![MONTGOMERY[LwDg]ID.jpg]()

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# ESTATE PLANNING INFORMATION

To assist in the preparation of your will, we request that you review and complete this questionnaire and return so that we can schedule your appointment.

**DOCUMENTS**

Please attach to this questionnaire copies of the following documents:

1. Any previous wills or codicils that you have executed.

1. Any type of estate planning documents previously executed.

**PERSONAL INFORMATION**

Full Name:

Address:

County:

Home Telephone:

Business Telephone:

Spouse's Full Name:

Do you and your spouse consider yourselves residents of North Carolina?

Any children by previous marriage?

If yes, list their names:

**Living Children:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name  | Age  | Married (yes or no)  | Residence  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_  | \_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_  | \_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_  | \_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_  | \_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |