



**KNOX
LAW**

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CONFIDENTIAL COUPLES PERSONAL INFORMATION WORKSHEET

The purpose of this Personal Information Worksheet is to help prepare you for our upcoming meeting and to provide us with important personal and asset information. This information is needed to properly advise you regarding your estate plan and other needs. Please complete and return prior to our meeting. If additional space is needed for any subject, please add extra sheets or continue on the reverse of any page.

All information provided here will be kept confidential and is part of your attorney-client relationship with The Law Office of Caroline Knox PLLC. Any disclosure of this information to third parties must be expressly authorized by you prior to said disclosure.

Please return this form with the following items prior to our meeting:

- Current will, powers of attorney, and other estate planning documents
- Premarital or postmarital agreement (if applicable)
- Any gift tax returns previously filed
- Long-Term Care Insurance policy(ies)
- Records showing beneficiary designations for life insurance policies or annuities
- Records showing beneficiary designations for retirement plan and IRA accounts
- Copies of deeds to any real estate
- Current statements on all bank and investment accounts

Thanks in advance for writing legibly.

PLEASE CHECK YOUR CORRECT RELATIONSHIP STATUS:

_____ We are legally married.

_____ We are committed partners.

TELL US ABOUT YOU—Client 1 Information		
Full Legal Name (per Social Security Card)		
Name As You Want It To Appear On Your Documents (if different)		
Home Address		
Mailing Address (if different from home address)		
County of Residence	Date and Place of Birth	
SSN	Veteran Status	
Occupation/(Former) Employer	Email Address	
Home Phone	Work Phone	Cell Phone
EMAIL AUTHORIZATION - Please circle your answers		
I authorize The Law Office of Caroline Knox to send me e-mail for appointment scheduling & other non-confidential matters:		
Client 1	YES	NO
I authorize The Law Office of Caroline Knox to send me e-mail including confidential information and documents:		
Client 1	YES	NO
Father's Name		Mother's Name
Prior State Of Residence		Year You Moved To Current State Of Residence
If legally married, have you lived in any of the following "community property" states: AZ, CA, ID, LA, NV, NM, TX, WA, or WI?		
Date and place of current marriage (if applicable)	Do you have a pre- or post- nuptial agreement?	
Were you previously married?	If yes, name of former spouse	
If yes, date and place of termination	Was marriage terminated by death or divorce?	
Do You Have Support Obligations To Or From Your Former Spouse (e.g. child support, alimony)?		

TELL US ABOUT YOU—Client 2 Information		
Full Name (Per Social Security Card)		
Name As You Want It To Appear On Your Documents (if different)		
County of Residence	Date and Place of Birth	
SSN	Veteran Status	
Occupation/(Former) Employer	Email Address	
Home Phone	Work Phone	Cell Phone
EMAIL AUTHORIZATION - Please circle your answer		
I authorize The Law Office of Caroline Knox to send me e-mail for appointment scheduling & other non-confidential matters:		
Client 2	YES	NO
I authorize The Law Office of Caroline Knox to send me e-mail including confidential information and documents:		
Client 2	YES	NO

Father's Name	Mother's Name
Prior State Of Residence	Year You Moved To Current State Of Residence
Were you previously married?	If yes, name of former spouse
If yes, date and place of termination	Was marriage terminated by death or divorce?
Do you have support obligations to or from your former spouse (e.g. Child support, alimony)?	

TELL US ABOUT YOUR CHILDREN (Please list all children including deceased and estranged children.)

Full Legal Name	Gender	
Home Address		
Social Security Number	Date of Birth	
Occupation	Marital Status/Spouse's Name	
Home Phone	Work Phone	Cell Phone
Email Address		
If this is not a child of your current relationship, which of you is his/her parent? CLIENT 1 _____ CLIENT 2 _____		
Does this child have any special needs? Disabilities? Special concerns?		

Children (Your Grandchildren)

- | | |
|---------------|----------------|
| 1. Full Name: | Date of Birth: |
| 2. Full Name: | Date of Birth: |
| 3. Full Name: | Date of Birth: |
| 4. Full Name: | Date of Birth: |

Full Legal Name	Gender	
Home Address		
Social Security Number	Date of Birth	
Occupation	Marital Status/Spouse's Name	
Home Phone	Work Phone	Cell Phone
Email Address		
If this is not a child of your current relationship, which of you is his/her parent? CLIENT 1 _____ CLIENT 2 _____		
Does this child have any special needs? Disabilities? Special concerns?		

Children (Your Grandchildren)

- | | |
|---------------|----------------|
| 1. Full Name: | Date of Birth: |
| 2. Full Name: | Date of Birth: |
| 3. Full Name: | Date of Birth: |
| 4. Full Name: | Date of Birth: |

TELL US ABOUT YOUR CHILDREN			
Full Legal Name		Gender	
Home Address			
Social Security Number		Date of Birth	
Occupation		Marital Status/Spouse's Name	
Home Phone	Work Phone	Cell Phone	
Email Address			
If this is not a child of your current relationship, which of you is his/her parent? CLIENT 1 _____ CLIENT 2 _____			
Does this child have any special needs? Disabilities? Special concerns?			
Children (Your Grandchildren)			
1. Full Name:		Date of Birth:	
2. Full Name:		Date of Birth:	
3. Full Name:		Date of Birth:	
4. Full Name:		Date of Birth:	
Full Legal Name		Gender	
Home Address			
Social Security Number		Date of Birth	
Occupation		Marital Status/Spouse's Name	
Home Phone	Work Phone	Cell Phone	
Email Address			
If this is not a child of your current relationship, which of you is his/her parent? CLIENT 1 _____ CLIENT 2 _____			
Does this child have any special needs? Disabilities? Special concerns?			
Children (Your Grandchildren)			
1. Full Name:		Date of Birth:	
2. Full Name:		Date of Birth:	
3. Full Name:		Date of Birth:	
4. Full Name:		Date of Birth:	

TELL US ABOUT YOUR GOALS

It is important to us to understand what issues you would like to discuss during our estate planning conference. “Not sure” indicates that you would like us to give a brief explanation of the issue, so that you can decide whether it’s something that we need to discuss in more depth.

YES	NO	NOT SURE	
			Making estate administration easier/simpler for the surviving spouse or partner
			Minimizing/eliminating estate taxes
			Avoiding probate in North Carolina or other states where you own property
			Trust arrangements for children or others
			Asset protection planning - for you
			Asset protection planning - for your heirs/beneficiaries
			Protecting an adult child’s inheritance from a failed marriage
			Qualification for Medicaid benefits after your assets are depleted
			Guardianship for minors (after your death)
			Making lifetime gifts, either to people or to charity
			General Power of Attorney - for business and financial decisions
			Health Care Power of Attorney - for medical decisions
			Living Will (i.e., declaration of a desire for a natural death)
			Children or other beneficiaries with special needs
			Charitable bequests
			Beneficiary arrangements for life insurance, IRAs, or retirement plans
			Business issues such as partnership or LLC buyout, corporate stock, etc.
			Arrangements for joint accounts, or for “pay on death” accounts

IDENTIFY YOUR OWN GOALS BELOW IF NOT LISTED ABOVE

TELL US ABOUT YOUR MONTHLY INCOME SOURCES:		
	CLIENT 1 INCOME:	CLIENT 2 INCOME:
Wages		
Social Security		
Pension		
Annuity		
Rental Properties		
Other Income		
Other Income		
<i>Total</i>		

