

Estate Planning Questionnaire

Satterfield Legal, PLLC

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Thank you for choosing Satterfield Legal, PLLC to assist you with your Estate Planning Needs. The information contained in this questionnaire will allow us to work together to develop a comprehensive plan based on your goals.

Please fill out the information below in full. The information provided will be kept confidential, unless you authorize its release to others. Please note however, that if you and your significant other are both engaging the services of Satterfield Legal, PLLC, any and all information shared by either one of you will be treated as common knowledge to be shared among all of us, but confidentiality will remain with regard to any third party.

Date: _____ Referral Source: _____

YOUR PERSONAL INFORMATION:

Full Legal Name: _____

Date of Birth: _____ Marital Status: _____

Primary Address: _____

Primary Phone: _____ Alternate Phone: _____

Primary Email: _____ Alternate Email: _____

Occupation: _____ Employer: _____ Income: _____

Do you presently have a will? ☐ Yes (please provide copy) ☐ No

SPOUSE'S PERSONAL INFORMATION:

Full Legal Name: _____

Date of Birth: _____ Marital Status: _____

Primary Address: _____

Primary Phone: _____ Alternate Phone: _____

Primary Email: _____ Alternate Email: _____

Occupation: _____ Employer: _____ Income: _____

Do you presently have a will? ☐ Yes (please provide copy) ☐ No

CHILDREN:

FULL LEGAL NAME:

DATE OF BIRTH:

RELATIONSHIP

☐ Ours
☐ Mine
☐ Spouse's

☐ Ours
☐ Mine
☐ Spouse's

☐ Ours
☐ Mine
☐ Spouse's
ESTATE PLANNING OBJECTIVES:**FINANCIAL INFORMATION:**

<u>ASSETS:</u>	JOINT PROPERTY	YOUR SEPARATE PROPERTY	SPOUSE'S SEPARATE PROPERTY
Cash and Bank Accounts	\$	\$	\$
Primary Residence	\$	\$	\$
<i>(Balance Owed)</i>	- (\$)	- (\$)	- (\$)
Investments <i>(Not Retirement)</i>	\$	\$	\$
Personal Property	\$	\$	\$
Other Real Estate	\$	\$	\$
<i>(Balance Owed)</i>	- (\$)	- (\$)	- (\$)

REAL ESTATE: If you own other real estate besides your primary residence, please provide addresses of your other properties below:

1. _____
2. _____

<u>LIABILITIES:</u>	JOINT DEBTS	YOUR SEPARATE DEBTS	SPOUSE'S SEPARATE DEBTS
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

LIFE INSURANCE: If there are applicable life insurance policies, please provide the following:

COMPANY:	DEATH BENEFIT VALUE:	BENEFICIARY: Name, Relationship
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

RETIREMENT BENEFITS: If there are applicable retirement plans, please provide the following:

COMPANY:	CURRENT VALUE:	BENEFICIARY: Name, Relationship
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

<u>OTHER INTERESTS:</u>	YOU	SPOUSE
Do you have frozen genetic material?	_____	_____
Are you likely to receive an inheritance in the future?	_____	_____

ADDITIONAL INFORMATION:

Please state any additional matters which have not already been covered:
