
Personal Information Questionnaire

CONFIDENTIAL

The purpose of this Personal Information Questionnaire (PIQ) is to help prepare you for our upcoming consultation and to provide us with important personal and asset information related to your estate so that we are able to properly advise you on your situation and needs. If additional space is needed for any subject, please add extra sheets. (Approximate completion time: 30-60 minutes). Please complete as best you can and feel free to omit any information you are not comfortable providing.

Also, if you have any difficulty seeing or hearing, please let us know before your first meeting. We want to make every effort to accommodate you, and good communication between attorney and client is the foundation of any estate plan. If you have any questions, please call us.



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Practice Limited to Estate Planning, Elder Law, Business Planning, Estate Administration, and Related Litigation

Attorneys

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Appointment Date _____ Day _____ Time _____

YOU

Mr. Mrs. Ms. Dr. Rev. Today's Date _____

Married Single Divorced Widowed Domestic Partners

If Widowed, Date of Spouse/Partner's Death _____

U.S. Citizen? Yes No Veteran? Yes No

Full Legal Name _____ Birthdate _____

Preferred Name You Use to Sign Documents _____

Nickname _____ e-mail _____

Primary Home Address _____

City _____ State _____ Zip _____ County _____

Social Security Number (Optional) _____ Home Phone (____) _____

Cell Phone (____) _____ Fax (____) _____

Employer _____ Occupation/current or former _____

Business Phone (____) _____ Fax (____) _____

Business Address _____

City _____ State _____ Zip _____ County _____

YOUR SPOUSE/PARTNER

Mr. Mrs. Ms. Dr. Rev. Date of Marriage: _____

U.S. Citizen? Yes No Veteran? Yes No

If deceased, date of death _____

Full Legal Name _____ Birthdate _____

Preferred Name You Use to Sign Documents _____

Nickname _____ e-mail _____

Primary Home Address _____

City _____ State _____ Zip _____ County _____

Social Security Number (Optional) _____ Home Phone (____) _____

Cell Phone (____) _____ Fax (____) _____

Employer _____ Occupation/current or former _____

Business Phone (____) _____ Fax (____) _____

Business Address _____

City _____ State _____ Zip _____ County _____

Have you ever lived in a Community Property state? (Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin) _____

YOUR CHILDREN/BENEFICIARIES

1. Full Legal Name _____ **Nickname** _____ **M** **F**

Related To You Only Spouse/Partner Only Both You and Spouse/Partner

Natural Child Legally Adopted Other (relationship) _____

Date of Birth _____ e-mail _____

Primary Home Address _____

City _____ State _____ Zip _____ County _____

Primary Home Phone (_____) _____ Cell Phone (_____) _____

Social Security Number (Optional) _____ Occupation _____

Marital Status Married Single Divorced Widowed Domestic Partners

Spouse/Partner Full Legal Name _____

Grandchildren (provide full legal names and dates of birth) _____

Great-grandchildren (provide full legal names and dates of birth) _____

2. Full Legal Name _____ **Nickname** _____ **M** **F**

Related To You Only Spouse/Partner Only Both You and Spouse/Partner

Natural Child Legally Adopted Other (relationship) _____

Date of Birth _____ e-mail _____

Primary Home Address _____

City _____ State _____ Zip _____ County _____

Primary Home Phone (_____) _____ Cell Phone (_____) _____

Social Security Number (Optional) _____ Occupation _____

Marital Status Married Single Divorced Widowed Domestic Partners

Spouse/Partner Full Legal Name _____

Grandchildren (provide full legal names and dates of birth) _____

Great-grandchildren (provide full legal names and dates of birth) _____

3. Full Legal Name _____ **Nickname** _____ **M** **F**

Related To You Only Spouse/Partner Only Both You and Spouse/Partner

Natural Child Legally Adopted Other (relationship) _____

Date of Birth _____ e-mail _____

Primary Home Address _____

City _____ State _____ Zip _____ County _____

Primary Home Phone (_____) _____ Cell Phone (_____) _____

Social Security Number (Optional) _____ Occupation _____

Marital Status Married Single Divorced Widowed Domestic Partners

Spouse/Partner Full Legal Name _____

Grandchildren (provide full legal names and dates of birth) _____

Great-grandchildren (provide full legal names and dates of birth) _____

4. Full Legal Name _____ **Nickname** _____ **M** **F**

Related To You Only Spouse/Partner Only Both You and Spouse/Partner

Natural Child Legally Adopted Other (relationship) _____

Date of Birth _____ e-mail _____

Primary Home Address _____

City _____ State _____ Zip _____ County _____

Primary Home Phone (_____) _____ Cell Phone (_____) _____

Social Security Number (Optional) _____ Occupation _____

Marital Status Married Single Divorced Widowed Domestic Partners

Spouse/Partner Full Legal Name _____

Grandchildren (provide full legal names and dates of birth) _____

Great-grandchildren (provide full legal names and dates of birth) _____

If you have additional children or beneficiaries, please attach sheets

Disinheriting — Do you or your Spouse/Partner have any relatives whom you specifically do not want to receive anything from your estate?

Name

Relationship

YOU

SPOUSE/PARTNER

Do you presently have a will? Yes No Year _____

Yes No Year _____

Do you presently have a trust? Yes No Year _____

Yes No Year _____

YOUR REPRESENTATIVES

If you and your Spouse/Partner are both incapacitated, who would you want to handle your financial affairs? Please provide at least 2 names in order of priority and print full legal names.

If both you and your Spouse/Partner are deceased, who would you want to handle your estate/financial affairs—in order of priority?

If same as above, check box

If different _____

DURABLE POWER OF ATTORNEY (FINANCIAL AFFAIRS)— Do you want your durable power of attorney to become effective immediately, or only if you are incapacitated?

Immediately

Only if I am incapacitated

YOUR ADVISORS

Attorney _____

Telephone _____

Accountant _____

Telephone _____

Stock Brokers _____

Telephone _____

Telephone _____

Financial Advisor _____

Telephone _____

Life Insurance Agent _____

Telephone _____

YOUR GOALS

It is important to us that we understand what motivates you to prepare your estate plan, what your goals are and how we can help you achieve those goals. Please answer the following questions giving thoughtful consideration to the issues. Please note that there is no right or wrong answer. Rank the top five (5) concerns that you have (**1 = most important, 5 = least important**) and identify any other concerns that are important to you with an "X."

YOU	SPOUSE/ PARTNER	GOALS
		Provide a plan to manage property if one (or both) of us became disabled.
		Avoid probate administration, and time delays and expenses, associated with probate.
		Reduce estate taxes.
		Pay No Estate Tax.
		Provide for our children.
		Protect our children's inheritance from creditors and spouses.
		Establish and maintain an order of succession and control of family assets.
		Increase family wealth.
		Promote family harmony by insuring that any disputes will be resolved privately by arbitration rather than publicly through the court system.
		Plan for the needs of a disabled or minor child.
		Provide for parent.
		Keep our children from paying estate taxes at their death on the assets we gave them.
		To give what is mine to my family and what is my Spouse/Partners' to their family.
		Help family members be financially responsible.
		Maintain privacy from outsiders.
		Insulate our estate from creditors.
		Provide for charitable interests or create a charitable endowment.
		Find more income to live on by restructuring assets.
		Continue to make gifts to family, friends, and loved ones, even when I am disabled.
		I have no interest in providing for my children or heirs, or particular children or heirs.
		Keep family business, farm, or land holding intact for our family after our death.
		Remain at home after disability or incompetence and be cared for the way I choose.
		Protect my spouse and children should there be a remarriage after my death.
		Protect children from immature spending habits.
		Leave a charitable legacy in our community.

Please attach a sheet to identify your own goal if not listed above.

Plan Design

SPECIFIC DISTRIBUTIONS — Do you wish to make any specific distributions of personal property or money to individuals and/or charities after your death? (For example, do you want to make any specific gifts to siblings, other relatives, friends? These gifts would be made before your estate would be distributed to your descendants or other beneficiaries.)

<u>Individuals</u>		Only If Spouse/Partner Is Deceased?
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Charities</u>		
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

BENEFICIARIES — Who do you want to inherit your estate after your and your Spouse/Partner's death?

To children Yes No

In equal shares? Yes No

If not in equal shares, how do you want your estate divided among your children?

_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Among other family members or beneficiaries

List names, relationship, percentage or dollar amount

<u>Name</u>	<u>Relationship</u>	%	OR	<u>\$ AMOUNT</u>
_____	_____	%	OR	\$ _____
_____	_____	%	OR	\$ _____
_____	_____	%	OR	\$ _____
_____	_____	%	OR	\$ _____

“ARMAGEDDON PROVISION” — If everyone you have named is deceased, to whom or what would you want your estate to go (individuals and/or charities)?

_____	_____ (Fraction or %)
_____	_____ (Fraction or %)
_____	_____ (Fraction or %)

HEALTH CARE

HEALTH CARE POWER OF ATTORNEY — If you are incapacitated and unable to make health care decisions for yourself, who do you want to make health care decisions for you? Please provide at least 2 names (full legal names), home addresses and home/cell phone #s in the order in which you want them to serve.

FOR YOU

1. _____	_____	(H) _____
Name	Address	(C) _____
2. _____	_____	(H) _____
Name	Address	(C) _____
3. _____	_____	(H) _____
Name	Address	(C) _____

FOR YOUR SPOUSE/PARTNER

1. _____	_____	(H) _____
Name	Address	(C) _____
2. _____	_____	(H) _____
Name	Address	(C) _____
3. _____	_____	(H) _____
Name	Address	(C) _____

HEALTH CARE (HIPAA)— Who do you want to be able to obtain information from doctors/hospitals if you are receiving medical care? (Due to new federal privacy regulations (HIPAA), unless you list individuals' names on this form they will be denied information about your care/condition.)

FOR YOU

FOR YOUR SPOUSE/PARTNER

MINOR CHILDREN/HEALTH CARE — If you have minor children and both you and your Spouse/Partner are incapacitated, or perhaps simply unavailable (e.g. on a trip abroad), who would you authorize to consent to health care for them? Please provide at least 2 people (full legal names), their addresses and home and/or cell phone #s.

1. _____ (H) () _____
Name Address (C) () _____
2. _____ (H) () _____
Name Address (C) () _____
3. _____ (H) () _____
Name Address (C) () _____

MINOR CHILDREN/GUARDIAN — If you have minor children and are unable to take care of them, or both you and your Spouse/Partner are deceased, who would you want to be Legal Guardians of your children? -- please provide at least 2 people (full legal names) and their addresses and home and/or cell phone #s.

If Same As Minor Children/Health Care (above), Check This Box

1. _____ (H) () _____
Name Address (C) () _____
2. _____ (H) () _____
Name Address (C) () _____
3. _____ (H) () _____
Name Address (C) () _____

DISABILITIES — Does anyone in your family, of your beneficiaries, have any special needs due to physical or mental disability?

Name	Relationship	Type of Disability
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER

PETS — Do you want to make any special provisions for care of pets if both you and your Spouse/Partner are incapacitated or deceased? If you have people in mind to take them, list them here with their addresses and if you want to provide any dollar amounts along with the pets, or other information.

CREMATION — Do you and/or your Spouse/Partner wish to be cremated?

You Yes No

Spouse/Partner Yes No

LONG TERM CARE INSURANCE — Do you have Long Term Care Insurance?

You Yes No

Spouse/Partner Yes No

Does it have a death benefit? Yes No

INHERITANCE — Do you anticipate receiving an inheritance?

You Yes No Amount _____

Spouse/Partner Yes No Amount _____

TRUSTS — Are you the Beneficiary, Trustee or Grantor of any Trust? If yes, we would appreciate your providing us with a copy of the trust document.

You Yes No

Spouse/Partner Yes No

SAFE DEPOSIT BOX — Do you have a safe deposit box?

You Yes No Location _____

Spouse/Partner Yes No Location _____

ASSETS – list values (approximate)

	<u>YOU</u>	<u>SPOUSE/PARTNER</u>	<u>JOINT</u>
Cash/Checking Accounts	_____	_____	_____
Investment Accounts	_____	_____	_____
Trad. Retirement Plans (401K, IRAs, 403B, etc.)	_____	_____	_____
Roth Retirement Plans (401K, IRA)	_____	_____	_____
Life Insurance	_____	_____	_____
Annuities	_____	_____	_____
Real Property	_____	_____	_____
Stocks	_____	_____	_____
Bonds	_____	_____	_____
Partnership/LLC Interests	_____	_____	_____
Business Interests (C-corp, S-corp)	_____	_____	_____
Personal Property	_____	_____	_____
Other _____	_____	_____	_____
_____	_____	_____	_____
TOTAL ASSETS	_____	_____	_____
SPECIAL ASSETS:			
Firearms	_____	_____	_____
Antiques	_____	_____	_____
Artwork/Collectables	_____	_____	_____

LIABILITIES

	<u>YOU</u>	<u>SPOUSE/PARTNER</u>	<u>JOINT</u>
Real Estate Mortgages Payable	_____	_____	_____
Loans Payable	_____	_____	_____
Accounts Payable	_____	_____	_____
Contingent Liabilities	_____	_____	_____
Loans Against Life Insurance	_____	_____	_____
Unpaid Taxes	_____	_____	_____
Other Liabilities	_____	_____	_____
TOTAL LIABILITIES	_____	_____	_____

ANNUAL INCOME

	<u>YOU</u>	<u>SPOUSE/PARTNER</u>	<u>TOTAL</u>
Wages/Salary	_____	_____	_____
Social Security	_____	_____	_____
Company Retirement (Pension)	_____	_____	_____
Qualified Plan	_____	_____	_____
Dividends	_____	_____	_____
Rental Income	_____	_____	_____
Mortgage Receivables	_____	_____	_____
Business Income	_____	_____	_____
Annuities	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	= _____

What is your approximate income tax bracket? _____

What amount of annual after-tax dollars would you need to maintain your current lifestyle?

You \$ _____ Spouse/Partner \$ _____ = Total \$ _____

Would you like to receive copies of our electronic newsletter? Yes No

How did you hear about Strauss Attorneys, PLLC?

- Phone book
- Seminar
- Ad. Where did you see or hear the ad? _____
- Existing Strauss Attorneys, PLLC client _____
- Website _____
- Other _____

ANY OTHER INFORMATION YOU WISH TO PROVIDE OR QUESTIONS WE CAN HELP YOU WITH:

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE!

