



**PIFER**  
**ESTATE LAW**

1812 East Blvd.  
Charlotte, NC 28203

**FAX:** 704-372-2753

**TEL:** 704-625-4040

[www.piferestatelaw.com](http://www.piferestatelaw.com)  
info@piferestatelaw.com

*The Law Office of Deni C. Pifer, PC*  
**Member of North Carolina and South Carolina Bars**

**Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_  
*(as you would like to appear on documents)*

*Name you wish to be called:* \_\_\_\_\_

**Spouse:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_  
*(as you would like to appear on documents)*

*Name you wish to be called:* \_\_\_\_\_

**Address:** \_\_\_\_\_ (street)  
\_\_\_\_\_ (city, state, zip)  
\_\_\_\_\_ (county)

**Email Address(es):** \_\_\_\_\_

**Telephone numbers:** \_\_\_\_\_ (home)  
\_\_\_\_\_ (cell)  
\_\_\_\_\_ (spouse/partner cell)

**Are you presently married, separated, divorced, or single?** \_\_\_\_\_

**Are either (if applicable) of you known by any other names? If so, please list:**  
\_\_\_\_\_

**Please list any prior marriages and dates if applicable for each of you:**  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have any obligations to former spouse/Children?** \_\_\_\_\_

**If so, please attach a copy of the divorce decree or separation agreement outlining such obligation(s).**

**Are you a U.S. Citizen?** \_\_\_\_\_

**Is your spouse/partner a U.S. Citizen?** \_\_\_\_\_



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**Pease list all Children/Grandchildren**

**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Child's Children (Your Grandchildren)**

Name	Birthdate	Legal Parent (both or individual name)

**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Child's Children (Your Grandchildren)**

Name	Birthdate	Legal Parent (both or individual name)



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**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Child's Children (Your Grandchildren)**

Name	Birthdate	Legal Parent (both or individual name)

**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Child's Children (Your Grandchildren)**

Name	Birthdate	Legal Parent (both or individual name)



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**Please check the following that apply:**

Prior client of the firm and reviewing with potential updates.

Update prior estate plan by another attorney? If so, what state were previous documents completed in? \_\_\_\_\_

**Do you have an upcoming vacation/surgery deadline in which you hope to complete the documents (if so, please list):** \_\_\_\_\_

**Guardian for minor children?**

**Name/Address:** \_\_\_\_\_

**What is your relationship to Guardian?** \_\_\_\_\_

**Alternate Guardian? Name & relationship?**  
\_\_\_\_\_

**Executor/executrix of your will?**

**Spouse/Partner?** YES \_\_\_\_\_ NO \_\_\_\_\_

**Alternate?** \_\_\_\_\_

**Second Alternate** \_\_\_\_\_

(Each spouse can have different executor/alternate)



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**PERSONAL TANGIBLE PROPERTY DISTRIBUTION (HOUSEHOLD ITEMS including vehicles and boats, motorcycles, trailers):**

All to spouse if spouse/partner survives you? YES \_\_\_\_\_ NO \_\_\_\_\_

If spouse/partner does not survive you, to children in equal shares or as they choose (for example, if children are below 21, executor can decide, then after 21, children decide)?

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If you have no spouse/partner and/or no children, then who would you like your personal property to go to or to Executor to decide (charity, beneficiaries, etc.)?

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Do you have any specific bequests or charitable bequests?

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Do you want some personal effects distributed by a separate list attached to the will (suggestion in NC, rule in SC)?

