



BRIDGES LAW FIRM, PLLC
ATTORNEY AT LAW

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ESTATE PLANNING CLIENT QUESTIONNAIRE

Please complete in full and return by email, fax or mail to the Firm. Additional information on Estate Planning, which may be helpful in completing this questionnaire, is available on our website at www.bridgeslawnc.com. Please be sure to check all appropriate boxes and complete all blanks. If "none", please state "none". If "not applicable", please state "n/a".

1. Today's Date: _____

2. Name Of Individual Completing This Form: Mr. Mrs. Ms. _____

3. Your Legal (Full) Name:

Last Middle First Prefix

4. If Married or Separated, please complete (a) below:

(a) Spouse's Legal (Full) Name:

Last Middle First Prefix

5. Home Address: _____

City _____ State _____ Zip Code _____

6. Your Work Address: _____

City _____ State _____ Zip Code _____

7. Your Contact Info: Home _____ Work/Other _____

Cell _____ Fax _____

E-mail Address: _____

8. Spouse's Work Address: _____

City _____ State _____ Zip Code _____

9. Spouse's Contact Info: Home _____ Work/Other _____

Cell _____ Fax _____

E-mail Address: _____

10. Your Date of Birth: _____ SS # _____

Month Day Year

11. Spouse's Date of Birth: _____ SS # _____

Month Day Year

12. Your Marital Status: Are you currently married? Yes No
Are you currently separated? Yes No
Have you ever been separated? Yes No

Alt. Executor _____
City & State _____

2nd Alt. Executor _____
City & State _____

Trustee _____
City & State _____

Alt. Trustee _____
City & State _____

2nd Alt. Trustee _____
City & State _____

Guardian _____
City & State _____

Alt. Guardian _____
City & State _____

2nd Alt. Guardian _____
City & State _____

24. Estimated Estate Value:

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
Real Estate (House)	\$ _____	\$ _____	\$ _____
Bank Accounts	\$ _____	\$ _____	\$ _____
Money Markets	\$ _____	\$ _____	\$ _____
Cash	\$ _____	\$ _____	\$ _____
401ks	\$ _____	\$ _____	\$ _____
IRAs	\$ _____	\$ _____	\$ _____
Stocks/Mutual Funds Invests.	\$ _____	\$ _____	\$ _____
Life Insurance	\$ _____	\$ _____	\$ _____
Type? (Term or Whole Life)	_____	_____	
Cars/Boats	\$ _____	\$ _____	\$ _____
Personal Property (Jewelry/Art/Guns)	\$ _____	\$ _____	\$ _____
Stamps/Coins	\$ _____	\$ _____	\$ _____
Other Retirement Plans	\$ _____	\$ _____	\$ _____

Miscellaneous \$ _____ \$ _____ \$ _____

Total Est. Value \$ _____ \$ _____ \$ _____

25. Brief Description of Estate Distribution (including any gifts, called specific bequests, etc.) _____

26. Please note any questions or concerns you may have or any additional information you wish to provide that should be made aware to us _____

27. **General Durable Power of Attorney**

(Yes or No) _____

Springing Power of Attorney

(Yes or No) _____

Attorney in Fact _____

Address _____

Alt. AIF _____

Address _____

2nd Alt. AIF _____

Address _____

28. **Health Care Power of Attorney**

(Yes or No) _____

Attorney in Fact _____

Address & Phone # _____

Alt. AIF _____

Address & Phone # _____

2nd Alt. AIF _____

Address & Phone # _____

29. **Living Wills**

(Yes or No) _____

30. **Additional Documents that may be needed:**

- Your current **Will(s)**, including all **Codicils** (amendments), if applicable
- All current **trust** documents, including all restatements, modifications and amendments, if applicable
- All current **agency** and **health care** documents, including Durable Power of Attorney, Living Will, Health Care Power of Attorney, etc., if applicable
- All **marital property** agreements, including prenuptial or postnuptial agreements; as well as all **support** agreements/court orders, if applicable
- Financial Statements and asset ownership paperwork, if any:

I/We have provided the information requested in this document to Bridges Law Firm, PLLC with the understanding that they will use it in designing, implementing and funding my/our estate plan. The information is true and correct to the best of my/our knowledge, and I/we expressly direct Bridges Law Firm, PLLC to rely upon it in the performance of their services. I/We will not hold Bridges Law Firm, PLLC liable for any omissions or errors I/we have made in completing this Questionnaire. If my/our financial situation changes or I/we discover any error or omission, it will be my/our duty to notify Bridges Law Firm, PLLC of that fact.

Client's signature

Client's signature

Date _____

Date _____

FOR OFFICE USE ONLY

Blended Family: Yes _____ No _____
1st Marriage: Yes _____ No _____
Primary residence, T-E: Yes _____ No _____
Separation Agreement in Place: Yes _____ No _____

Asset Distribution

- All to each other and then to issue per stirpes _____
- If issue has passed, does surviving spouse receive _____
- or pass directly to grandchildren _____
- Testamentary Trust for children/grandchildren to age _____
- Other (see notes below) _____

Tax Planning

Credit Shelter Trust

- Spouse only _____
- Sprinkle (Spouse and Children) _____
- Age for distribution to Children _____

Balance

- Outright to Spouse _____
- Q-Tip _____

Payment will be made by _____

Will Signing Ceremony Requested Date _____

Attorney's Fees _____

Questionnaire completed by: _____

Forward by: Regular Mail _____ E-mail _____ Fax _____

Drafting Approved by _____
