

# CARTER & KROPELNICKI, PA - FAMILY DOCUMENT WORKSHEET

Please complete and return this questionnaire to the office, by mail or fax. Then we will contact you with our recommendation and fee quote at no obligation. See address and fax number at end of form. This form usable by a married couple or a single person.

Your full name [print everything clearly]: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Your mailing address: \_\_\_\_\_

Is North Carolina your primary State of residence? Yes No If not, which State? \_\_\_\_\_ In what County do you reside? \_\_\_\_\_

Telephone (daytime): \_\_\_\_\_ Telephone (evening): \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ US Citizen? Yes No

Circle your marital status: Single Married Divorced Widowed. If widowed, your deceased spouse's full name: \_\_\_\_\_

Do you now have a Will? Yes No A Trust? Yes No A Power of Attorney? Yes No A Living Will? Yes No

Do you have a prenuptial or any kind of written agreement with your spouse? Yes No. If Yes, please attach a copy.

If you are currently married, your spouse's full name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ US Citizen? Yes No

Is North Carolina spouse's primary State of residence? Yes No If not, which State? \_\_\_\_\_ In what County? \_\_\_\_\_

Is this your first marriage? Yes No Is this your spouse's first marriage? Yes No

Does your spouse now have a Will? Yes No A Trust? Yes No A Power of Attorney? Yes No A Living Will? Yes No

If you have children by your present marriage, please list their full names and birth dates:

<i>Full name</i>	<i>Birth date</i>
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If you have children by any prior marriage, please list their full names and birth dates:

If your spouse has any children by any prior marriage that you have not legally adopted as your own, please list full names and birth dates:

Is there *any possibility* (whether or not presently planned) that you might have additional children in the future? Yes No

If you have any deceased children, please list their full names, birth dates, death dates, and names of their children if any:

<i>Full name</i>	<i>Birth date</i>	<i>Death date</i>	<i>Names of his/her children</i>
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If your spouse has any deceased children, please list their full names, birth dates, death dates, and names of their children if any:

If any of your children are minors, who would you choose to be their Guardian, that is, to take your children into their home if you die while they are still minors: Your spouse? Yes No Next choices:(full names) (1) \_\_\_\_\_ (2) \_\_\_\_\_

If any of your spouse's children from a prior marriage are minors, who would your spouse choose to be their Guardian: You? Yes No Next choices:(full names) (1) \_\_\_\_\_ (2) \_\_\_\_\_

If any of your children are minors, who would you choose to be their Trustee, that is, to manage your children's inheritance for them until they become of age if you die while they are still minors: Your spouse? Yes No Next choices:(full names) (1) \_\_\_\_\_ (2) \_\_\_\_\_

If any of your spouse's children from a prior marriage are minors, who would your spouse choose to be their Trustee: You? Yes No Next choices:(full names) (1) \_\_\_\_\_ (2) \_\_\_\_\_

At what age should your children receive their inheritance from the Trustee without restrictions? 18 21 25 Other \_\_\_\_\_

If you were to become unconscious, who would you choose to have your Power of Attorney, that is, to have the power to transact all your business for you while you are unconscious: Your spouse? Yes No Next choices:(full names) (1) \_\_\_\_\_ (2) \_\_\_\_\_

If your spouse becomes unconscious, who would your spouse choose to have his/her Power of Attorney: You? Yes No Next choices:(full names) (1) \_\_\_\_\_ (2) \_\_\_\_\_

If you were to become unconscious, who would you choose to have your Health Care Power of Attorney, that is, to have the power to make all your health care decisions for you while you are unconscious: Your spouse? Yes No Next choices:(full names) (1) \_\_\_\_\_ (2) \_\_\_\_\_

If your spouse becomes unconscious, who would your spouse choose to have his/her Health Care Power of Attorney: You? Yes No Next choices:(full names) (1) \_\_\_\_\_ (2) \_\_\_\_\_

If you are married and if you die before your spouse, do you desire to leave all your estate to your spouse? Yes No. If not, what?

If your spouse dies before you, does your spouse desire to leave all his/her estate to you? Yes No. If not, what?

If you have children, do you desire that all your estate ultimately go to your children in equal shares? Yes No. If not, what?

If your spouse has children from a prior marriage, does your spouse desire that all his/her estate ultimately go to those children in equal shares? Yes No. If not, what?

If BOTH you and your spouse have children from a prior marriage, do you both desire that your combined estates ultimately go to all those children in equal shares without distinction? Yes No. If not, what?

If you do not have children, to whom do you wish to leave your estate ultimately?

The same for your spouse? Yes No. If no, what?

Do you or your spouse desire to leave anything to church or charity? Yes No. If so, what?

We must know what you own and owe in order to advise you about inheritance and estate taxes and other issues. Please remember that you may own some of your property in your own name alone and some of it in joint names with your spouse. Your spouse may own some property in his or her name alone. Use the columns below accordingly. Please ESTIMATE the full MARKET VALUE of each item in the appropriate column. This information will be kept absolutely confidential. Occasionally someone does not want to complete this section. We urge you to. If you choose not to, then we will not be able to guide you on inheritance and estate tax issues and other important matters. If not married, ignore the second and third columns.

ASSETS:	TITLED IN YOUR NAME:	TITLED IN SPOUSE'S NAME:	TITLED JOINTLY:
Your house.....	\$	\$	\$
Other real estate.....	\$	\$	\$
Other real estate.....	\$	\$	\$
Automobiles.....	\$	\$	\$
Cash and Savings (not IRAs)....	\$	\$	\$
Stocks and Bonds (not IRAs)....	\$	\$	\$
Notes Receivable.....	\$	\$	\$
Your Business.....	\$	\$	\$
Jewelry, Antiques.....	\$	\$	\$
Other Property.....	\$	\$	\$
Other Property.....	\$ _____	\$ _____	\$ _____
TOTAL EACH COLUMN.....	\$	\$	\$
<i>NOW THE SAME FOR DEBTS</i>	OWED BY YOU ALONE	OWED BY SPOUSE ALONE	OWED JOINTLY
Home Mortgage.....	\$	\$	\$
Equity Line.....	\$	\$	\$
Car Loans.....	\$	\$	\$
Other Debts.....	\$ _____	\$ _____	\$ _____
TOTAL EACH COLUMN.....	\$	\$	\$
<i>YOUR ASSETS THAT HAVE A NAMED BENEFICIARY: LIFE INSURANCE, IRAs, ETC.:</i>			
COMPANY	DEATH BENEFIT	OWNER (IF NOT YOU)	BENEFICIARY
1.	\$	•	•
2.	\$	•	•
3.	\$ _____	•	•
TOTAL FIRST COLUMN	\$		
<i>DO SAME FOR YOUR SPOUSE:</i>			
COMPANY	DEATH BENEFIT	OWNER (IF NOT YOU)	BENEFICIARY
1.	\$	•	•
2.	\$	•	•
3.	\$ _____	•	•
TOTAL FIRST COLUMN	\$		

Do you own any property WITH SURVIVORSHIP RIGHTS with anyone OTHER than your spouse? If yes, details:  
Do you expect a sizable inheritance or other sharp increase in your estate? If yes, approximately how much and when?  
Have you or your spouse ever made a gift in any year larger than \$10,000? If yes, details:  
Do you or your spouse own any real estate outside North Carolina? If yes, details:  
Do you own a business as proprietor, partner or shareholder? If yes, details:  
Also if yes, is there a buy-sell type agreement among the partners or shareholders? Yes No If yes, please attach a copy.