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**RESIDUARY ESTATE (all other property)**

**Do you want all property to go surviving spouse/partner? YES\_\_\_\_\_ NO\_\_\_\_\_**

**What is your desired distribution of assets if you are not survived by your spouse (or you have no spouse)? (Note: If in Trust for children, see next question.)**

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**Assets in trust for children at death of surviving spouse/partner or directly to children?**

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**At what age do children eventually receive assets (for example, the trust may state for children to receive 1/3 of the assets at age 30, another 1/3 at age 35, and the remaining amount at age 40, however, throughout the trust period, they will receive funds if needed for education, health, etc. at the discretion of the trustee)?**

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**If trust, name and address of trustee:**

Trustee Name: \_\_\_\_\_

Trustee Address: \_\_\_\_\_

**Alternate trustee?**

Trustee Name: \_\_\_\_\_

Trustee Address: \_\_\_\_\_



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**Are you or your spouse/partner the beneficiary of any trust? If so, please list details:**

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**Do you expect any inheritances? If so, please estimate:**

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**Have you or your spouse/partner made any substantial gifts (over the amount of \$19,000) in the past? If so, please list details:**

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**EMERGENCY BENEFICIARIES (You and all your children go down on the Titanic scenario)...  
Where or to whom would you like your assets to go (for example, a percentage to each of  
your next of kin, a percentage to your charity of choice, etc.):**

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**DO ANY OF YOUR INTENDED BENEFICIARIES receive governmental support? Any special  
needs?**

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**Do you and your spouse/partner have a pre-nuptial or a post-nuptial agreement of any  
kind concerning the distribution of assets in the event of death and/or divorce?**

**YES \_\_\_\_\_ NO \_\_\_\_\_ *If so, please include a copy***



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Do you have prior wills? YES \_\_\_\_\_ NO \_\_\_\_\_ *If so, please include a copy*

Health Care Power of Attorney: Spouse/Partner? YES \_\_\_\_\_ NO \_\_\_\_\_

Alternate 1 Name: \_\_\_\_\_

Alternate 1 Address: \_\_\_\_\_

Alternate 1 Phone Number: \_\_\_\_\_

Alternate 2 Name: \_\_\_\_\_

Alternate 2 Address: \_\_\_\_\_

Alternate 2 Phone Number: \_\_\_\_\_

Cremation or Burial or unsure? \_\_\_\_\_

Durable Power of Attorney: Spouse/Partner? YES \_\_\_\_\_ NO \_\_\_\_\_

Alternate Name: \_\_\_\_\_

Alternate Relationship: \_\_\_\_\_

Alternate Address: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

**ASSETS:**

Estimated Market Value and Financial institution:

ASSET	Self	Spouse/Partner	Joint (or if in Trust list Trust)
Cash			
Checking Accounts			
Savings Accounts			
Investment Accounts <i>(for retirement accounts, see next page)</i>			



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<b>Other Stocks</b> (individually held) number and type of stock: Certificate or Electronically held?			
<b>Bonds</b>			
<b>Loans to others</b> <i>(notes or mortgages receivable)</i>			
<b>PRIMARY Residence</b>			
<b>Real Estate</b> <i>(Please list address and if owned by one of you, jointly, or in business entity- list name of entity. )</i>			
<b>Business Interests:</b> List name and if single member/shareholder or multiple member/ shareholder			



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If in existence, I will need copy of buy/sell agreement and/or membership/operating agreement (though if you don't have them for consultation, we can move forward without them until a later time:			
<b>Any special tangible items that need special valuation</b> (for example, antiques, vintage vehicles, artwork):			

<b>Pension</b>	
<b>IRA and/or 401(k) (please list who is beneficiary)</b>	
<b>Other Property</b>	
<b>Collectibles, etc.</b>	



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**LIFE INSURANCE**

Company	Insured	Beneficiary	Cash Value	Death Benefit

**Do you have Long Term Care Insurance? If so, is there a death benefit and on whom and in what amount?**

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**LIABILITIES:**

Liability	Self	Spouse/Partner	Joint
Notes/Mortgage Payable			
Credit Card(s)			
Personal Loans			
Life Insurance Loans			
Other Debts			

**\*NOTE:** Please call Deni Pifer to discuss your documents or set up an appointment. You have no financial obligation until you decide to have the attorney prepare the documents. Ms. Pifer does not represent you until you've signed a letter of retainer. Thank you.