

**Clingman Law Firm LLC**  
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**Sarah Linley Clingman, CELA**  
*Certified Elder Law Attorney*  
by The National Elder Law Foundation  
*Certified Circuit Court Mediator*  
Also admitted in Maryland

**CONFIDENTIAL QUESTIONNAIRE**  
**ESTATE PLANNING**  
**Married**

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**This form is extremely important. Your accuracy and completeness in responding will help me best represent you. Please answer each question completely. Place N/A in response to any question which does not apply to you.**

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Person Completing Questionnaire \_\_\_\_\_

If not Client, Relationship to Client \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone(s) \_\_\_\_\_

E-mail Address \_\_\_\_\_

By whom were you referred to this office \_\_\_\_\_

Specific issues or questions to be addressed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**CERTIFICATION**

We understand that Clingman Law Firm, LLC will rely on the information supplied by us in developing an estate plan. We also understand that inaccurate or incomplete information could negatively impact our plan. Consequently, we agree to provide updated, accurate and complete information as requested within this Questionnaire and Checklist of Documents.

Signature of Client or Client Representative \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

**PERSONAL INFORMATION**

**Husband Full Name** \_\_\_\_\_  
 Other Names known as \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Age \_\_\_\_\_ Birth Date \_\_\_\_\_ SSN \_\_\_\_\_  
 U.S. Citizen?  Yes  No SC Resident?  Yes  No  
 Employer \_\_\_\_\_ Retirement date \_\_\_\_\_  
 Veteran?  Yes  No If so, Branch of Service \_\_\_\_\_  
 Dates of service \_\_\_/\_\_\_/\_\_\_ thru \_\_\_/\_\_\_/\_\_\_ Rank at discharge \_\_\_\_\_  
 Do you currently receive VA benefits?  Yes  No Type \_\_\_\_\_  
 Were you a prisoner of war during service?  Yes  No

**Wife Full Name** \_\_\_\_\_  
 Other Names known as \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Age \_\_\_\_\_ Birth Date \_\_\_\_\_ SSN \_\_\_\_\_  
 U.S. Citizen?  Yes  No SC Resident?  Yes  No  
 Employer \_\_\_\_\_ Retirement date \_\_\_\_\_  
 Veteran?  Yes  No If so, Branch of Service \_\_\_\_\_  
 Dates of service \_\_\_/\_\_\_/\_\_\_ thru \_\_\_/\_\_\_/\_\_\_ Rank at discharge \_\_\_\_\_  
 Do you currently receive VA benefits?  Yes  No Type \_\_\_\_\_  
 Were you a prisoner of war during service?  Yes  No

1. Do you currently have the following estate planning documents in place:

	Dade Made	Location of Original
Last Will & Testament	Husband _____ Wife _____	_____
DPOA	Husband _____ Wife _____	_____
HCPOA	Husband _____ Wife _____	_____
Living Trust	Husband _____ Wife _____	_____
Pre-Marital or Prenuptial Agreement		
Post Marital Agreement or Waiver of Elective Share		

2. Have you filed tax returns with the IRS for the last three years?  Yes  No
3. Where do you store your important papers?  home  bank  other \_\_\_\_\_
4. Do you have a safe deposit box?  Yes  No  
 Location \_\_\_\_\_ What is the box number? \_\_\_\_\_  
 Whose name is associated with the box? \_\_\_\_\_  
 Persons authorized to access the box? \_\_\_\_\_
5. Are either Husband or Wife financially obligated to anyone due to dissolution of marriage or other support action?  Yes  No  
 If yes, please explain \_\_\_\_\_
6. Have either Husband or Wife been appointed by a court to act as guardian or conservator for another person?  Yes  No  
 If yes, please explain \_\_\_\_\_
7. Is either Husband or Wife currently serving as Attorney in Fact for another under a power of attorney?  Yes  No  
 If yes, please explain \_\_\_\_\_
8. Is either Husband or Wife currently serving as the Personal Representative (executor) of the estate of another?  Yes  No  
 If yes, please explain: \_\_\_\_\_
9. Is either Husband or Wife currently serving as the Trustee of a Trust?  Yes  No  
 If yes, please explain \_\_\_\_\_
10. Is either Husband or Wife designated as a health care agent for another person for medical purposes?  Yes  No  
 If yes, please explain \_\_\_\_\_
11. Is either Husband or Wife currently involved in any lawsuits?  Yes  No  
 If yes, please explain \_\_\_\_\_
12. Does either Husband or Wife expect to receive an inheritance?  Yes  No  
 If yes, please explain \_\_\_\_\_
13. Have either Husband or Wife made any substantial gifts or transferred assets of \$1,000 or more to any individual within the last five (5) years? If yes, please name:
 

Recipient _____	Date of Gift _____	Amount \$ _____
Recipient _____	Date of Gift _____	Amount \$ _____
Recipient _____	Date of Gift _____	Amount \$ _____
Recipient _____	Date of Gift _____	Amount \$ _____
Recipient _____	Date of Gift _____	Amount \$ _____

14. Is either Husband or Wife at risk because of medical condition(s) or family history or becoming seriously ill or disabled?  Yes  No  
If yes, please explain \_\_\_\_\_

15. Who is Husband's primary care physician? Other physician?  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

16. Who is Wife's primary care physician? Other physician?  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

17. Do either Husband or Wife have an ownership interest in any business?  
 Yes  No If yes, please explain \_\_\_\_\_

18. Have either Husband or Wife co-signed any loan agreements for another person?  
 Yes  No If yes, please explain \_\_\_\_\_

19. Is anyone who may become a beneficiary under your will(s) disabled?  
 Yes  No If yes, please explain \_\_\_\_\_

20. Do either Husband or Wife have financial/care-giving responsibility for any family members (e.g. aging parents, disabled children/grandchildren or other relatives)?  
 Yes  No If yes, please explain \_\_\_\_\_

21. Does anyone to whom you may want to leave money or property in your estate plan require any help or protection in managing money?  
 Yes  No If yes, please explain \_\_\_\_\_

22. Have you made pre-need funeral arrangements?  
**H:**  Yes  No If yes, with what facility? \_\_\_\_\_  
Have arrangements been paid for? \_\_\_\_\_  
Do arrangements include a burial plot?  Yes  No  
If so, where is the plot located? \_\_\_\_\_

**W:**  Yes  No If yes, with what facility? \_\_\_\_\_  
Have arrangements been paid for? \_\_\_\_\_  
Do arrangements include a burial plot?  Yes  No  
If so, where is the plot located? \_\_\_\_\_

**FAMILY DATA**

1. **Date of Marriage** \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Marriage \_\_\_\_\_

Name of Husband's previous spouse \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Was this marriage ended by divorce? Date and place of divorce \_\_\_\_\_

Was this marriage ended by death of spouse? If yes, date of spouse's death \_\_\_\_\_

Name of Wife's previous spouse \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Was this marriage ended by divorce? Date and place of divorce \_\_\_\_\_

Was this marriage ended by death of spouse? If yes, date of spouse's death \_\_\_\_\_

2. **Children** Please list all children of both Husband and Wife, whether living or deceased, regardless of whether they are to be included or omitted in your planning.

a. Name of child \_\_\_\_\_

**Child of**  Husband & Wife  Husband (prev. marriage)  Wife (prev. marriage)

Address \_\_\_\_\_

Telephone number \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Children (living, deceased and legally adopted) with dates of birth:

\_\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_/\_\_\_\_/\_\_\_\_

b. Name of child \_\_\_\_\_

**Child of**  Husband & Wife  Husband (prev. marriage)  Wife (prev. marriage)

Address \_\_\_\_\_

Telephone number \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Children (living, deceased and legally adopted) with dates of birth:

\_\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_/\_\_\_\_/\_\_\_\_

c. Name of child \_\_\_\_\_

**Child of**  Husband & Wife  Husband (prev. marriage)  Wife (prev. marriage)

Address \_\_\_\_\_

Telephone number \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Children (living, deceased and legally adopted) with dates of birth:

\_\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_/\_\_\_\_/\_\_\_\_

d. Name of child \_\_\_\_\_  
**Child of**  Husband & Wife  Husband (prev. marriage)  Wife (prev. marriage)  
Address \_\_\_\_\_  
Telephone number \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Children (living, deceased and legally adopted) with dates of birth:  
\_\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_/\_\_\_\_/\_\_\_\_

e. Name of child \_\_\_\_\_  
**Child of**  Husband & Wife  Husband (prev. marriage)  Wife (prev. marriage)  
Address \_\_\_\_\_  
Telephone number \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Children (living, deceased and legally adopted) with dates of birth:  
\_\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_/\_\_\_\_/\_\_\_\_

f. Name of child \_\_\_\_\_  
**Child of**  Husband & Wife  Husband (prev. marriage)  Wife (prev. marriage)  
Address \_\_\_\_\_  
Telephone number \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Children (living, deceased and legally adopted) with dates of birth:  
\_\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_/\_\_\_\_/\_\_\_\_

g. Name of child \_\_\_\_\_  
**Child of**  Husband & Wife  Husband (prev. marriage)  Wife (prev. marriage)  
Address \_\_\_\_\_  
Telephone number \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Children (living, deceased and legally adopted) with dates of birth:  
\_\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_/\_\_\_\_/\_\_\_\_

**If your children are minors, who would you name as guardian for them? Your surviving spouse would be entitled to care and custody of the children unless you specify otherwise.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_

3. **Other Beneficiaries** If either Husband or Wife intends to name persons other than spouse/children as heirs or beneficiaries, please list the names/addresses of the intended beneficiaries. If either Husband or Wife intends to name a Charity as a recipient of any bequest, please provide the exact corporate name of the charity. Charities should be contacted prior to our consultation for specific information relating to the manner in which any gift should be made.

a. Beneficiary Name \_\_\_\_\_  
Related by blood or marriage to  Husband or  Wife?  
 Yes Please provide nature of relationship \_\_\_\_\_  
 No Please provide reason for inclusion in your planning \_\_\_\_\_

Beneficiary Address \_\_\_\_\_  
Beneficiary Telephone \_\_\_\_\_  
SSN or TIN \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
If organization, is this group a public charity granted 501(c)(3) status under the Internal Revenue Code?  Yes  No  N/A

b. Beneficiary Name \_\_\_\_\_  
Related by blood or marriage to  Husband or  Wife?  
 Yes Please provide nature of relationship \_\_\_\_\_  
 No Please provide reason for inclusion in your planning \_\_\_\_\_

Beneficiary Address \_\_\_\_\_  
Beneficiary Telephone \_\_\_\_\_  
SSN or TIN \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
If organization, is this group a public charity granted 501(c)(3) status under the Internal Revenue Code?  Yes  No  N/A

c. Beneficiary Name \_\_\_\_\_  
Related by blood or marriage to  Husband or  Wife?  
 Yes Please provide nature of relationship \_\_\_\_\_  
 No Please provide reason for inclusion in your planning \_\_\_\_\_

Beneficiary Address \_\_\_\_\_  
Beneficiary Telephone \_\_\_\_\_  
SSN or TIN \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
If organization, is this group a public charity granted 501(c)(3) status under the Internal Revenue Code?  Yes  No  N/A

Questions or concerns about naming heirs or beneficiaries? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does Husband and/or Wife currently have life insurance?  
 Yes  No If so, please provide the following information:

Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Agent \_\_\_\_\_ Office Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Insured \_\_\_\_\_ Owner \_\_\_\_\_  
Primary Beneficiary(ies) \_\_\_\_\_  
Contingent Beneficiary(ies) \_\_\_\_\_  
Face Value \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_ Amount of Loan \$ \_\_\_\_\_  
Annual Premium \$ \_\_\_\_\_

Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Agent \_\_\_\_\_ Office Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Insured \_\_\_\_\_ Owner \_\_\_\_\_  
Primary Beneficiary(ies) \_\_\_\_\_  
Contingent Beneficiary(ies) \_\_\_\_\_  
Face Value \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_ Amount of Loan \$ \_\_\_\_\_  
Annual Premium \$ \_\_\_\_\_

Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Agent \_\_\_\_\_ Office Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Insured \_\_\_\_\_ Owner \_\_\_\_\_  
Primary Beneficiary(ies) \_\_\_\_\_  
Contingent Beneficiary(ies) \_\_\_\_\_  
Face Value \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_ Amount of Loan \$ \_\_\_\_\_  
Annual Premium \$ \_\_\_\_\_

Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Agent \_\_\_\_\_ Office Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Insured \_\_\_\_\_ Owner \_\_\_\_\_  
Primary Beneficiary(ies) \_\_\_\_\_  
Contingent Beneficiary(ies) \_\_\_\_\_  
Face Value \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_ Amount of Loan \$ \_\_\_\_\_  
Annual Premium \$ \_\_\_\_\_

**Total Face Value of all Life Insurance: \$ \_\_\_\_\_**



5. Does either Husband or Wife currently have health, long-term care or disability insurance? If so, please complete for each:

Type	ID#	Carrier	Husband	Wife	Premium/Month
Medicare Part A					\$
Medicare Part B					\$
Medicare Part C					\$
Medicare Part D					\$
Medicare Supplement					\$
Medicaid					\$
Private Health Plan					\$
Long Term Care Plan					\$
Retiree Health Plan					\$
Disability					\$
Other					\$

**OTHER FINANCIAL INFORMATION**

Complete this section fully and accurately for effective analysis and maximum asset protection.

**1. Personal Property**

Automobiles, Trucks, Boats and RVs:

Make/Year \_\_\_\_\_ Owner(s) \_\_\_\_\_ Fair Market Value \$ \_\_\_\_\_  
 Make/Year \_\_\_\_\_ Owner(s) \_\_\_\_\_ Fair Market Value \$ \_\_\_\_\_  
 Make/Year \_\_\_\_\_ Owner(s) \_\_\_\_\_ Fair Market Value \$ \_\_\_\_\_  
 Make/Year \_\_\_\_\_ Owner(s) \_\_\_\_\_ Fair Market Value \$ \_\_\_\_\_  
 Make/Year \_\_\_\_\_ Owner(s) \_\_\_\_\_ Fair Market Value \$ \_\_\_\_\_

Household goods, jewelry, furs, collectibles:

Description \_\_\_\_\_ Owner(s) \_\_\_\_\_ Fair Market Value \$ \_\_\_\_\_  
 Description \_\_\_\_\_ Owner(s) \_\_\_\_\_ Fair Market Value \$ \_\_\_\_\_  
 Description \_\_\_\_\_ Owner(s) \_\_\_\_\_ Fair Market Value \$ \_\_\_\_\_

Other valuable items of personal property:

Description \_\_\_\_\_ Owner(s) \_\_\_\_\_ Fair Market Value \$ \_\_\_\_\_  
 Description \_\_\_\_\_ Owner(s) \_\_\_\_\_ Fair Market Value \$ \_\_\_\_\_  
 Description \_\_\_\_\_ Owner(s) \_\_\_\_\_ Fair Market Value \$ \_\_\_\_\_

**Total Value of Personal property: \$ \_\_\_\_\_**

2. **Real Property** (Please list your personal residence first)

Address \_\_\_\_\_  
Legal Description \_\_\_\_\_  
Tax Map Parcel # \_\_\_\_\_ Deed Book \_\_\_ Page \_\_\_ County \_\_\_\_\_  
Owner(s) as shown on deed \_\_\_\_\_ Date of purchase: \_\_/\_\_/\_\_\_\_  
Annual Tax Due \$ \_\_\_\_\_ Mortgage balance \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_  
Assessed (tax) value \$ \_\_\_\_\_ Appraised value (if available) \$ \_\_\_\_\_  
Is this property your primary residence?  Yes  No  
Have you resided in this property for at least 3 of the last 5 years?  Yes  No  
Do you have mortgage life insurance that would pay the balance in the event of death of either or both of you?  Yes  No If yes, please provide details: \_\_\_\_\_

Address \_\_\_\_\_  
Legal Description \_\_\_\_\_  
Tax Map Parcel # \_\_\_\_\_ Deed Book \_\_\_ Page \_\_\_ County \_\_\_\_\_  
Owner(s) as shown on deed \_\_\_\_\_ Date of purchase: \_\_/\_\_/\_\_\_\_  
Annual Tax Due \$ \_\_\_\_\_ Mortgage balance \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_  
Assessed (tax) value \$ \_\_\_\_\_ Appraised value (if available) \$ \_\_\_\_\_  
Is this property your primary residence?  Yes  No  
Have you resided in this property for at least 3 of the last 5 years?  Yes  No  
Do you have mortgage life insurance that would pay the balance in the event of death of either or both of you?  Yes  No If yes, please provide details: \_\_\_\_\_

Address \_\_\_\_\_  
Legal Description \_\_\_\_\_  
Tax Map Parcel # \_\_\_\_\_ Deed Book \_\_\_ Page \_\_\_ County \_\_\_\_\_  
Owner(s) as shown on deed \_\_\_\_\_ Date of purchase: \_\_/\_\_/\_\_\_\_  
Annual Tax Due \$ \_\_\_\_\_ Mortgage balance \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_  
Assessed (tax) value \$ \_\_\_\_\_ Appraised value (if available) \$ \_\_\_\_\_  
Is this property your primary residence?  Yes  No  
Have you resided in this property for at least 3 of the last 5 years?  Yes  No  
Do you have mortgage life insurance that would pay the balance in the event of death of either or both of you?  Yes  No If yes, please provide details: \_\_\_\_\_

Address \_\_\_\_\_  
Legal Description \_\_\_\_\_  
Tax Map Parcel # \_\_\_\_\_ Deed Book \_\_\_ Page \_\_\_ County \_\_\_\_\_  
Owner(s) as shown on deed \_\_\_\_\_ Date of purchase: \_\_/\_\_/\_\_\_\_  
Annual Tax Due \$ \_\_\_\_\_ Mortgage balance \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_  
Assessed (tax) value \$ \_\_\_\_\_ Appraised value (if available) \$ \_\_\_\_\_  
Is this property your primary residence?  Yes  No  
Have you resided in this property for at least 3 of the last 5 years?  Yes  No  
Do you have mortgage life insurance that would pay the balance in the event of death of either or both of you?  Yes  No If yes, please provide details: \_\_\_\_\_

Address \_\_\_\_\_  
 Legal Description \_\_\_\_\_  
 Tax Map Parcel # \_\_\_\_\_ Deed Book \_\_\_ Page \_\_\_ County \_\_\_\_\_  
 Owner(s) as shown on deed \_\_\_\_\_ Date of purchase: \_\_/\_\_/\_\_\_\_  
 Annual Tax Due \$ \_\_\_\_\_ Mortgage balance \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_  
 Assessed (tax) value \$ \_\_\_\_\_ Appraised value (if available) \$ \_\_\_\_\_  
 Is this property your primary residence?  Yes  No  
 Have you resided in this property for at least 3 of the last 5 years?  Yes  No  
 Do you have mortgage life insurance that would pay the balance in the event of death of either or both of you?  Yes  No If yes, please provide details: \_\_\_\_\_

**Total value of real property: \$** \_\_\_\_\_

**3. Other Assets.**

**a. Bank Accounts**

Name of Institution \_\_\_\_\_ Acct Number \_\_\_\_\_  
 Address \_\_\_\_\_ Office Phone \_\_\_\_\_  
 Bank officer \_\_\_\_\_ Current Balance \$ \_\_\_\_\_  
 Checking  Savings  CD  Money Market  
 Qualified Retirement Account If so, which type? \_\_\_\_\_  
 Current interest rate? \_\_\_% Maturity Date: \_\_/\_\_/\_\_\_\_  
 Name(s) on account \_\_\_\_\_  
 Is anyone not named on the account authorized to sign for you?  Yes  No  
 If yes, who (including relationship): \_\_\_\_\_

Name of Institution \_\_\_\_\_ Acct Number \_\_\_\_\_  
 Address \_\_\_\_\_ Office Phone \_\_\_\_\_  
 Bank officer \_\_\_\_\_ Current Balance \$ \_\_\_\_\_  
 Checking  Savings  CD  Money Market  
 Qualified Retirement Account If so, which type? \_\_\_\_\_  
 Current interest rate? \_\_\_% Maturity Date: \_\_/\_\_/\_\_\_\_  
 Name(s) on account \_\_\_\_\_  
 Is anyone not named on the account authorized to sign for you?  Yes  No  
 If yes, who (including relationship): \_\_\_\_\_

Name of Institution \_\_\_\_\_ Acct Number \_\_\_\_\_  
 Address \_\_\_\_\_ Office Phone \_\_\_\_\_  
 Bank officer \_\_\_\_\_ Current Balance \$ \_\_\_\_\_  
 Checking  Savings  CD  Money Market  
 Qualified Retirement Account If so, which type? \_\_\_\_\_  
 Current interest rate? \_\_\_% Maturity Date: \_\_/\_\_/\_\_\_\_  
 Name(s) on account \_\_\_\_\_  
 Is anyone not named on the account authorized to sign for you?  Yes  No  
 If yes, who (including relationship): \_\_\_\_\_

Name of Institution \_\_\_\_\_ Acct Number \_\_\_\_\_  
 Address \_\_\_\_\_ Office Phone \_\_\_\_\_  
 Bank officer \_\_\_\_\_ Current Balance \$ \_\_\_\_\_  
 Checking  Savings  CD  Money Market  
 Qualified Retirement Account If so, which type? \_\_\_\_\_  
 Current interest rate? \_\_\_% Maturity Date: \_\_/\_\_/\_\_\_\_  
 Name(s) on account \_\_\_\_\_  
 Is anyone not named on the account authorized to sign for you?  Yes  No  
 If yes, who (including relationship): \_\_\_\_\_

Name of Institution \_\_\_\_\_ Acct Number \_\_\_\_\_  
 Address \_\_\_\_\_ Office Phone \_\_\_\_\_  
 Bank officer \_\_\_\_\_ Current Balance \$ \_\_\_\_\_  
 Checking  Savings  CD  Money Market  
 Qualified Retirement Account If so, which type? \_\_\_\_\_  
 Current interest rate? \_\_\_% Maturity Date: \_\_/\_\_/\_\_\_\_  
 Name(s) on account \_\_\_\_\_  
 Is anyone not named on the account authorized to sign for you?  Yes  No  
 If yes, who (including relationship): \_\_\_\_\_

**b. Brokerage Accounts**

Company \_\_\_\_\_ Account Number \_\_\_\_\_  
 Address \_\_\_\_\_ Office Phone \_\_\_\_\_  
 Name(s) on account \_\_\_\_\_  
 Is anyone not named on the account authorized to act on your behalf in managing this account?  Yes  No If yes, who/relationship \_\_\_\_\_  
 Is this a Qualified Retirement Account?  Yes  No Type \_\_\_\_\_  
 Holdings:  
 \_\_\_ Shares of \_\_\_\_\_ Current Value \$ \_\_\_\_\_  
 \_\_\_ Shares of \_\_\_\_\_ Current Value \$ \_\_\_\_\_  
 \_\_\_ Shares of \_\_\_\_\_ Current Value \$ \_\_\_\_\_  
 \_\_\_ Shares of \_\_\_\_\_ Current Value \$ \_\_\_\_\_

Company \_\_\_\_\_ Account Number \_\_\_\_\_  
 Address \_\_\_\_\_ Office Phone \_\_\_\_\_  
 Name(s) on account \_\_\_\_\_  
 Is anyone not named on the account authorized to act on your behalf in managing this account?  Yes  No If yes, who/relationship \_\_\_\_\_  
 Is this a Qualified Retirement Account?  Yes  No Type \_\_\_\_\_  
 Holdings:  
 \_\_\_ Shares of \_\_\_\_\_ Current Value \$ \_\_\_\_\_  
 \_\_\_ Shares of \_\_\_\_\_ Current Value \$ \_\_\_\_\_  
 \_\_\_ Shares of \_\_\_\_\_ Current Value \$ \_\_\_\_\_  
 \_\_\_ Shares of \_\_\_\_\_ Current Value \$ \_\_\_\_\_

c. **Other Stocks and Mutual Funds**

Company \_\_\_\_\_ Account Number \_\_\_\_\_  
Address \_\_\_\_\_ Office Phone \_\_\_\_\_  
Name(s) on account \_\_\_\_\_  
Type \_\_\_\_\_ Number of Shares \_\_\_\_\_ Current Value \$ \_\_\_\_\_  
Is this a Qualified Retirement Account?  Yes  No Type \_\_\_\_\_

Company \_\_\_\_\_ Account Number \_\_\_\_\_  
Address \_\_\_\_\_ Office Phone \_\_\_\_\_  
Name(s) on account \_\_\_\_\_  
Type \_\_\_\_\_ Number of Shares \_\_\_\_\_ Current Value \$ \_\_\_\_\_  
Is this a Qualified Retirement Account?  Yes  No Type \_\_\_\_\_

Company \_\_\_\_\_ Account Number \_\_\_\_\_  
Address \_\_\_\_\_ Office Phone \_\_\_\_\_  
Name(s) on account \_\_\_\_\_  
Type \_\_\_\_\_ Number of Shares \_\_\_\_\_ Current Value \$ \_\_\_\_\_  
Is this a Qualified Retirement Account?  Yes  No Type \_\_\_\_\_

d. **Bonds and Treasury Notes** (if not held in brokerage account)

Company \_\_\_\_\_ Account Number \_\_\_\_\_  
Address \_\_\_\_\_ Office Phone \_\_\_\_\_  
Name(s) on account \_\_\_\_\_  
Type \_\_\_\_\_ Number of Shares \_\_\_\_\_ Maturity Date \_\_\_\_\_  
Face Value: \$ \_\_\_\_\_ Current Value \$ \_\_\_\_\_  
Is this a tax exempt security?  Yes  No If yes, which type: \_\_\_\_\_

Company \_\_\_\_\_ Account Number \_\_\_\_\_  
Address \_\_\_\_\_ Office Phone \_\_\_\_\_  
Name(s) on account \_\_\_\_\_  
Type \_\_\_\_\_ Number of Shares \_\_\_\_\_ Maturity Date \_\_\_\_\_  
Face Value: \$ \_\_\_\_\_ Current Value \$ \_\_\_\_\_  
Is this a tax exempt security?  Yes  No If yes, which type: \_\_\_\_\_

Company \_\_\_\_\_ Account Number \_\_\_\_\_  
Address \_\_\_\_\_ Office Phone \_\_\_\_\_  
Name(s) on account \_\_\_\_\_  
Type \_\_\_\_\_ Number of Shares \_\_\_\_\_ Maturity Date \_\_\_\_\_  
Face Value: \$ \_\_\_\_\_ Current Value \$ \_\_\_\_\_  
Is this a tax exempt security?  Yes  No If yes, which type: \_\_\_\_\_

e. **Retirement Accounts and Funds** (if not included above)

Company \_\_\_\_\_ Account Number \_\_\_\_\_  
 Address \_\_\_\_\_ Office Phone \_\_\_\_\_  
 Owner \_\_\_\_\_ Current Value \$ \_\_\_\_\_  
 Beneficiary \_\_\_\_\_ Alternate Beneficiary \_\_\_\_\_  
 Type \_\_\_\_\_ Yearly distribution \$ \_\_\_\_\_ Tax Deferred?  Yes  No

Company \_\_\_\_\_ Account Number \_\_\_\_\_  
 Address \_\_\_\_\_ Office Phone \_\_\_\_\_  
 Owner \_\_\_\_\_ Current Value \$ \_\_\_\_\_  
 Beneficiary \_\_\_\_\_ Alternate Beneficiary \_\_\_\_\_  
 Type \_\_\_\_\_ Yearly distribution \$ \_\_\_\_\_ Tax Deferred?  Yes  No

Company \_\_\_\_\_ Account Number \_\_\_\_\_  
 Address \_\_\_\_\_ Office Phone \_\_\_\_\_  
 Owner \_\_\_\_\_ Current Value \$ \_\_\_\_\_  
 Beneficiary \_\_\_\_\_ Alternate Beneficiary \_\_\_\_\_  
 Type \_\_\_\_\_ Yearly distribution \$ \_\_\_\_\_ Tax Deferred?  Yes  No

**Total other assets:** \$ \_\_\_\_\_

**Summary of Liabilities**

Description	Balance	Monthly Payment	Secured?
Mortgage	\$ _____	\$ _____	
Other Mortgages	\$ _____	\$ _____	
Vehicle Loans	\$ _____	\$ _____	
Personal Loans	\$ _____	\$ _____	
Business Loans	\$ _____	\$ _____	
Credit Card Balances	\$ _____	\$ _____	
	\$ _____	\$ _____	
	\$ _____	\$ _____	
	\$ _____	\$ _____	
	\$ _____	\$ _____	

**Total Liabilities:** \$ \_\_\_\_\_

**RECAP:**

**Face value of life insurance** \$ \_\_\_\_\_  
**Personal property** \$ \_\_\_\_\_  
**Real property** \$ \_\_\_\_\_  
**Other assets** \$ \_\_\_\_\_  
**Minus Total Liabilities** - \$ \_\_\_\_\_  
**TOTAL NET WORTH** \$ \_\_\_\_\_

**ESTATE PLANNING**

1. If you become unable to carry out your financial and/or business affairs, who would you want to take care of your finances? *List in order of priority.*

**Husband:**

**Wife:**

Wife as primary

Husband as primary

a. Alternate Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Alternate Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Do you trust this person to make sound decisions for you and to act responsibly in a fiduciary capacity (acting in another's best interest)?

Yes  No  Yes  No

If no, what limitations should be imposed on this person?

\_\_\_\_\_

If yes, is it your desire to authorize this person to make gifts to him/herself or others, so long as the gifting is a part of a plan that is in your best interest?

Yes  No  Yes  No

b. Alternate Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Alternate Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Do you trust this person to make sound decisions for you and to act responsibly in a fiduciary capacity (acting in another's best interest)?

Yes  No  Yes  No

If no, what limitations should be imposed on this person?

\_\_\_\_\_

If yes, is it your desire to authorize this person to make gifts to him/herself or others, so long as the gifting is a part of a plan that is in your best interest?

Yes  No  Yes  No

2. Have you considered whether a Living Trust might be appropriate for you?

- Yes, decided against it
- Yes, would like more information about it
- No, we have no interest
- No, might consider that in later estate plans

3. Individual items of *personal property* (jewelry, furniture, sentimental items) are disposed of *by memoranda* which the client drafts and attaches to the Will, and also updates periodically without the necessity of an attorney. If no memorandum is found with your will, to whom would you want your personal property to pass?

**Husband:**  All to Wife  
 Directly to the following Recipient(s) \_\_\_\_\_  
 Should my wife not survive me, then to \_\_\_\_\_

**Wife:**  All to Husband  
 Directly to the following Recipient(s) \_\_\_\_\_  
 Should my husband not survive me, then to \_\_\_\_\_

4. Would you like to make any specific monetary gifts  Yes  No If so, to whom?

**Husband:**  Only if Wife predeceases  Even if Wife survives

Amount \$ \_\_\_\_\_ Recipient \_\_\_\_\_  
 Amount \$ \_\_\_\_\_ Recipient \_\_\_\_\_  
 Amount \$ \_\_\_\_\_ Recipient \_\_\_\_\_

**Wife:**  Only if Husband predeceases  Even if Husband survives

Amount \$ \_\_\_\_\_ Recipient \_\_\_\_\_  
 Amount \$ \_\_\_\_\_ Recipient \_\_\_\_\_  
 Amount \$ \_\_\_\_\_ Recipient \_\_\_\_\_

5. To whom do you want to receive the balance of your estate? (Give fractions or percentages if more than one beneficiary)

**Husband:**  All to wife, if she survives  Even if Wife survives  
*(Under South Carolina law, a surviving spouse is entitled to claim 1/3 of his/her spouse's probate estate if not properly provided for)*

Share \_\_\_\_\_ Recipient \_\_\_\_\_  
 If recipient predeceases you, should his/her children get the share?  Yes  No

