

CLIENT INFORMATION

(Please put name as it appears on the ID you will later use to execute documents. The name on your ID must match for notary purposes)

PRIMARY CLIENT Full Legal Name: _____

Please indicate gender: Male Female Other

Other Names used: _____

Home address: _____

City: _____ **Zip Code:** _____ **County:** _____

Telephone: (home) _____ **(cell)** _____ **(work)** _____

Primary Email: _____ **Secondary E-mail:** _____

US citizen? Yes No. **If no, what nationality:** _____

Business/Employer: _____

Legal Plan Members	
MetLife Member Number: _____	Last 4 of SSN: _____
Case Numbers: _____	
ARAG Member ID: _____	Case Assist Numbers: _____

Marital Status: Never married Divorced Widowed Married (even if separated)

If married, name of Spouse: _____

Other Names used: _____

Please indicate gender: Male Female Other **Telephone:(cell)** _____

US citizen? Yes No. **If no, what nationality:** _____

Are you interested in creating a TRUST? YES NO

DEFINITION: A Living Trust or "inter vivos trust," is a method of managing your property before you die. A Living Trust can provide for someone else to manage your property should you wish them to or be unable to do so yourself. A Living Trust may speed the distribution of your property when you die and may keep the property from going through probate. This feature, unlike probate, lets you keep private how you want your property distributed.

**** Additional information that is needed for creation of a TRUST will be obtained on page 8 of this document. If you are not interested in TRUST creation at this time, simply skip those pages. ****

YES

NO

1. **Is there any concern that you may be over the Federal tax exemption limit at the time of death? (Currently just over \$5M per person)**
2. **Do any of your beneficiaries have a learning disability, special educational, medical or physical needs that does or may qualify them for government benefits?**
3. **Do you have any relatives (other than children and spouse) who depend on you for all or part of their support?**
4. **Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money?**
5. **Do you wish to disinherit any of your children, grandchildren or any other close relative?**
6. **If a named beneficiary dies before you, do you want the assets to go to that beneficiary's children?**
7. **Do you have an existing Will?**
8. **Have you ever executed a trust (either revocable or irrevocable)?**
9. **Have you ever filed a Federal Gift Tax Return?**
10. **Do you have an existing General Power of Attorney?**
11. **Do you (either party) currently hold any assets in Joint Tenancy with another person (other than your spouse)? If so, please address this on page 5 in the space provided.**
12. **Do you wish to make anatomical bequests (organ donor)?**
13. **Do you wish to have a "Living Will"? (aka- Advance Directive)**
14. **Do you have an IRA Account: Primary Client
Spouse:**

When creating a reciprocal Estate Plan, the default person for each of the next sections will be the surviving spouse. Please use full legal names (First, Middle, Last). If a legal name includes Jr, Sr, etc. please include it. Do not use nicknames.

Executor of your Last Will and Testament: PRIMARY CLIENT

Person(s) (other than surviving spouse) that you want to be the manager of your estate upon your death.

Successor #1 Name: _____ **Gender:** _____
Address: _____ **Phone#:** _____
Relation to Primary Client: _____

Successor #2 Name: _____ **Gender:** _____
Address: _____ **Phone#:** _____
Relation to Primary Client: _____

Successor #3 Name: _____ **Gender:** _____
Address: _____ **Phone#:** _____
Relation to Primary Client: _____

Executor of your Last Will and Testament: SPOUSE

Person(s) (other than surviving spouse) that you want to be the manager of your estate upon your death.

Successor #1 Name: _____ **Gender:** _____
Address: _____ **Phone#:** _____
Relation to Primary Client: _____

Successor #2 Name: _____ **Gender:** _____
Address: _____ **Phone#:** _____
Relation to Primary Client: _____

Successor #3 Name: _____ **Gender:** _____
Address: _____ **Phone#:** _____
Relation to Primary Client: _____

Durable Power of Attorney for financial affairs: PRIMARY CLIENT

In regards to your spouse:

Do you want this power to be immediately available or *Only* upon your incapacity?

Person(s) (other than spouse) that you want to be able to make financial decisions/ transactions on your behalf:

Please provide a successor and a back-up (TWO recommended):

Successor #1 Name: _____ Gender: _____

Address: _____ Phone#: _____

Relation to Primary Client: _____

Do you want this power to be immediately available or *Only* upon your incapacity?

Successor #2 Name: _____ Gender: _____

Address: _____ Phone#: _____

Relation to Primary Client: _____

Do you want this power to be immediately available or *Only* upon your incapacity?

Successor #3 Name: _____ Gender: _____

Address: _____ Phone#: _____

Relation to Primary Client: _____

Do you want this power to be immediately available or *Only* upon your incapacity?

Durable Power of Attorney for financial affairs: SPOUSE

In regards to your spouse:

Do you want this power to be immediately available or *Only* upon your incapacity?

Person(s) (other than spouse) that you want to be able to make financial decisions/ transactions on your behalf:

Please provide a successor and a back-up (TWO recommended):

Successor #1 Name: _____ Gender: _____

Address: _____ Phone#: _____

Relation to Primary Client: _____

Do you want this power to be immediately available or *Only* upon your incapacity?

Successor #2 Name: _____ Gender: _____

Address: _____ Phone#: _____

Relation to Primary Client: _____

Do you want this power to be immediately available or *Only* upon your incapacity?

Successor #3 Name: _____ Gender: _____

Address: _____ Phone#: _____

Relation to Primary Client: _____

Do you want this power to be immediately available or *Only* upon your incapacity?

Health Care Power of Attorney: PRIMARY CLIENT

Person(s) (other than your spouse) that you want to make any major medical decisions on your behalf, if you are unable to.

Please provide a successor and a back-up (TWO recommended):

Successor #1 Name: _____ Gender: _____

Address: _____ Phone#: _____

Relation to Primary Client: _____

Successor #2 Name: _____ Gender: _____

Address: _____ Phone#: _____

Relation to Primary Client: _____

Successor #3 Name: _____ Gender: _____

Address: _____ Phone#: _____

Relation to Primary Client: _____

Health Care Power of Attorney: SPOUSE

Person(s) (other than spouse) that you want to make any major medical decisions on your behalf, if you are unable to.

Please provide a successor and a back-up (TWO recommended):

Successor #1 Name: _____ Gender: _____

Address: _____ Phone#: _____

Relation to SPOUSE: _____

Successor #2 Name: _____ Gender: _____

Address: _____ Phone#: _____

Relation to SPOUSE: _____

Successor #3 Name: _____ Gender: _____

Address: _____ Phone#: _____

Relation to SPOUSE: _____

Beneficiaries: (If you ARE doing a TRUST, please provide additional information on page 8.):

PRIMARY CLIENT

Who will be your beneficiaries? Please list their name, DOB, gender, and relationship to the primary client.

In general, state how you want your estate distributed amongst the beneficiaries?

State any specific concerns (not already mentioned) or questions that you have regarding the distribution of your estate:

Beneficiaries: (If you ARE doing a TRUST, please provide additional information on page 8.): SPOUSE

Who will be your beneficiaries? Please list their name, DOB, gender, and relationship to the spouse.

In general, state how you want your estate distributed amongst the beneficiaries?

State any specific concerns (not already mentioned) or questions that you have regarding the distribution of your estate:

Children's Guardian in the event you and your spouse are both not living:

If applicable, please provide the following for the person(s) (other than your spouse) that you want to be responsible for your child's welfare in the event that both of the child(ren)'s parents are not living. Please provide a successor and a back-up (TWO recommended).

Successor #1 Name: _____ Gender: _____

Address: _____ Phone#: _____

Relation to Primary Client: _____

Successor #2 Name: _____ Gender: _____

Address: _____ Phone#: _____

Relation to Primary Client: _____

CHILDREN, name and gender: None **Age and Date(s) of birth**

_____	_____
_____	_____
_____	_____
_____	_____

Please List any Children not of this marriage- include name, DOB and state who the parent of the child is.

***** Complete this page if you ARE creating a TRUST *****

Name of the Trust: The _____ Living/Family Trust

Trustees: Who would you like to manage the assets in the trust? Please list a successor trustee and a back-up.

Successor Trustee #1 Name: _____ **Gender:** _____

Address: _____ **Phone#:** _____

Relation to Primary Client: _____

Successor Trustee (back-up) #2 Name: _____ **Gender:** _____

Address: _____ **Phone#:** _____

Relation to Primary Client: _____

Successor Trustee (if desired) #3 Name: _____ **Gender:** _____

Address: _____ **Phone#:** _____

Relation to Primary Client: _____

At what age would you like Beneficiaries to receive distribution from the TRUST? (Note: Can pick one age for distribution, two, or three).

1st distribution _____

2nd distribution _____

3rd distribution _____

Do you have any property(ies) that you would like to have transferred into the name of the Trust?

(If you *have* a legal plan, this service is covered. If you *do not have* a legal plan, the cost for this additional service is \$250 per Deed up to 3. More than 3 Deeds will be \$200 per Deed. We will collect \$31 per Deed to cover the cost of recording and pay this to the County's Register of Deeds. We can only provide this service for North Carolina properties.)

Please sign here to accept this service: _____

Name

Date

Name

Date

LIST of Properties to be transferred to TRUST:

Any additional special concerns to add to TRUST document:

BURIAL WISHES

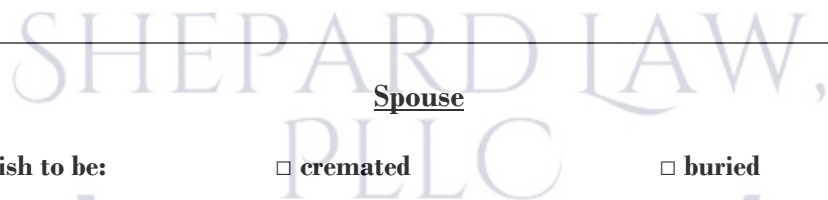
Primary Client

At my death, I wish to be: cremated buried

If cremation, I would like my ashes disposed as follows:

If buried, I would like my remains interred as follows:

I have already made arrangements at:



Spouse

At my death, I wish to be: cremated buried

If cremation, I would like my ashes disposed as follows:

If buried, I would like my remains interred as follows:

I have already made arrangements at:

Please take a moment to let us know how you came to find us:

Please tell your colleagues, friends and family about us! We would be happy to assist them in any way that we can! In addition to Estate Plan services, we specialize in Real Estate Law and Probate. Please have them call or email us today! 704-769-3100 info@shepardlawpllc.com

Real Estate Law: How We Help You Prepare for Closing Day

When you hire Shepard Law to represent you in a real estate matter, we handle the bulk of the work behind the scenes to ensure that all the legal requirements are met, and all the money is collected and dispersed appropriately. Our legal team acts as a central line of communication for all parties involved in your real estate transaction.

Among the most important tasks we perform is conducting and analyzing a title search to verify your property is free and clear of any encumbrances and to identify any issues that need to be resolved prior to closing. We also prepare the closing statement showing how the money is dispersed and the amount you will need to pay on closing day. This, of course, is an oversimplified view of what needs to be done, but you can rest assured that we will handle the other details as well.

Hiring a Probate Attorney in North Carolina

Whether you have been named the executor of an estate, or you wish to become the legal executor of an estate without a Will, chances are you are going to have questions. Due to the complex and time-consuming nature of the probate process, many executors choose to hire legal representation in probate matters despite the fact that it is not legally required by the state of North Carolina. One of the common challenges you might face when handling probate matters without attorney representation, is the lack of guidance from the court system. Unfortunately, employees of the North Carolina court system are legally forbidden to offer any help or legal advice to those who are going through the probate process alone.

Our Promise to You

Your family matter is unique and important, and you need a trustworthy legal team that can help create a more secure future for you and your loved ones. We are here to offer legal representation and education to our neighbors and fellow community members. We promise to treat you with the same respect we would our own family, and to be fully transparent in our legal approach.

Check us out!

<https://www.shepardlawpllc.com/>