



**KNOX  
LAW**

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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.

All information provided here will be kept confidential and is part of your attorney-client relationship with The Law Office of Caroline Knox PLLC. We will not disclose any of this information to third parties without your express authorization.

The following will help us to serve you most effectively:

Please complete and return this worksheet prior to our meeting. This and other requested documentation may be returned to us in person, by mail, fax, or email (marylou@cknoxelderlaw.com), or through our Dropbox account (please email marylou@cknoxelderlaw.com for a link). We cannot accept flash drives as they may contain malware that could compromise our network security.

If additional space is needed for any subject, please add extra sheets.

This worksheet will be used as reference for any documents we may prepare. Please complete it as legibly as you are able. If you would prefer to receive a fillable PDF via email, please contact our office.

Please return this form with the following items:

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

**Thank you for choosing Knox Law. We look forward to working with you!**

YOUR RELATIONSHIP	
Are you legally married? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please answer the other questions in this section</i>	Date and place of marriage:
Do you have a pre- or post-nuptial agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	During your marriage, have you lived in any of the following "community property" states? Select all that apply: <input type="checkbox"/> AZ <input type="checkbox"/> CA <input type="checkbox"/> ID <input type="checkbox"/> LA <input type="checkbox"/> NV <input type="checkbox"/> NM <input type="checkbox"/> TX <input type="checkbox"/> WA <input type="checkbox"/> WI

TELL US ABOUT YOU—Husband		
Name as you want it to appear on documents		
Full Legal Name (per Social Security Card), if different		
Home Address	County of residence	
Mailing Address (if different from home address)		
Home phone	Work phone	Mobile phone
Email address		Social Security Number
Occupation/(former) employer	Veteran status	
Date of birth	Place of birth	
Father's name	Mother's name	
Prior state of residence	Year you moved to current state of residence	
Were you previously married? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please answer the following questions</i>	Name of former spouse	
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)?		

COMMUNICATION PREFERENCES <i>Please select one in each section.</i>	
Appointment scheduling & other non-confidential matters	<input type="checkbox"/> Email* <input type="checkbox"/> Phone <input type="checkbox"/> Text*
All communications including confidential information	<input type="checkbox"/> Email* <input type="checkbox"/> Phone
Drafts of documents for review	<input type="checkbox"/> Email* <input type="checkbox"/> Mail <input type="checkbox"/> Pick up at office
*Notes regarding electronic communications: <ul style="list-style-type: none"> <li>• By selecting "email" or "text" you are authorizing the Law Office of Caroline Knox to send you emails or texts for the specified purpose.</li> <li>• Please add our domain to your address book if necessary for our emails to be delivered. If you are expecting an email from us, please check your spam or junk email folder in case it was directed there by your email provider.</li> </ul>	

OTHER INFORMATION	
Do you have long-term care insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a prepaid funeral plan and/or burial plot? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your wish for your remains after death? <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other:	

<b>TELL US ABOUT YOU—Wife Information</b>		
<b>You may write “same” for information that is the same as Husband</b>		
Name as you want it to appear on documents		
Full Legal Name (per Social Security Card), if different		
Home Address		County of residence
Mailing Address (if different from home address)		
Home phone	Work phone	Mobile phone
Email address		Social Security Number
Occupation/(former) employer		Veteran status
Date of birth		Place of birth
Father’s name		Mother’s name
Prior state of residence		Year you moved to current state of residence
Were you previously married? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please answer the following questions</i>		Name of former spouse
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)?		

<b>COMMUNICATION PREFERENCES</b> <i>Please select <u>one</u> in each section.</i>		
Appointment scheduling & other non-confidential matters	<input type="checkbox"/> Email*	<input type="checkbox"/> Phone <input type="checkbox"/> Text*
All communications including confidential information	<input type="checkbox"/> Email*	<input type="checkbox"/> Phone
Drafts of documents for review	<input type="checkbox"/> Email*	<input type="checkbox"/> Mail <input type="checkbox"/> Pick up at office
<p>*Notes regarding electronic communications:</p> <ul style="list-style-type: none"> <li>• By selecting “email” or “text” you are authorizing the Law Office of Caroline Knox to send you emails or texts for the specified purpose.</li> <li>• Please add our domain to your address book if necessary for our emails to be delivered. If you are expecting an email from us, please check your spam or junk email folder in case it was directed there by your email provider.</li> </ul>		

<b>OTHER INFORMATION</b>	
Do you have long-term care insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a prepaid funeral plan and/or burial plot? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your wish for your remains after death? <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other:	

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

Full Legal Name

Address

Date of birth	Last 4 digits of SSN	Gender
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Occupation	Marital status/spouse's name
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Home phone	Work phone	Mobile phone
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Email address

If this is not a child of your current relationship, which of you is his/her parent?

