



# 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

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: \_\_\_\_\_

### MARITAL STATUS

Single (never been married)

Widow/widower

Married

Separated

Divorced

Engaged

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 children in a trust.*”, “*All of my estate goes to my adult children 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 (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: