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

Note: If married, and if we will be meeting with and assisting both spouses, <u>each spouse needs to sign this form.</u>

All information is kept strictly confidential.

If you have any current estate planning documents, please bring copies to the first meeting. If you have a divorce decree, separation agreement, or pre-marital agreement please bring copies of those documents as well.

Date:			
Full name:			
Gender: Date of Birth:	_ US Citizen (yes/no):	_ Veteran (yes/no):	
If married:			
Full name of spouse:			
Gender: Date of Birth:	US Citizen (yes/no):	_ Veteran (yes/no):	
Date and location of marriage:			
Home address:		Zip:	
County in which you reside (Wake, Johnston, etc.):			
Work address:			
Telephone number(s): Home:	Work:	Cell:	
How did you find us?			
If we may contact you by email, please provide email address(es):			
Please list full name of any former spouses and dates and locations of divorce:			
If you have any living or deceased natural-born, adopted, or step children, please list all of their full names, addresses, telephone numbers, gender, dates of birth, and dates of death, if applicable. Please indicate whether they are natural-born, adopted, or step-children:			

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Please list the following information (attach additional sheets if necessary). We will discuss all these matters at length, so do not worry if you do not have all this information before our first meeting. However, it is very helpful to us to have as much of this background information as you can provide before we meet.

1. Please provide us with your current asset information (real estate, life insurance, IRA's, 401(k)' bank accounts, brokerage accounts, etc). Please list how each asset is owned (individually or joint with another person) and its approximate fair market value. If there is a beneficiary, please also list the fundame of the beneficiary and his or her relationship to you.
2. Please describe any specific estate planning goals, wishes, or concerns.
3. Please list your initial thoughts, if any, on whom you might want to serve in the various fiduciar roles, such as executor in the will, agent in the power of attorney, and health care agent in the health care documents.

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I understand that the information provided herein 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 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.

If I am married, and if Kirschbaum, Nanney, Keenan & Griffin, P.A. is going to represent me and my spouse jointly, then although I have the right to separate representation by separate attorneys, I consent to the dual representation by an attorney with Kirschbaum, Nanney, Keenan & Griffin, P.A., I waive my attorney-client privilege as to my spouse, and I understand that any communications between one spouse and the attorney may be revealed to the other spouse.

	If married:
CLIENT:	CLIENT:
Signature	Signature
Printed Name	Printed Name
Date	Date

As stated above, if you are married, and if we will be meeting with and assisting both spouses, <u>each</u> <u>spouse needs to sign this form</u>.

Please call (919) 848-0420 if you have any questions. Thank you and we look forward to meeting you soon!

When complete, please keep a copy and mail the signed original to:

Kirschbaum, Nanney, Keenan & Griffin, P.A. Post Office Box 19766, Raleigh, NC 27619-9766

or

Fax to (919) 846-3619