Does this child have any special needs, disabilities, or special concerns?

Children (your grandchildren)

Full name	Date of Birth
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Full name	Date of Birth
-----------	---------------

Full name	Date of Birth
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Full name	Date of Birth
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Full Legal Name

Address

Date of birth	Last 4 digits of SSN	Gender
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Occupation	Marital status/spouse's name
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Home phone	Work phone	Mobile phone
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Email address

If this is not a child of your current relationship, which of you is his/her parent?

Does this child have any special needs, disabilities, or special concerns?

Children (your grandchildren)

Full name	Date of Birth
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Full name	Date of Birth
-----------	---------------

Full name	Date of Birth
-----------	---------------

Full name	Date of Birth
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TELL US ABOUT YOUR CHILDREN, continued		
Full Legal Name		
Address		
Date of birth	Last 4 digits of SSN	Gender
Occupation	Marital status/spouse's name	
Home phone	Work phone	Mobile phone
Email address		
If this is not a child of your current relationship, which of you is his/her parent?		
Does this child have any special needs, disabilities, or special concerns?		
Children (your grandchildren)		
Full name	Date of Birth	
Full name	Date of Birth	
Full name	Date of Birth	
Full name	Date of Birth	
Full Legal Name		
Address		
Date of birth	Last 4 digits of SSN	Gender
Occupation	Marital status/spouse's name	
Home phone	Work phone	Mobile phone
Email address		
If this is not a child of your current relationship, which of you is his/her parent?		
Does this child have any special needs, disabilities, or special concerns?		
Children (your grandchildren)		
Full name	Date of Birth	
Full name	Date of Birth	
Full name	Date of Birth	
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 if not listed above.**

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Your monthly income	Husband	Wife
Wages	\$	\$
Social Security	\$	\$
Pension	\$	\$
Annuity	\$	\$
Rental properties	\$	\$
Other income	\$	\$
Other income	\$	\$
Total	\$	\$

Your gifts and potential inheritances	Husband	Wife
Are you likely to receive an inheritance or substantial gift? If so, please fill in estimated amount.		
Are you currently the beneficiary of any trust? If so, please provide a copy of the trust document.		
Do you anticipate becoming the beneficiary of a trust in the future?		
Do you have a power of appointment over any trust assets? If so, please provide a copy of the trust document.		
Have you ever filed a gift tax return? If so, please provide the years in which a return was filed.		

Your advisors	Name	Phone number
Primary physician- Husband		
Primary physician- Wife		
Other physician(s) with important records		
Insurance agent		
Accountant		
Attorney for non-estate planning matters		
Financial advisor		
If you are not already working with other advisors, would you like for us to offer you referrals? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Additional information
Do you have a safe deposit box? <input type="checkbox"/> Yes <input type="checkbox"/> No      If so, where is the key?
If there is a joint owner please name them:

## YOUR ASSETS

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 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 businesses" section.

Property Address	County	Owner name(s) (individual or joint)	Mortgage Amount	Estimated Market Value

### Brokerage Accounts

Note: List IRAs and 401(k)s in the "retirement benefits" section.

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

### Bank Accounts

Note: List IRAs and 401(k)s in the "retirement benefits" section.