TELL US ABOUT YOUR GIFTS & POTENTIAL INHERITANCES	
Are you or your spouse/partner likely to receive an inheritance or substantial gift? <i>(If so, please fill in estimated amount)</i>	
Client 1:	Client 2:
Are you or your spouse/partner currently the beneficiary of any trust? <i>(If so, please provide a copy of the trust document)</i>	
Client 1:	Client 2:
Do you or your spouse/partner anticipate becoming the beneficiary of a trust in the future?	
Client 1:	Client 2:
Do you or your spouse/partner have a power of appointment over any trust assets? <i>(If so, please provide a copy of trust document)</i>	
Client 1:	Client 2:
Have you or your spouse/partner ever filed a gift tax return? <i>(If so, please provide the years for which a return was filed)</i>	
Client 1:	Client 2:

TELL US ABOUT YOUR ADVISORS	
Client 1's Primary Physician	Physician's Phone number
Client 2's Primary Physician	Physician's Phone Number
Other Physicians With Important Records	
Insurance Agent	Insurance Agent's Phone Number
Accountant	Accountant's Phone Number
Attorney For Non-Estate Planning Matters	Attorney's Phone Number
Financial Advisor	Financial Advisor's Phone Number
If you are not already working with other advisors, would you like for us to offer you referrals?	

TELL US ADDITIONAL INFORMATION AND INSTRUCTIONS		
Do you have long-term care insurance?		
Client 1	YES L	NO L
Client 2	YES L	NO L
Do you desire cremation?		
Client 1	YES L	NO L
Client 2	YES L	NO L
Do you have a prepaid funeral plan and/or burial plot?		
Client 1	YES L	NO L
Client 2	YES L	NO L
Do you have a safe deposit box? If so, where is the key?		
If so, is there a joint owner?		

TELL US ABOUT YOUR ASSETS

Note: We find that clients sometimes write very conservative values for real estate and business assets, knowing that the true market value is probably higher. For these planning purposes, please try to write down what you think the asset would be worth if you sold it. We want to provide the best advice we can, and to do that we need to know what the assets are truly worth. This information is confidential.

REAL ESTATE

NOTE: If real estate is owned by a company, such as a corporation, partnership or LLC, then do not list it here. Include the real estate value as part of the company's value as listed in the "closely-held business" section below.

Property Address (list full address with county)	Owner Name(s) (individual or joint)	Mortgage Amount	Estimated Market Value

BROKERAGE ACCOUNTS

NOTE: List IRAs and 401(k)s under the "retirement benefits" table.

Brokerage Company	Owner Name(s) (individual or joint)	Estimated Market Value	Transfer on Death/Beneficiary Designation

BANK ACCOUNTS

NOTE: List IRAs and 401(k)s under the "retirement benefits" table.

Name of Bank	Owner Name (individual or joint)	Type of Account (checking, savings, etc.)	Estimated Balance	Pay on Death/Beneficiary Designation

CLOSELY-HELD BUSINESS, INCLUDING CORPORATION, PARTNERSHIP, OR LLC , AND ANY OTHER STOCKS AND BONDS HELD OUTSIDE BROKERAGE ACCOUNTS		
Name of Corporation, Partnership, or LLC	Owner Name (individual or joint) *it is very rare that these are joint*	Estimated Market Value

NOTES AND OTHER MONEY OWED TO YOU		
DEBTOR	Owner Name (individual or joint)	BALANCE

LIFE INSURANCE						
Please provide a copy of the beneficiary statement for each policy						
Company	Policy Owner	Insured	Term or Whole	Death Benefit	Primary Beneficiary	Contingent Beneficiary

IRA, 401(k), AND OTHER RETIREMENT BENEFITS (Profit Sharing, 403(b), SEP, etc.)					
Company	Type of Account	Owner Name (individual or joint)	Estimated Market Value	Primary Beneficiary	Contingent Beneficiary

TELL US ABOUT YOUR DEBTS (other than mortgages - includes credit cards, car loans and other obligations)			
Type of Debt	Creditor	Amount Owed	Whose Debt? (individual or joint)
TOTAL:			

SUMMARY OF ASSETS

Please indicate current gross fair market values.
(these may be approximate as they will change over time)

	CLIENT 1	CLIENT 2	JOINT
REAL ESTATE			
BROKERAGE ACCOUNTS			
STOCKS/BONDS			
PARTNERSHIP INTERESTS			
BUSINESS INTERESTS			
BANK ACCOUNTS			
RETIREMENT PLANS			
NOTES OWED TO YOU			
LIFE INSURANCE (Death Benefit)			
VEHICLES			
OTHER PERSONAL PROPERTY (oil and gas interests, stock options, time share, copyrights, trademarks, etc.)			
OTHER PERSONAL PROPERTY			
OTHER PERSONAL PROPERTY			
OTHER PERSONAL PROPERTY			
SUBTOTAL GROSS ASSETS			
SUBTRACT DEBTS			
TOTAL NET ASSETS			

TELL US WHO SHOULD SERVE AS YOUR REPRESENTATIVES

Note: We provide this space for you to write down the various names if you already know who you want to name in these roles. If you do not already know, then you may certainly leave this page blank. These choices are some of the most important ones that you will make in your estate planning, and we will be glad to share our experience and ideas with you to help you decide.

GENERAL POWER OF ATTORNEY (GPOA)

IF YOU HAVE A PREVIOUS GPOA THAT HAS BEEN RECORDED WITH A REGISTER OF DEEDS OFFICE, PLEASE CHECK HERE.

During your lifetime, if you are unable, who should manage your finances, pay your bills, file your taxes, make business and property decisions, etc.?

	Client 1	Client 2
1st Choice	Name:	Name:
2nd Choice	Name:	Name:
3rd Choice	Name:	Name:

HEALTH CARE POWER OF ATTORNEY

During your lifetime, if you are unable, who should make medical decisions for you, including both simple decisions (consenting to an operation) and end-of-life decisions (withholding treatment)?

	Client 1	Client 2
1st Choice	Name & Relationship:	Name & Relationship:
	Address & Phone:	Address & Phone:
2nd Choice	Name & Relationship:	Name & Relationship:
	Address & Phone:	Address & Phone:
3rd Choice	Name & Relationship:	Name & Relationship:
	Address & Phone:	Address & Phone:

GUARDIANSHIP PROVISIONS

If you have minor children or are the court-appointed guardian for an adult child, who should be the legal guardian for them after you and their other parent are both deceased?

If you are naming a married couple, and if they are not still together at the time they are to become guardians, would you want just one of them to be the guardian? (If so, please circle that person's name) Or would you want your second choice, written below, to be guardian?

1 ST Choice	
2 ND Choice	

EXECUTOR/PERSONAL REPRESENTATIVE OF ESTATE

After your death, who should handle the settlement of your estate?

For example, arranging the division of property, payment of debts, and the filing of the estate tax return?

	Client 1	Client 2
1st Choice	Name:	Name:
	Relationship:	Relationship:
2nd Choice	Name:	Name:
	Relationship:	Relationship:
3rd Choice	Name:	Name:
	Relationship:	Relationship:

TRUSTEE INFORMATION

After your death, who should handle the administration of your trust? For example, managing trust property, payment of debts, filing the trust tax return and making distributions from the trust to its beneficiaries.

	Client 1:	Client 2:
1st Choice	Name:	Name:
	Relationship:	Relationship:
2nd Choice	Name:	Name:
	Relationship:	Relationship:
3rd Choice	Name:	Name:
	Relationship:	Relationship:

TRUSTEE OF ONGOING TRUSTS FOR MINORS

If you have minor children and a trust will be established for the benefit of your minor children, who should manage those trust assets and make decisions about distributions until the trust terminates?

1st Choice	Name	Address (if not already provided)	Phone Number
2nd Choice	Name	Address (if not already provided)	Phone Number
3rd Choice	Name	Address (if not already provided)	Phone Number