

Return to:
Sweeny Wingate & Barrow, P.A.
Ken Wingate
Post Office Box 12129
Columbia, South Carolina 29211
(803) 256-2233 (803) 256-9177 (fax)
e-mail: kbw@swblaw.com

ESTATE PLANNING QUESTIONNAIRE

PERSONAL AND CONFIDENTIAL

TODAY'S DATE: _____

FULL NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____-_____-_____

ADDRESS: _____ (Street)
_____ (City)
_____ (State/Zip)
_____ (County)

TELEPHONE NUMBERS: _____ (Home)
_____ (Business)
_____ (Cell)

EMAIL: _____

KNOWN BY ANY OTHER NAMES: _____

UNITED STATES CITIZEN _____ YES _____ NO

OCCUPATION: _____ ANNUAL INCOME: \$ _____

PREVIOUS MARRIAGES: (give brief details) _____

SPOUSE'S FULL NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____-_____-_____

TELEPHONE NUMBERS: _____ (Home)
_____ (Business)
_____ (Cell)

EMAIL: _____

KNOWN BY ANY OTHER NAMES: _____

UNITED STATES CITIZEN _____ YES _____ NO

OCCUPATION: _____ ANNUAL INCOME: \$ _____

PREVIOUS MARRIAGES: (give brief details) _____

CHILDREN'S FULL NAME:	AGE	MARITAL STATUS	NAMES AND AGES OF THEIR CHILDREN	PLACE OF RESIDENCE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ARE ANY CHILDREN ADOPTED: _____ YES _____ NO

ASSETS

Estimated Market Value

	(Self)	(Spouse)	(Joint)
CASH	\$ _____	\$ _____	\$ _____
CHECKING ACCOUNT	\$ _____	\$ _____	\$ _____
SAVINGS ACCOUNT	\$ _____	\$ _____	\$ _____
TANGIBLE PERSONAL PROPERTY	\$ _____	\$ _____	\$ _____
INVESTMENT/BROKERAGE ACCOUNT	\$ _____	\$ _____	\$ _____
STOCKS	\$ _____	\$ _____	\$ _____
BONDS	\$ _____	\$ _____	\$ _____
NOTES & MORTGAGES RECEIVABLE	\$ _____	\$ _____	\$ _____
RESIDENCE	\$ _____	\$ _____	\$ _____
REAL ESTATE IN THIS STATE	\$ _____	\$ _____	\$ _____
REAL ESTATE IN OTHER STATES	\$ _____	\$ _____	\$ _____
BUSINESS INTERESTS	\$ _____	\$ _____	\$ _____
PENSION, PROFIT SHARING, IRA, ETC	\$ _____	\$ _____	\$ _____
OTHER PROPERTY	\$ _____	\$ _____	\$ _____

LIFE INSURANCE:

<u>Company</u>	<u>Insured</u>	<u>Beneficiary</u>	<u>Cash Value</u>	<u>Face Amount</u>	<u>Face Amount</u>
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____

TOTAL ASSETS \$ _____ \$ _____

LIABILITIES

NOTES AND MORTGAGES PAYABLE	\$ _____	\$ _____	\$ _____
LIFE INSURANCE LOANS	\$ _____	\$ _____	\$ _____
OTHER DEBTS	\$ _____	\$ _____	\$ _____
TOTAL LIABILITIES	\$ _____	\$ _____	\$ _____
<u>NET WORTH</u> (assets minus liabilities)	\$ _____	\$ _____	\$ _____

MISCELLANEOUS PERSONAL INFORMATION:

Any expected inheritance(s)? _____

Location of safe-deposit box _____

List Bank(s) where you maintain accounts:

Have you or your spouse made any substantial gifts in the past? _____ Yes _____ No
Give details: _____

Are you or your spouse the beneficiary under any trust? _____ Yes _____ No
Give details: _____

Are you or your spouse the trustee of any trust? _____ Yes _____ No
Give details: _____

Have you and your spouse ever lived in a Community Property state (California, Texas, New Mexico, Arizona, Washington, Louisiana, Nevada, Wisconsin or Idaho)? _____ Yes _____ No
Give details: _____

Do you and your spouse have a pre-nuptial or post-nuptial agreement of any kind concerning the disposition of assets in the event of death or divorce? _____ Yes _____ No

STOCK BROKER

Name: _____
Address: _____

Phone: _____

ACCOUNTANT

Name: _____
Address: _____

Phone: _____

INSURANCE AGENT

Name: _____
Address: _____

Phone: _____

INFORMATION FOR NEW ESTATE PLAN

SELF

SPOUSE

NAME PERSONAL REPRESENTATIVE:

Primary (usually spouse) _____

First Alternate _____

Second Alternate (if any) _____

NAME TRUSTEE: (if applicable)

Primary _____

Alternate _____

NAME GUARDIAN(S) FOR MINORS: (if applicable)

Primary _____

Alternate _____

Desired disposition of assets if survived by your spouse:

Desired disposition if you are not survived by your spouse:

Desired disposition if you and all immediate family are dead:

Any specific bequests to individuals or charities:

Any trusts or special provision for pets:

Durable Power of Attorney? _____

Health Care Power of Attorney? _____

Living Will? _____