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

**Closely-Held Businesses, Including Corporations, Partnerships, or LLCs,  
and Any Other Stocks and Bonds Held Outside Brokerage Accounts**

Name of Corporation, Partnership, or LLC	Owner name(s) *It is very rare that these are joint*	Estimated Market Value

**Notes and Other Money Owed To You**

Debtor	Owner name(s) (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

**IRAs, 401(k)s, and Other Retirement Benefits (Profit Sharing, 403(b), SEP, etc.)**

Company	Type of Account	Owner Name	Estimated Market Value	Primary Beneficiary	Contingent Beneficiary

**Your Debts**

Other than mortgages – includes credit cards, car loans, and other obligations

Type of Debt	Creditor	Amount Owed	Whose Debt?
		Total:	

## SUMMARY OF ASSETS

*Please indicate current gross fair market values. These may be approximate as they will change over time.*

	Husband	Wife	Joint
Real Estate			
Brokerage Accounts			
Stocks/Bonds			
Partnership Interests			
Business Interests			
Bank Accounts			
Retirement Plans: IRA, 401(k) Profit Sharing, 403(b), SEP, etc.)			
Notes Owed to You			
Life Insurance (death benefit)			
Vehicles			
Other Personal Property (oil and gas interests, stock options, time shares, copyrights, trademarks, etc.)			
Other Personal Property	Type: Value:	Type: Value:	Type: Value:
Other Personal Property	Type: Value:	Type: Value:	Type: Value:
Other Personal Property	Type: Value:	Type: Value:	Type: Value:
Subtotal Gross Assets			
Total Debts			
Total Net Assets			

**WHO YOU WISH TO NAME AS YOUR REPRESENTATIVES**

**We provide this space for you to give us names if you already know who you want to serve in these roles. If you do not already know, then you may certainly leave these pages 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**

*Who would you select to manage your finances, pay bills, file taxes, etc., if you were unable?  
Please note if you would like any of these people to serve together as co-agents.*

	Husband	Wife
First Choice	Name: Relationship:	Name: Relationship:
Second Choice	Name: Relationship:	Name: Relationship:
Third Choice	Name: Relationship:	Name: Relationship:

*Is your current General (Durable) Power of Attorney Recorded at the Register of Deeds where you lived at the time? If so, please note the county and state.*

Husband

Wife

**Health Care Power of Attorney**

*Who would you select to make health care decisions for you if you were unable?  
Please note if you would like any of these people to serve together as co-agents.*

	Husband	Wife
First Choice	Name: Relationship: Address: City, state,zip: Phone:	Name: Relationship: Address: City, state,zip: Phone:
Second Choice	Name: Relationship: Address: City, state,zip: Phone:	Name: Relationship: Address: City, state, zip: Phone:
Third Choice	Name: Relationship: Address: City, state,zip: Phone:	Name: Relationship: Address: City, state,zip: Phone:

**Executor/Personal Representative of Estate**

*After your death, who should handle the settlement of your estate? This includes any court filings, estate tax returns, and distributing property. Please note if you would like any of them to serve together as co-Executors. Unlike the other roles, however, all acting co-Executors will be required to sign all documents related to the administration of your estate, which may make the process more complicated than you wish.*

	Husband	Wife
First Choice	Name: Relationship:	Name: Relationship:
Second Choice	Name: Relationship:	Name: Relationship:
Third Choice	Name: Relationship:	Name: Relationship:

**Guardianship Provisions**

*If you have minor children or are the court-appointed guardian for an adult individual, who should be the legal guardian for them if you and your spouse are both deceased? If you are naming a married couple, and they are no longer married at the time they are needed to serve, would you want just one of them to be guardian? If so, please circle that person's name. Or would you want your second choice to serve?*

First Choice	Name:
Second Choice	Name:

**Trustee of Ongoing Trusts for Minors**

*If you have minor children and a trust will be established for their benefit, who should manage those trust assets and make decisions about distributions? Please note if you would like any of these people to serve together as co-Trustees.*

	Husband	Wife
First Choice	Name: Relationship:	Name: Relationship:
Second Choice	Name: Relationship:	Name: Relationship:
Third Choice	Name: Relationship:	Name: Relationship:

**Trustee of Other Trust(s)**

*If a trust is recommended, or if you have an existing trust, who should manage those trust assets and make decisions about distributions if you are deceased? Please note if you would like any of these people to serve together as co-Trustees.*

	Husband	Wife
First Choice	Name: Relationship:	Name: Relationship:
Second Choice	Name: Relationship:	Name: Relationship:
Third Choice	Name: Relationship:	Name: Relationship: