
Personal Information Questionnaire

(PIQ)

CONFIDENTIAL

The purpose of this Worksheet is to help prepare you for our upcoming estate planning consultation and to provide us with important personal and asset information related to your estate so that we are able to properly advise you on your situation. Please complete this worksheet with as much information as you can provide. (Approximate completion time: 30-60 minutes). If you need more space, please add additional sheets.

It is very important that you return the completed Worksheet to our office at least one week before our consultation so that we may properly prepare for our meeting. If you have any questions, please call Bonnie Archer at (828) 258-0994.

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Appointment Date: _____ Day: _____ Time: _____

**STRAUSS & ASSOCIATES, P.A.
PERSONAL INFORMATION QUESTIONNAIRE (PIQ)**

CONFIDENTIAL

The purpose of this Personal Information Questionnaire (PIQ) is to help prepare you for our upcoming consultation and to provide us with important personal and asset information related to your estate so that we are able to properly advise you on your situation and needs. It is very important that you complete and return this PIQ to our office prior to our planning meeting. If additional space is needed for any subject, please add extra sheets.

Today's Date: _____

GENERAL INFORMATION

YOU

Mr. Mrs. Ms. Dr. Rev.

Marital Status:

Married Single Divorced Widowed Domestic Partners

Date of Marriage: _____ Prenuptial Agreement? Yes No

If Widowed, Date of Spouse's Death: _____

U.S. Citizen? YOU Yes No

 SPOUSE Yes No

Full Legal Name _____ Birthdate: _____

Preferred Name You Use to Sign Documents _____

Nickname _____ e-mail address: _____

Primary Home Address _____

City _____ State _____ Zip _____

County _____

Social Security Number _____

Primary Home Phone (____) _____ Cell Phone (____) _____

Fax: (____) _____

Employer _____ Occupation _____

Business Phone (____) _____ Fax (____) _____

Business Address _____

City _____ State _____ Zip _____ County _____

YOUR SPOUSE/PARTNER

Full Legal Name _____ Birthdate: _____

Preferred Name You Use to Sign Documents _____

Nickname _____ e-mail address: _____

Primary Home Address _____

City _____ State _____ Zip _____ County _____

Social Security Number _____

Primary Home Phone (____) _____ Cell Phone (____) _____

Fax: (____) _____

Employer _____ Occupation _____

Business Phone (____) _____ Fax (____) _____

Business Address _____

City _____ State _____ Zip _____ County _____

YOUR CHILDREN

(PROVIDE ADDITIONAL SHEETS IF NEEDED)

