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ESTATE PLANNING QUESTIONNAIRE

Please complete this form as accurately as possible. **Provide this form to our office** via email, fax, mail, or drop off. We will then contact you to schedule a free consultation.

Goals. What Are Your Estate Planning Goals? (Check All That Apply):

Allow my beneficiaries to avoid/simplify the probate process.

Ensure my assets get to whom I want them to go.

Provide financial security for my minor children.

Give to charitable organizations.

Provide for someone with special needs.

Plan for my potential incapacity (Power of Attorney).

Other: _____

1. **Full Legal Name** _____

Phone Number _____ **Email** _____

2. **Spouse's Full Legal Name** _____

Phone Number _____ **Email** _____

3. **Address** _____

4. **Marital Status** Married Divorced Separated Widowed Single

5. **Information About Your Children**

Full Legal Name	Age	Address	Phone #
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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10. Retirement Benefits

11. Business Interests Owned

Fiduciaries

12. Executor Of Your Estate (Who do you want to appoint as Executor to administer your Estate?)

	Full Legal Name	Address	Phone #
1 st Option:	_____	_____ _____	_____
2 nd Option:	_____	_____ _____	_____

13. Trustee Of Your Trust (Who do you want to appoint as Trustee to administer your trust?)

	Full Legal Name	Address	Phone #
1 st Option:	_____	_____ _____	_____
2 nd Option:	_____	_____ _____	_____

14. **Power Of Attorney** (Who do you want to serve as your power of attorney to make financial and business decisions for you should you become unable to do so for yourself?)

Full Legal Name	Address	Phone #
1 st Option: _____	_____	_____

2 nd Option: _____	_____	_____

15. **Healthcare Power Of Attorney** (Who do you want to serve as your healthcare power of attorney to make decisions about your medical treatment should you become unable to do so for yourself?)

Full Legal Name	Address	Phone #
1 st Option: _____	_____	_____

2 nd Option: _____	_____	_____

16. **Guardian Of Your Children** (Who would you nominate as Guardian of your minor children should both parents become incapacitated or die?)

Full Legal Name	Address	Phone #
1 st Option: _____	_____	_____

2 nd Option: _____	_____	_____

17. **Additional Information**
