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SWEENY, WINGATE & BARROW, P.A.

ESTATE PLANNING QUESTIONNAIRE

Today's Date: _____

PERSONAL & CONFIDENTIAL

SELF

Full **Legal** Name: _____ Date of Birth: _____
Also Known As: _____ SSN: _____
Street Address: _____ U.S. Citizen: Yes
City/State/Zip: _____ No
County: _____
Home Phone: _____
Mobile Phone: _____ Employer: _____
Office Phone: _____ Occupation: _____
Email: _____ Annual Income: _____
Previous Marriages: _____
(give brief details) _____

SPOUSE

Full **Legal** Name: _____ Date of Birth: _____
Also Known As: _____ SSN: _____
Street Address: _____ U.S. Citizen: Yes
City/State/Zip: _____ No
County: _____
Home Phone: _____
Mobile Phone: _____ Employer: _____
Office Phone: _____ Occupation: _____
Email: _____ Annual Income: _____
Previous Marriages: _____
(give brief details) _____

Children's Full Legal Name	Age	Marital Status	Names/Ages of Their Children	Address

Are any children adopted? Yes No

(Please use additional page if necessary.)

ASSETS**ESTIMATED MARKET VALUE**

	<u>Self</u>	<u>Spouse</u>	<u>Joint</u>
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	\$ _____	\$ _____	\$ _____
TOTALS ASSETS	\$ _____	\$ _____	\$ _____

LIFE INSURANCE

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

LIABILITIES

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

(Please use additional page if necessary.)

MISCELLANEOUS PERSONAL INFORMATION

Any expected inheritance(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Give details:
Location of safe-deposit box:
Location of original documents (wills, deeds, powers of attorney, etc.):
List bank(s) where you maintain accounts:
Have you or your spouse made any substantial gifts in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No Give details:
Are you or your spouse the beneficiary under any trust? <input type="checkbox"/> Yes <input type="checkbox"/> No Give details:
Are you or your spouse the trustee of any trust? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No

STOCK BROKER	ACCOUNTANT	INSURANCE AGENT
Name:	Name:	Name:
Company:	Company:	Company:
Address:	Address:	Address:
Phone:	Phone:	Phone:

INFORMATION FOR NEW ESTATE PLAN

SELF

SPOUSE

PERSONAL REPRESENTATIVE:

	Full Legal Name (please indicate relationship)	Full Legal Name (please indicate relationship)
Primary (usually spouse)		
First Alternate		
Second Alternate (if any)		

TRUSTEE: (if applicable)

	Full Legal Name (please indicate relationship)	Full Legal Name (please indicate relationship)
Primary (usually spouse)		
First Alternate		
Second Alternate (if any)		

GUARDIAN(S) FOR MINORS: (if applicable)

	Full Legal Name (please indicate relationship)	Full Legal Name (please indicate relationship)
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 deceased:

Any specific bequests to individuals or charities:

Any trusts or special provision for pets:

Do you have an existing Durable Power of Attorney? Yes No

If yes, when was it signed? _____

DESIGNATED PERSON FOR NEW DURABLE POWER OF ATTORNEY:

	Full Legal Name (please indicate relationship)	Full Legal Name (please indicate relationship)
Primary (usually spouse)	_____	_____
First Alternate	_____	_____
Second Alternate (if any)	_____	_____

Do you have an existing Health Care Power of Attorney? Yes No

If yes, when was it signed? _____

DESIGNATED PERSON FOR NEW HEALTH CARE POWER OF ATTORNEY:

	Full Legal Name (please indicate relationship)	Full Legal Name (please indicate relationship)
Primary (usually spouse)	_____	_____
First Alternate	_____	_____
Second Alternate (if any)	_____	_____

Do you have a Living Will? Yes No

If yes, when was it signed? _____