KIRSCHBAUM, NANNEY, KEENAN & GRIFFIN, P.A.
ESTATE PLANNING INITIAL INFORMATION REPORT

Date: ______________________________

Full Name of Client: ____

U.S. Citizen: Yes No Gender: Female Male

Home Address: ____

City, State, Zip Code: ____

County: ________________________

Telephone number(s) Home: ________________________ Business: ______________________
Cell: _________________________

Email Address(es): ____

Do you have any current estate planning documents? Yes No
(If yes, please bring copies)

Do you wish to be cremated? (Please circle one) Yes No

How did you hear about us?

- ☐ Referral (please provide person's name so we can thank them): ____
- ☐ Phone Book
- ☐ Website
- ☐ Other: ____

Name and Address of other Advisors:

CPA/Accountant: ____
____

Financial Advisor: ____
____

Insurance Agent: ____
____

Other: ____
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PRELIMINARY INFORMATION

1. PERSONAL:

	Client
Other or former name(s)	
Social Security #	
Employer	
Job Title	
Work Address	
Birth Date	
Divorced/Widowed? If yes, please provide name of former spouse and date of death or divorce. Please bring a copy of the separation agreement, if any.	

2. CHILDREN AND GRANDCHILDREN:

Children and grandchildren of present or previous marriage (living and deceased). Indicate if adopted, and give the date adopted and the court granting adoption order. (Indicate if deceased by putting "D" and give date of death next to name.) Please indicate whether any deceased child left any surviving children.

Name	Address	Birth Date	Spouse (if married)

3. GUARDIANS:

If any child referenced above is a minor, please indicate who should be appointed as legal guardian in the event of the death of both parents:

Child's Name	Guardian

4. FIDUCIARIES:

Please give name, address, phone number, and relationship, if any, of your chosen fiduciaries listed below.

a. Please list the person(s) you want to nominate to act as Executor(s) for your will:

Executor: ____

Alternate Executor #1: ____

Alternate Executor #2: ____

b. Please list the person(s) you want to nominate to act as Trustee, and/or as successor or alternate Trustee(s) for revocable or other trusts:

Trustee: ____

Alternate Trustee #1: ____

Alternate Trustee #2: ____

5. ESTATE PLANNING GOALS: (Please attach additional sheets, if necessary)

Please use this page to outline your estate planning wishes and goals in your own words. (For example: "I want to leave all of my assets to my children equally. If my children are all deceased, I want one-half of my estate to go to my parents, and the other one-half to go to the American Red Cross.")

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ASSETS & LIABILITIES*

6. CASH, CDs, AND BANK BALANCES:

Bank (include Branch)	Account Number	Type of Account	How Title Held*	Balance

***** (Note: Title refers to whether assets are held in your name alone or jointly with another individual; values are estimates only, no specific figure is required. The information requested in this section is to obtain an overall "general" picture of your assets.)

7. LIFE INSURANCE:

Company	Type of Policy	Present value (if any)	Death Benefit Amount	Beneficiary

8. ANNUAL INCOME:

Source of Income: ____

Estimated Annual Amount: ________________________________ Taxable? (Yes) (No)

Source of Income: ____

Estimated Annual Amount: ________________________________ Taxable? (Yes) (No)

Source of Income: ____

Estimated Annual Amount: ________________________________ Taxable? (Yes) (No)

9. SECURITIES: (e.g., bonds, marketable securities)

Company or Issuer	Type (Common or Preferred)	# of Shares of Face Value	How Title Held	Cost	Market Value

10. EMPLOYEE BENEFITS: (e.g., interest in profit sharing or pension plan; stock options)

Nature of Benefit	Present Value	Retirement Income	Death Benefit Amount*	Beneficiary

*Payment of Death Benefit: [ ] Lump Sum [ ] Annuity [ ] To be elected by ______________________

11. IRA, KEOGH, AND OTHER RETIREMENT PLANS:

Type	Where Held	In Whose Name	When Begun	Amount

12. REAL ESTATE:

Description and Location	Title Held	Cost/Basis	Encumbrances	Market Value

13. PERSONAL PROPERTY: (Indicate how ownership is held)

	Value*	How Held
Home Furnishings		
Automobiles		
Jewels and furs		
Other (collections, antiques, etc.)		

*This figure is an estimated value; we do not need a list of specific items (e.g., Jewelry $10,000).

14. BUSINESS INTERESTS:

Please provide the following information:

Business Name and Location	% owned by you	Name(s) and relationship of co-owner(s)	Form*	Present Value (your estimate)**

*E.g., Sole proprietorship; closely held corporation; partnership, etc.

**PLEASE NOTE: If there is a Shareholders Agreement, Buy-Sell Agreement, or any other agreements relating to death, disability or retirement of a partner of shareholder, PLEASE BRING A COPY.

15. RIGHTS OR INTERESTS IN TRUSTS, ESTATES, OR PROSPECTIVE INHERITANCE:

(Give name of person who is the source of the interest, as well as the nature and value of the interest.) INCLUDE POWERS OF APPOINTMENT. (Please bring a copy of the instrument that creates the power of appointment, if applicable.)

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16. MISCELLANEOUS:

A. Do you have an interest in any of the following?

a. Leaseholds? ______________________
b. Annuities? ________________________
c. Oil/Mineral Rights? ________________
d. Franchises/Licenses? _______________
e. Contracts? _________________________
f. Rights as Creditor? __________________
g. Memberships? ______________________
h. Other not described herein? __________
____

If you answered yes to any of the above, please provide details: ____

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B. Do you have a Safe Deposit Box? Yes No

If yes, please provide the following information:

Box Number: ________________________

Location (include institution name, address and phone number):

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Individuals who have access:

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17. LIABILITIES: (Debts owed by you, contractual and leasehold obligations, pending lawsuits and claims, etc.)

Description	Name of Debtor	Amount	When Due
Home Mortgage			
Other Mortgage			
Secured real property loans			
Notes and accounts payable by you			
Loans on insurance policies			
Unsecured promissory notes			
General Obligations			
Other			

18. GIFTS YOU HAVE MADE:

Include gifts made between 1932 and 1981 in excess of $3,000 per year per donee. Include gifts made since 1981 in excess of $10,000 per year per donee.

Donor	Donee	Date Given	Return Filed (Y or N)	Value

19. OTHER: (other information that you think is important to your estate planning. For example, interest in charitable bequests, specific personal or religious concerns that you would like addressed, or certain family matters we should be aware of.)

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I understand that the information provided above is complete, accurate, and true to the best of my knowledge. I understand that my attorney will rely on the above responses when recommending an estate plan and any information I have failed to provide on this form or through my personal contact with my attorney may result in an inaccurate or incomplete estate plan. I also understand that should circumstances change that would warrant the revision of any information provided herein, I will communicate such circumstances to my attorney as soon as possible.

CLIENT:

____

Signature

____

Please print name

Date: ______________________________

When complete, please keep a copy and mail original to: Kirschbaum, Nanney, Keenan & Griffin, P.A., Post Office Box 19766, Raleigh, NC 27619-9766, ATTENTION: Charles N. Griffin, III. Please call (919) 848-0420 if you have any questions. Thank you.