1. Full Legal Name _____ Nickname _____ M F

Related To: You Only Spouse Only Both You & Spouse

Natural Child Legally Adopted Other: _____

Date of Birth _____ Age _____

Primary Home Address _____

City _____ State _____ Zip _____

Primary Home Phone (____) _____ Cell Phone (____) _____

Social Security Number _____ Occupation _____

Marital Status: Married Single Divorced Widowed Domestic Partners

Spouse Full Legal Name: _____

Grandchildren (provide full legal names & dates of birth) _____

Great-grandchildren (provide full legal names & dates of birth) _____

2. Full Legal Name _____ Nickname _____ M F

Related To: You Only Spouse Only Both You & Spouse

Natural Child Legally Adopted Other: _____

Date of Birth _____ Age _____

Primary Home Address _____

City _____ State _____ Zip _____

Primary Home Phone (____)_____ Cell Phone (____)_____

Social Security Number _____ Occupation _____

Marital Status: Married Single Divorced Widowed Domestic Partners

Spouse Full Legal Name: _____

Grandchildren (provide full legal names & dates of birth) _____

Great-grandchildren (provide full legal names & dates of birth) _____

3. Full Legal Name _____ Nickname _____ M F

Related To: You Only Spouse Only Both You & Spouse

Natural Child Legally Adopted Other: _____

Date of Birth _____ Age _____

Primary Home Address _____

City _____ State _____ Zip _____

Primary Home Phone (____)_____ Cell Phone (____)_____

Social Security Number _____ Occupation _____

Marital Status: Married Single Divorced Widowed Domestic Partners

Spouse Full Legal Name: _____

Grandchildren (provide full legal names & dates of birth) _____

Great-grandchildren (provide full legal names & dates of birth) _____

4. Full Legal Name _____ Nickname _____ M F

Related To: You Only Spouse Only Both You & Spouse

Natural Child Legally Adopted Other: _____

Date of Birth _____ Age _____

Primary Home Address _____

City _____ State _____ Zip _____

Primary Home Phone (____)_____ Cell Phone (____)_____

Social Security Number _____ Occupation _____

Marital Status: Married Single Divorced Widowed Domestic Partners

Spouse Full Legal Name: _____

Grandchildren (provide full legal names & dates of birth) _____

Great-grandchildren (provide full legal names & dates of birth) _____

5. Full Legal Name _____ Nickname _____ M F

Related To: You Only Spouse Only Both You & Spouse

Natural Child Legally Adopted Other: _____

Date of Birth _____ Age _____

Primary Home Address _____

City _____ State _____ Zip _____

Primary Home Phone (____)_____ Cell Phone (____)_____

Social Security Number _____ Occupation _____

Marital Status: Married Single Divorced Widowed Domestic Partners

Spouse Full Legal Name: _____

Grandchildren (provide full legal names & dates of birth) _____

Great-grandchildren (provide full legal names & dates of birth) _____

Disinheriting — Do you or your spouse have any relatives whom you specifically do not want to receive anything from your estate?

Name

Relationship

YOU

SPOUSE/PARTNER

Do you presently have a will? Yes No Year: _____

Yes No Year: _____

Do you presently have a trust? Yes No Year: _____

Yes No Year: _____

YOUR REPRESENTATIVES

If you & your spouse are both incapacitated, who would you want to handle your financial affairs? Please provide at least 2 names in order of priority & print full legal names.

If both you & your spouse are deceased, who would you want to handle your estate/financial affairs—in order of priority?

If same as #1 above, check box

If different: _____

DURABLE POWER OF ATTORNEY (FINANCIAL AFFAIRS)— Do you want your durable power of attorney to become effective immediately, or only if you are incapacitated?

Immediately

Only if I am incapacitated

YOUR ADVISORS

Attorney: _____

Telephone: _____

Accountant: _____

Telephone: _____

Stock Brokers: _____

Telephone: _____

Telephone: _____

Financial Advisor: _____

Telephone: _____

Life Insurance Agent: _____

Telephone: _____

SPECIFIC DISTRIBUTIONS — Do you wish to make any specific distributions of personal property or money to individuals and/or charities after your death? (For example, do you want to make any specific gifts to siblings, other relatives, friends? These gifts would be made before your estate would be distributed to your descendants or other beneficiaries.)

<u>Individuals</u>		Only If Spouse Is Deceased? (Circle Y or N)	
_____	\$ _____	Y	N
_____	\$ _____	Y	N
_____	\$ _____	Y	N
 <u>Charities</u>			
_____	\$ _____	Y	N
_____	\$ _____	Y	N
_____	\$ _____	Y	N

BENEFICIARIES — Who do you want to inherit your estate after your & your spouse's death?

To children: Yes No

In equal shares? Yes No

If not in equal shares, how do you want your estate divided among your children?

_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Among other family members or beneficiaries:

List names, relationship, percentage or dollar amount:

<u>Name</u>	<u>Relationship</u>	<u>%</u>	OR	<u>\$ AMOUNT</u>
_____	_____	_____ %	OR	\$ _____
_____	_____	_____ %	OR	\$ _____
_____	_____	_____ %	OR	\$ _____
_____	_____	_____ %	OR	\$ _____

“ARMAGEDDON PROVISION” — If everyone in your family is deceased, who would you want your estate to go to (individuals and/or charities)?

_____	_____ (Fraction or %)
_____	_____ (Fraction or %)
_____	_____ (Fraction or %)

HEALTH CARE

HEALTH CARE POWER OF ATTORNEY — If you are incapacitated & unable to make health care decisions for yourself, who do you want to make health care decisions for you? Please provide at least 2 names (full legal names) in the order in which you want them to serve:

HEALTH CARE (HIPAA)— Who do you want to be able to obtain information from doctors/hospitals if you are receiving medical care? (Due to new federal privacy regulations (HIPAA), unless you list individuals' names on this form they will be denied information about your care/condition.)

MINOR CHILDREN/HEALTH CARE — If you have minor children and both you & your spouse are incapacitated, or perhaps simply unavailable (e.g. on a trip abroad), who would you authorize to consent to health care for them? Please provide at least 2 people (full legal names) & their addresses:

MINOR CHILDREN/GUARDIAN — If you have minor children and are unable to take care of them, or both you & your spouse are deceased, who would you want to be Legal Guardians of your children? -- please provide at least 2 people (full legal names) & their addresses:

DISABILITIES — Does anyone in your family, of your beneficiaries, have any special needs due to mental or physical disability?

Name	Relationship	Type of Disability
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER

PETS — Do you want to make any special provisions for care of pets if both you & your spouse are incapacitated or deceased? If you have people in mind to take them, list them here with their addresses and if you want to provide any dollar amounts along with the pets, or other information.

CREMATION — Do you and/or your spouse wish to be cremated?

You Yes No
Spouse Yes No

ANY OTHER INFORMATION YOU WISH TO PROVIDE: _____

YOUR GOALS

It is important to us that we understand what motivates you to prepare your estate plan, what your goals are and how we can help you achieve those goals. Please answer the following questions giving thoughtful consideration to the issues. Please note that there is no right or wrong answer. Rank the top five (5) concerns that you have (**1 = most important, 5 = least important**) and identify any other concerns that are important to you with an "X."

YOU	SPOUSE	GOALS
		Provide a plan to manage property if one (or both) of you became disabled.
		Avoid probate administration, and time delays and expenses, associated with probate.
		Reduce estate taxes.
		Pay No Estate Tax.
		Provide for your children.
		Protect our children's inheritance from creditors and spouses.
		Establish and maintain an order of succession and control of family assets.
		Increase family wealth.
		Promote family harmony by insuring that any disputes will be resolved privately by arbitration rather than publicly through the court system.
		Plan for the needs of a disabled or minor child.
		Provide for parent.
		Keep our children from paying estate taxes at their death on the assets we gave them.
		To give what is mine to my family and what is my spouses' to their family.
		Help family members be financially responsible.
		Maintain privacy from outsiders.
		Insulate our estate from creditors.
		Provide for charitable interests or create a charitable endowment.
		Find more income to live on by restructuring assets.
		Continue to make gifts to family, friends, and loved ones, even when I am disabled.
		I have no interest in providing for my children or heirs, or particular children or heirs.
		Keep family business, farm, or land holding intact for our family after our death.
		Remain at home after disability or incompetence and be cared for the way you choose.
		Protect my spouse and children should there be a remarriage after my death.
		Protect children from immature spending habits.
		Leave a charitable legacy in your community.

IDENTIFY YOUR OWN GOALS BELOW IF NOT LISTED ABOVE.

ASSETS AND INCOME

	<u>YOU</u>	<u>SPOUSE/PARTNER</u>	<u>JOINT</u>
Cash/Checking Accounts	_____	_____	_____
Investment Accounts	_____	_____	_____
Retirement Plans	_____	_____	_____
Life Insurance & Annuities	_____	_____	_____
Real Property	_____	_____	_____
Stocks	_____	_____	_____
Bonds	_____	_____	_____
Partnership Interests	_____	_____	_____
Business Interests	_____	_____	_____
Interests	_____	_____	_____
Other: _____	_____	_____	_____
_____	_____	_____	_____
TOTAL ASSETS:	_____	_____	_____

LIABILITIES

	<u>YOU</u>	<u>SPOUSE/PARTNER</u>	<u>JOINT</u>
Real Estate Mortgages Payable	_____	_____	_____
Loans Payable	_____	_____	_____
Accounts Payable	_____	_____	_____
Contingent Liabilities	_____	_____	_____
Loans Against Life Insurance	_____	_____	_____
Unpaid Taxes	_____	_____	_____
Other Liabilities	_____	_____	_____
TOTAL LIABILITIES:	_____	_____	_____

ANNUAL INCOME

	<u>YOU</u>	<u>SPOUSE/PARTNER</u>		<u>TOTAL</u>
Social Security	_____	_____		_____
Company Retirement	_____	_____		_____
Qualified Plan	_____	_____		_____
Dividends	_____	_____		_____
Rental Income	_____	_____		_____
Mortgage Receivables	_____	_____		_____
Business Income	_____	_____		_____
Annuities	_____	_____		_____
Other	_____	_____		_____
Total:	_____	_____	=:	_____

What is your approximate marginal tax bracket? _____

What amount of annual after-tax dollars would you need to maintain your current lifestyle?

You: \$ _____ Spouse/Partner: \$ _____ = Total: \$ _____

How did you hear about Strauss & Associates?

- Phonebook
- Seminar
- Ad. Where did you see or hear the ad?: _____
- Existing Strauss & Associates Client: _____
- Other: _____

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE!