

Alternate Telephone: _____ (Circle: Home / Work / Mobile)

Alternate Telephone: _____ (Circle: Home / Work / Mobile)

7. Prior Marriage? ____ If yes, provide name(s) of prior spouse(s) and how marriage terminated.

8. Have you and your current partner ever been legally married or joined under a civil union in another state or country? If yes, please provide date and location of state-recognized marriage or civil union.

9. What year did you establish residency in North Carolina? _____

10. Please trace residences outside of North Carolina and approximate dates of each residency.

11. Children (Put * beside name if adopted):

<u>Full Name</u>	<u>Age</u>	<u>City & State (if not living with you)</u>
------------------	------------	--

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

<u>Full Name</u>	<u>Age</u>	<u>Parents</u>	<u>City & State</u>
------------------	------------	----------------	-------------------------

_____	_____	_____	_____
_____	_____	_____	_____

13. Please list closest relatives other than children or spouse.

<u>Full Name</u>	<u>Relation</u>	<u>City & State</u>
------------------	-----------------	-------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

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 and any special educational, medical, financial or personal needs that your children or these individuals may have in Section VI.

15. Have you made any gifts in excess of \$12,000 to any one individual in any particular year?
Yes _____ No _____ If yes, were gift tax returns filed? (Please provide copies)

I. PERSONAL DATA

Partner "B"

1. Name _____ Preferred Email: _____

2. Address: Home (with County of Residence) _____
Employer or School (if Applicable) _____

3. Employer Name: _____ Occupation: _____
Hire Date: _____ Retirement Date: _____

4. Date of birth _____ Social Security No. _____

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

6. Telephone: _____ (Circle: Home / Work / Mobile)

Alternate Telephone: _____ (Circle: Home / Work / Mobile)

Alternate Telephone: _____ (Circle: Home / Work / Mobile)

7. Prior Marriage? ____ If yes, provide name(s) of prior spouse(s) and how marriage terminated.

8. Have you and your current partner ever been legally married or joined under a civil union in another state or country? If yes, please provide date and location of state-recognized marriage or civil union.

9. What year did you establish residency in North Carolina? _____

10. Please trace residences outside of North Carolina and approximate dates of each residency.

11. Children (Put * beside name if adopted):

<u>Full Name</u>	<u>Age</u>	<u>City & State (if not living with you)</u>
------------------	------------	--

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

<u>Full Name</u>	<u>Age</u>	<u>Parents</u>	<u>City & State</u>
------------------	------------	----------------	-------------------------

13. Please list closest relatives other than children or spouse.

Full Name

Relation

City & State

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 and any special educational, medical, financial or personal needs that your children or these individuals may have in Section VI.

15. Have you made any gifts in excess of \$12,000 to any one individual in any particular year?
 Yes _____ No _____ If yes, were gift tax returns filed? (Please provide copies)

II. DISTRIBUTION OBJECTIVES

Partner "A"

1. Upon your death, describe generally how you want your assets distributed? What if your partner predeceases you?

2. If you and your partner both die prematurely, at what age(s) should your children receive property?

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

4. Would you want your partner to manage your estate from an investment standpoint? _____

5. Is minimizing estate taxation or probate of great importance to you? _____

6. If yes, are you willing to make any substantial gifts to reduce your estate and the tax liability on your estate?

7. Are you interested in protecting your assets from the claims of your heir's creditors? Yes _____ No _____

8. Do you wish to make bequests to any charitable organization? If yes, please provide information below:

Name

Address

Amount

9. Do you want specific assets (like jewelry, collections, furniture or heirlooms) to go to a specific person or charity?

10. If you own an interest in a business, is there a buy-sell agreement in effect? If yes, please provide a copy. Do you desire your interest in that business to be distributed in a particular way? Please describe:

11. Do you currently have a Power-of-Attorney? _____ (If yes, please bring a copy to our first meeting.)

12. If you choose to execute a Power-of-Attorney, should your agent be restricted in his or her authority to make gifts of your property to your partner or children? _____

II. DISTRIBUTION OBJECTIVES

Partner "B"

1. Upon your death, describe generally how you want your assets distributed? What if your partner predeceases you?

2. If you and your partner both die prematurely, at what age(s) should your children receive property?

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

4. Would you want your partner to manage your estate from an investment standpoint? _____

5. Is minimizing estate taxation or probate of great importance to you? _____

6. If yes, are you willing to make any substantial gifts to reduce your estate and the tax liability on your estate?

7. Are you interested in protecting your assets from the claims of your heir's creditors? Yes ____ No ____

8. Do you wish to make bequests to any charitable organization? If yes, please provide information below:

<u>Name</u>	<u>Address</u>	<u>Amount</u>
-------------	----------------	---------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Do you want specific assets (like jewelry, collections, furniture or heirlooms) to go to a specific person or charity?

10. If you own an interest in a business, is there a buy-sell agreement in effect? If yes, please provide a copy. Do you desire your interest in that business to be distributed in a particular way? Please describe:

11. Do you currently have a Power-of-Attorney? _____ (If yes, please bring a copy to our first meeting.)

12. If you choose to execute a Power-of-Attorney, should your agent be restricted in his or her authority to make gifts of your property to your partner or children? _____

III. FIDUCIARIES & ADVISERS for Partner "A" (Names, city and telephone numbers, if available)

1. Attorney: Brady, Nordgren, Morton & Malone, PLLC, 2301 Sugar Bush Road, Suite 450, Raleigh, NC 27612
(919) 782-3500
2. Accountant: _____
3. Insurance Agent: _____
4. Banker: _____
5. Executor and of your Estate: _____
6. Substitute Executor: _____
7. Trustee and Substitute Trustee (if applicable): _____
8. Attorney-in-Fact and Substitute (if applicable): _____
9. Health Care Agent and Substitute: _____
10. Guardian and Substitute Guardian for Children Under 18: _____
11. Financial Planner or Investment Advisor: _____
12. Primary Care Physician: _____
13. Clergy or Affiliation (if applicable): _____
14. Location of Safe Deposit Box (if any): _____
15. Other Contact (as you may specify): _____

III. FIDUCIARIES & ADVISERS for Partner "B" (Names, city and telephone numbers, if available)

1. Attorney: Brady, Nordgren, Morton & Malone, PLLC, 2301 Sugar Bush Road, Suite 450, Raleigh, NC 27612
(919) 782-3500
2. Accountant: _____
3. Insurance Agent: _____
4. Banker: _____
5. Executor and of your Estate: _____
6. Substitute Executor: _____
7. Trustee and Substitute Trustee (if applicable): _____
8. Attorney-in-Fact and Substitute (if applicable): _____
9. Health Care Agent and Substitute: _____
10. Guardian and Substitute Guardian for Children Under 18: _____

- 11. Financial Planner or Investment Advisor: _____
- 12. Primary Care Physician: _____
- 13. Clergy or Affiliation/Membership (if applicable): _____
- 14. Location of Safe Deposit Box (if any): _____
- 15. Other Contact (as you may specify): _____

IV. YOUR ESTATE

Partner "A"

- 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, please describe.

IV. YOUR ESTATE

Partner "B"

- 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, please describe.

PROPERTY OWNERSHIP

Please verify asset ownership in the blanks provided to the left of each asset listed.

Ownership Notations:

- A = Partner "A"
- B = Partner "B"
- J = Joint with Right of Survivorship
- C = Tenants in Common
- T = Trust

____ Family Home: Address _____
Purchase Price _____
Mortgage Balance _____
Market Value _____

____ Value of household furnishings _____

____ Household effects of special value (such as china, silver, art works, antiques, jewelry, collections, etc.)
Estimated Value _____
Description _____

____ Automobile
Year _____
Make _____
Value _____
Loan Balance _____

____ Automobile
Year _____
Make _____
Value _____
Loan Balance _____

____ Automobile
Year _____
Make _____
Value _____
Loan Balance _____

____ Other real estate: Address _____
Description: _____
Purchase Price _____
Mortgage Balance _____
Market Value _____

____ Other real estate: Address _____
Description: _____
Purchase Price _____
Mortgage Balance _____
Market Value _____

Checking, savings, and other accounts

<u>Acct. No.</u>	<u>Bank/broker, etc.</u>	<u>Approximate balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Brokerage/Investment Accounts

Firm Broker's Name Account # Value

Retirement Accounts: IRA's, Roth IRA's, 401 (k) plans, etc.

Plan Sponsor Beneficiary Account balance

Note: Since each IRA custodian and 401(k) sponsor has unique agreements directing or limiting your payment options and beneficiary election options, please bring a copy of the custodial agreement, beneficiary designation and, in the case of a 401(k), the summary plan description for each account or plan.

____ Non-publicly traded business interests (such as closely held corporations, royalty rights, partnerships, etc.)
Describe: _____ Is this business an S-Corporation: _____

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

Life Insurance

List life insurance on you or your partner, 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:

TYPE
WHOLE/TERM OWNER LIFE
BENEFIC. AMOUNT
COVERED CASH VALUE

Debts Exceeding \$1,000.00 (Other than mortgages or auto loans previously listed.)

TO WHOM? AMOUNT DUE SECURED BY

Are you the guarantor of the obligations of any other person or business? If yes, please describe.

DEBTOR CREDITOR CURRENT
AMOUNT OWED MAXIMUM AMOUNT
SUBJECT TO GUARANTY

V. FUNERAL ARRANGEMENTS AND DISPOSITION OF YOUR REMAINS

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? _____ Would you like to have a Living Will? _____

3. Do you have a Health Care Agent? _____ Would you like to have a Health Care Agent? _____

VI. DISABLED DEPENDENTS

If you have a dependent with a developmental disability, such as mental retardation, epilepsy, etc., or any other disability that requires special consideration, please request a supplemental questionnaire.