



Garlock & McKinney, P.C.

ESTATE PLANNING QUESTIONNAIRE

Limited Purpose of Questionnaire: This questionnaire should not be relied upon as legal advice. It serves the purpose of gathering information you will need to make informed estate planning decisions. Completing this questionnaire does not establish an attorney-client relationship. **Please return the completed questionnaire to the person from whom you received it via email or contact that person for other options.** This questionnaire is fillable.

CLIENT INFORMATION (Spouse/Partner #1)

Full Legal Name: _____

Date of Birth: _____ U.S. Citizen Y/N? _____ County of Residence: _____

Address: _____

Employer: _____ Job Title: _____

Home phone: (_____) _____ Mobile phone: (_____) _____

Work phone: (_____) _____ Email: _____

CLIENT INFORMATION (Spouse/Partner #2)

Full Legal Name: _____

Date of Birth: _____ U.S. Citizen Y/N? _____ County of Residence: _____

Address: _____

Employer: _____ Job Title: _____

Home phone: (_____) _____ Mobile phone: (_____) _____

Work phone: (_____) _____ Email: _____

Have you signed a prenuptial agreement, postnuptial agreement, or separation agreement? _____ If so, please provide a copy with your returned questionnaire. Do you have long-term care insurance? _____

Does any member of your family have special needs or receive government assistance of any kind? If so, please explain: _____

Do you own an interest in a closely-held business? _____ If so, please provide the name and describe type of entity(ies) (e.g. LLC or S-corporation). _____

Would you estimate the value of all of your assets, including life insurance, to be more than \$5 million?__

Do you have an existing Will or other estate planning documents?__ If so, please provide copies.

ESTATE PLANNING GOALS

Please provide a brief explanation in your own words who you want to benefit from your estate when you pass away. (For example, “*All of my estate goes to my surviving spouse/partner, and if I have no surviving spouse/partner, to my children in a trust.*”, “*All of my estate goes to my spouse/partner, but if my spouse/partner isn’t living to my adult children equally.*”, “*Everything to my siblings equally.*”)

CHILDREN (if any) or BENEFICIARIES Please provide full legal names and ages of all children/beneficiaries. Please indicate children from prior relationship(s).

ASSETS

Describe any assets *other* than retirement accounts, life insurance and annuities. Indicate the value and whether it is owned by you, by your spouse/partner or jointly. Include all real property (including your home) and indicate the balance of any mortgage. Include bank accounts.

<u>Description</u>	<u>Value</u>	<u>Owner</u>

Describe any life insurance policies, retirement accounts and annuities.

<u>Description</u>	<u>Owner/Policy Holder</u>	<u>Value</u>	<u>Primary Beneficiary</u>	<u>Secondary Beneficiary</u>

NOMINATIONS

Please identify potential candidates to serve important roles in your estate plan. We will explain these roles and discuss your selections in greater detail in our meeting.

NOMINATIONS (Spouse/Partner #1 – Name _____)

EXECUTOR

Definition of an Executor: An Executor is a person(s) or other representative (including a Trust Company) you appoint under your Will to be responsible for administering your estate. An Executor's duties include filing your Will at the Courthouse after your death, gathering your assets, paying your debts, and distributing property to your beneficiaries. They are also responsible for preparing certain tax returns after your death.

First Choice (full legal name): Relationship:

Second Choice (full legal name): Relationship:

Third Choice (full legal name): Relationship:

DURABLE POWER OF ATTORNEY

A Durable Power of Attorney authorizes another person to manage your financial affairs when you are unable to do so.

First Choice (full legal name): Relationship:

Second Choice (full legal name): Relationship:

Third Choice (full legal name): Relationship:

HEALTH CARE POWER OF ATTORNEY/LIVING WILL

A Health Care Power of Attorney authorizes another person to make health care decisions for you when you are unable to do so.

First Choice (full legal name): Relationship:

Home phone: Mobile phone:

Address:

Second Choice (full legal name): Relationship:

Home phone: Mobile phone:

Address:

Third Choice (full legal name): Relationship:

Home phone: Mobile phone:

Address:

NOMINATIONS (Spouse/Partner #2 – Name _____)

EXECUTOR

Definition of an Executor: An Executor is a person(s) or other representative (including a Trust Company) you appoint under your Will to be responsible for administering your estate. An Executor's duties include filing your Will at the Courthouse after your death, gathering your assets, paying your debts, and distributing property to your beneficiaries. They are also responsible for preparing certain tax returns after your death.

First Choice (full legal name): Relationship:

Second Choice (full legal name): Relationship:

Third Choice (full legal name): Relationship:

DURABLE POWER OF ATTORNEY

A Durable Power of Attorney authorizes another person to manage your financial affairs when you are unable to do so.

First Choice (full legal name): Relationship:

Second Choice (full legal name): Relationship:

Third Choice (full legal name): Relationship:

HEALTH CARE POWER OF ATTORNEY/LIVING WILL

A Health Care Power of Attorney authorizes another person to make health care decisions for you when you are unable to do so.

First Choice (full legal name): Relationship:

Home phone: Mobile phone:

Address:

Second Choice (full legal name): Relationship:

Home phone: Mobile phone:

Address:

Third Choice (full legal name): Relationship:

Home phone: Mobile phone:

Address:

In the Health Care Power of Attorney/Living Will, you have the option to express your desires concerning life-prolonging measures (for example, ventilator or artificial nutrition) in the event that you are terminally ill and unable to make your own health care decisions. We will discuss your options at our meeting.

Three options available to you include:

1. Authorizing the person you are naming in the Health Care Power of Attorney to make decisions about life-prolonging measures.
2. Directing your physician to withhold or discontinue life-prolonging measures.
3. Directing your physician to provide you with maximum treatment, including life-prolonging measures.

GUARDIAN OF YOUR MINOR CHILDREN (if any)

A Guardian is a person(s) you nominate to provide for the care and custody of your minor children until they become adults. Minor children will typically reside with the Guardian(s) in their home. Under its inherent authority to look after the best interests of the child, the Clerk of Superior Court must approve any Guardian nominated.

If you have minor children, whom would you want to nominate as their Guardian?

First Choice (full legal name):

Relationship:

Second Choice (full legal name):

Relationship:

TRUSTEE OF TRUST (if necessary)

A Trustee is a person(s) or other representative (including a Trust Company) who has the legal title over and responsibility to manage property for the benefit of a designated person(s). Trustee(s) are often used to manage property for minor children until they attain the age chosen by their parents.

First Choice (full legal name):

Relationship:

Second Choice (full legal name):

Relationship:

Third Choice (full legal name), if any:

Relationship:

Fourth Choice (full legal name), if any:

Relationship:

WAIVER OF CONFLICT OF INTEREST

It is common for married couples to employ the same lawyer to assist them in planning their estates. You should know that you are free to retain separate counsel if you would like to do so. You have each chosen to ask us to represent both of you in your estate planning. It is important that you understand that because we will be representing both of you, you are considered our client collectively. Accordingly, any matter that one of you might discuss with us may be disclosed to the other of you. Ethical considerations prohibit us from agreeing with either of you to withhold information from the other. Of course, anything either of you discusses with us is privileged from disclosure to third parties. If a conflict of interest arises between you during the course of your planning or if the two of you have difference of opinion, we can point out the "pros and cons" of your respective positions or differing opinions. However, ethical considerations prohibit us, as the lawyers for both of you, from advocating one of your positions over the other. Furthermore, we would not be able to advocate one of your positions versus the other if there is a dispute at any time as to your respective property rights or interests or as to other legal issues between you. If actual conflicts of interest do arise between you of such a nature that in our judgment it is impossible for us to perform our ethical obligations to both of you, it may become necessary for us to withdraw as your joint lawyers.

Once documentation is executed to put into place the planning that you have hired us to implement, our engagement will be concluded and our attorney-client relationship will terminate. If you need our services in the future, please feel free to contact us and renew our relationship. In the meantime, we will not take any further action with reference to your affairs unless and until we hear otherwise from you.

If you have any questions about anything discussed in this Waiver, please let us know. In addition, you should feel free to consult with another lawyer about the effect of signing this Waiver.

CONSENT

By returning this questionnaire or proceeding with an appointment with an Attorney of Garlock & McKinney, P.C., I/We acknowledge that (i) I/We have read the foregoing Waiver and understand its contents, (ii) I/We consent to having Garlock & McKinney, P.C. represent me/us on the terms and conditions set forth and (iii) I/We agree that the attorneys of Garlock & McKinney, P.C., in their discretion, share with both of us any information regarding the representation that is received from either of us or any other source.