name**: _____

Date of birth:_____ Age:_____ Gender:_____

Cell Phone Number:_____

Employer:_____

Work address:_____

Work telephone:_____

Of what country are you a citizen?_____

What is the condition of your health?_____

Have you ever been married (including a civil union)? Yes: _____ No: _____

Do you have parents or other adults who are financially dependent on you? Yes: _____ No: _____

Do you presently have a Will? Yes: _____ No: _____ (If so, please attach a copy.)

Home address:_____

Home Telephone:_____

Partner #1 email address:_____

Partner #2 email address:_____

Partner #1 Mobile Phone Number:_____

Partner #2 Mobile Phone Number:_____

| Children | Date of Birth, Age, and Gender | Address | Identity of Parents |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Grandchildren | Date of Birth, Age, and Gender | Address | Identity of Parents |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Are any of the children or grandchildren listed above adopted? Yes: _____ No: _____ If so, please identify who is adopted, by whom, and the age at which the child or grandchild was adopted:

_____

_____

_____

_____

_____

_____

_____

Have either of you ever participated in any Assisted Reproductive Technology procedure in an effort to have children of whom you would be the legal parent? Yes: _____ No: _____ Examples include in vitro fertilization, and the storage of eggs, sperm, or embryos.

Have you entered into any legal agreements regarding your relationship? Yes: _____ No: _____ If so, please attach a copy.

Do you have any obligations to a former spouse, partner, or children from a prior marriage under a separation agreement, divorce decree, child custody/support order, etc.? Yes: _____ No: _____ If so, attach a copy of the relevant document(s).

Please provide names, addresses and telephone numbers for the following advisors (if applicable):

Accountant:_____

Financial Advisor:_____

Trust Officer or Banker:_____

Other Attorney:_____

Are either of you a Veteran? Yes: _____ No: _____

Service Branch:_____

Do you or any of your children or other beneficiaries have disabilities, serious health problems, or other special needs? Yes: _____ No: _____

Do you own a long-term care (nursing home) insurance policy? Yes: _____ No: _____

Have you ever hired a caregiver for you or your partner? Yes: _____ No: _____

Do you own any foreign bank accounts? Yes: _____ No: _____

Do you own any digital assets (cryptocurrency, NFTs, etc.)? Yes: _____ No: _____

Do you own non-traditional assets of significant value (precious metals, cars, etc.)? Yes: _____ No: _____

## FINANCIAL INFORMATION

| **Assets** | Partner #1 | Partner #2 | Jointly Titled |
|---|---|---|---|
| Cash and Bank Accounts | $ | $ | $ |
| Notes and Accounts Receivable | $ | $ | $ |
| Stocks, Bonds and Mutual Funds | $ | $ | $ |
| Annuities | $ | $ | $ |
| Options | $ | $ | $ |
| Residence (market value) | $ | $ | $ |
| Other Real Estate (market value) | $ | $ | $ |
| Life Insurance (face value) | $ | $ | $ |
| IRA, 401(k), Qualified Pension and Profit Sharing Plans (vested) | $ | $ | $ |
| Tangible Personal Property | $ | $ | $ |
| Business Interests | $ | $ | $ |
| Other | $ | $ | $ |
| **Subtotals** | $ | $ | $ |

**Liabilities**

| | Partner #1 | Partner #2 | Jointly Titled |
|---|---|---|---|
| Real Estate Mortgages | $ | $ | $ |
| Loans on Insurance Policies | $ | $ | $ |
| Other Loans and Notes | $ | $ | $ |
| Pledges | $ | $ | $ |
| Taxes | $ | $ | $ |
| Other | $ | $ | $ |
| **Subtotals** | $ | $ | $ |
| **Totals** | $ | $ | $ |

## CLOSELY-HELD BUSINESS INTERESTS

Company:_____

Address:_____

Type of entity (C corporation, S corporation, partnership, limited liability company):_____

Percentage of business owned by Partner #1 and estimated value:_____

Percentage of business owned by Partner #2 and estimated value:_____

Identity of other owners, if any:_____

Do you desire the business to be continued following your death(s)? Yes: _____ No: _____

What provisions have been made for successor management?_____

Are there any buy/sell or stock redemption agreements? Yes: _____ No: _____

What arrangements have been made to fund any such buyout or redemption?_____

## LIFE INSURANCE

Company:_____

Type of policy (term, whole life, universal, split dollar, group, etc.):_____

Insured:_____

Owner:_____

Primary beneficiary:_____

Contingent beneficiary:_____

Death benefit:_____

Insurance agent's name & address:_____

Company:_____

Type of policy (term, whole life, universal, split dollar, group, etc.):_____

Insured:_____

Owner:_____

Primary beneficiary:_____

Contingent beneficiary:_____

Death benefit:_____

Insurance agent's name & address:_____

Company:_____

Type of policy (term, whole life, universal, split dollar, group, etc.):_____

Insured:_____

Owner:_____

Primary beneficiary:_____

Contingent beneficiary:_____

Death benefit:_____

Insurance agent's name & address:_____

## OTHER INTERESTS

Are either of you a beneficiary or a trustee under any trust? Yes: _____ No: _____ If so, please explain and provide a copy of the trust agreement or other governing instrument (such as a Will) if possible: _____

Are either of you likely to receive substantial inheritances in the foreseeable future from persons other than each other? Yes: _____ No: _____ If so, please explain and state the source, nature, and estimated value of each inheritance (if known): _____

Describe the general nature, form of ownership, and your estimate of the value of any asset or other interest of value that does not seem to fit in any of the categories above: _____

## ESTATE PLANNING OBJECTIVES

State any particular objectives each of you wish your estate plans to accomplish:

Identify any debts ***owed to you*** that you wish to address in your estate plans:

| Debtor | Relationship | Amount of Debt |
|---|---|---|

Identify any debts ***you owe*** that you wish to address in your estate plans:

| Lender | Relationship | Amount of Debt |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Do you want to ***require*** that any mortgage or other debt secured by your residence or any other real property be paid out of your estate? Yes: _____ No: _____

If so, explain: _____

Identify any charitable or non-charitable specific gifts you wish to make in your estate plans:

| Name | Relationship | Item or Amount |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Describe how you would like to dispose of the remainder of your estate:

| Name | Relationship | Percentage |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Should all of your intended beneficiaries fail to survive to take your property, please list any contingent charitable or non-charitable beneficiaries to whom you may wish to leave your property:

| Name | Relationship | Percentage |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## GUARDIANS, EXECUTORS, TRUSTEES AND AGENTS

If you have a minor child or minor children, you may designate in your Will a **guardian** or guardians you wish to nominate to have physical care and custody of the minor child or children if both natural or adoptive parents are deceased.

| | Name | Relationship | Address |
|---|---|---|---|
| Guardian: | | | |
| Alternate: | | | |
| Alternate: | | | |

Your **executor** has the responsibility to wind up your affairs at your death, see to it that your assets are collected, that claims, expenses, and estate and inheritance taxes are paid, and then distribute property to trustees or other beneficiaries you have named. You should designate one or more executors.

| | Name | Relationship | Address |
|---|---|---|---|
| Partner #1's Executor: | | | |
| Alternate: | | | |
| Alternate: | | | |
| Partner #2's Executor: | | | |
| Alternate: | | | |
| Alternate: | | | |

If your estate plans will include trusts, you should select one or more trustees. A **trustee** has the responsibility for the management of property that is to be held in trust for the benefit of the beneficiaries of the trust. A trustee may be an individual or a corporation qualified to act as a trustee (typically a bank or trust company).

| | Name | Relationship | Address |
|---|---|---|---|
| Partner #1's Trustee: | | | |
| Alternate: | | | |
| Alternate: | | | |
| Partner #2's Trustee: | | | |
| Alternate: | | | |
| Alternate: | | | |

A **Power of Attorney** is a legal document in which you authorize another person (called an agent or attorney-in-fact) to act on your behalf in the management of your affairs. If your estate plans are to include a Power of Attorney, you should select one or more agents.

| | Name | Relationship | Address |
|---|---|---|---|
| Partner #1's Agent: | | | |
| Alternate: | | | |
| Alternate: | | | |
| Partner #2's Agent: | | | |
| Alternate: | | | |
| Alternate: | | | |

A **Health Care Power of Attorney** appoints a person (called a health care agent) as your representative to make decisions regarding your health care treatment when you are unable to give informed consent. You will need to list the persons you want to serve as your health care agents.

| | Name | Relationship | Address |
|---|---|---|---|
| Partner #1's Agent: | | | |
| Alternate: | | | |
| Alternate: | | | |
| Partner #2's Agent: | | | |
| Alternate: | | | |
| Alternate: | | | |

## OTHER MATTERS RELEVANT TO YOUR ESTATE PLAN

List the current primary and contingent beneficiaries of each IRA and retirement benefits plan:

| IRA or Benefits Plan | Primary/Relationship | Contingent/Relationship |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

List the current primary and contingent beneficiaries of each annuity:

| Annuity | Primary/Relationship | Contingent/Relationship |
|---|---|---|

Do you own real property located outside of North Carolina? Yes: _____ No: _____ If so, please describe the property owned and where it is located: _____

Have either of you made past gifts to a person or organization other than a spouse or a charity where the amount of the total gifts in any single year to such person or organization exceeded the annual exclusion amount for the year in which the gifts were made? Yes: _____ No: _____ If so, please state the nature and amount of the gift, when it was made and to whom it was made:_____

Have either of you placed any property in joint names with any person other than either of you? Yes: _____ No: _____ If so, please explain: _____

Are either of you a guarantor of any indebtedness? Yes: _____ No: _____ If so, please explain:_____

Do either of you have any powers of appointment over property (the right to transfer or dispose of property that you do not own) under a Will, trust or other document? Yes: _____ No: _____ If so, please explain and provide a copy of the document(s) creating any such power of appointment: _____

Do either of you have a deceased spouse who died after December 31, 2010? Yes: _____ No: _____

Are either of you an organ donor? Yes: _____ No: _____ If so, which of you? _____

Have either of you purchased prepaid burial contracts? Yes: _____ No: _____ If so, please describe: _____

Are any of your intended beneficiaries qualified to receive governmental benefits as a result of any mental or physical impairment? Yes: _____ No: _____ If so, please describe: _____

Describe or list any other facts or matters about your affairs or situation that you think may be relevant in planning your estate but which do not seem to be covered by the other sections of this questionnaire: _____