Share \_\_\_\_\_ Recipient \_\_\_\_\_  
 If recipient predeceases you, should his/her children get the share?  Yes  No

Share \_\_\_\_\_ Recipient \_\_\_\_\_  
 If recipient predeceases you, should his/her children get the share?  Yes  No

Share \_\_\_\_\_ Recipient \_\_\_\_\_  
 If recipient predeceases you, should his/her children get the share?  Yes  No



**Wife:**  Only if Husband predeceases  Even if Husband survives  
*(Under South Carolina law, a surviving spouse is entitled to claim 1/3 of his/her spouse's probate estate if not properly provided for)*

Share \_\_\_\_\_ Recipient \_\_\_\_\_  
 If recipient predeceases you, should his/her children get the share?  Yes  No

Share \_\_\_\_\_ Recipient \_\_\_\_\_  
 If recipient predeceases you, should his/her children get the share?  Yes  No

Share \_\_\_\_\_ Recipient \_\_\_\_\_  
 If recipient predeceases you, should his/her children get the share?  Yes  No

Share \_\_\_\_\_ Recipient \_\_\_\_\_  
 If recipient predeceases you, should his/her children get the share?  Yes  No

6. If you were in a hospital and unable to make decisions as to your healthcare, with whom would you want your doctors to consult? *List in order of priority.*

**Husband:**

**Wife:**

Wife as primary

Husband as primary

a.	Alternate Full Legal Name _____ Relationship _____ Address _____ _____ Home Phone _____ Work Phone _____ Cell Phone _____	Alternate Full Legal Name _____ Relationship _____ Address _____ _____ Home Phone _____ Work Phone _____ Cell Phone _____
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b.	Alternate Full Legal Name _____ Relationship _____ Address _____ _____ Home Phone _____ Work Phone _____ Cell Phone _____	Alternate Full Legal Name _____ Relationship _____ Address _____ _____ Home Phone _____ Work Phone _____ Cell Phone _____
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7. Who knows best how you would like to live in the future and would be available to assist you if you were incapacitated? *List in order of priority.*

**Husband:**

**Wife:**

a. Name \_\_\_\_\_ Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Would this person re-locate and personally assist with your care?

Would assist if needed  Yes  No    Would assist if needed  Yes  No

If no, would be available to coordinate care services?

Would assist if needed  Yes  No    Would assist if needed  Yes  No

b. Name \_\_\_\_\_ Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Would this person re-locate and personally assist with your care?

Would assist if needed  Yes  No    Would assist if needed  Yes  No

If no, would be available to coordinate care services?

Would assist if needed  Yes  No    Would assist if needed  Yes  No

8. If either Husband or Wife were to become so ill that he or she could not continue to reside at home and institutional care were necessary, would you want your appointed agent under a power of attorney to engage in planning that might result in a divestment of your resources so that you and/or your spouse were able to qualify for Veteran's benefits or Medicaid, a government program for indigent persons residing in nursing homes?

Husband  Yes  No

Wife  Yes  No

9. If either Husband or Wife were to become ill and unable to manage his/her own affairs, could we discuss your financial situation and estate plan with any other individuals (ie family members, financial advisors, physicians, etc)?

Husband  Yes  No    If yes, please list the names of all persons to whom we may disclose any and all information you have given us:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

Wife  Yes  No If yes, please list the names of all persons to whom we may disclose any and all information you have given us:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

10. If it were absolutely necessary that a court guardian be appointed over your person or property and if a member of your family asked us to represent them to file the petition with the court, do you consent to our representation of your family member so long as we believe such a proceeding is in your best interest?

Husband  Yes  No If yes, please list the names of any persons to whom we *may not* provide representation:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Wife:  Yes  No If yes, please list the names of any persons to whom we *may not* provide representation:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

## Checklist of Documents

**Please submit the following items prior to your consultation appointment along with your completed questionnaire and consultation fee.**

- COPY of driver's license/ID card, social security card, and health insurance cards
- COPY of social security and/or retirement annual award letters
- COPY of military DD Form 214
- COPY of most current tax notices for all real estate owned
- COPY of deeds for all real estate owned
- COPY of titles to all vehicles, boats, RVs etc owned
- COPY of life insurance policies
- COPY of current statements for ALL financial assets (checking, savings, CD accounts, investment and brokerage accounts, and retirement accounts)
- COPY of current health care power of attorney, financial power of attorney, last will and testament/codicils, trust agreements
- COPY of pre-nuptial agreement, marriage license, separation/divorce decree – for all marriages
- COPY of adoption papers
- COPY of business ownership agreements
- COPY of pre-need/funeral arrangements contract
- COPY of the past 3 years tax returns and any gift tax returns