

Date Completed _____

HEMPHILL GELDER, P.C.

ESTATE PLANNING QUESTIONNAIRE

Return the completed questionnaire ***at least 5 days prior*** to your appointment via fax, e-mail (preferred) or mail to:

Fax: 919.899-9091

forms@hemphillgelderlaw.com

Mail: 8386 Six Forks Rd., Suite 201
Raleigh, NC 27615

(888) 443-1446

Limited Purpose of Questionnaire: This questionnaire should not be relied upon as legal advice. It is designed to compile information you will need to make informed estate planning decisions. Completing this questionnaire does not establish an attorney-client relationship.

CLIENT INFORMATION (Spouse #1)

NAME on **Driver's License:** _____ Preferred name: _____

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

Address: _____

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

Work phone: (_____) _____ Email: _____

CLIENT INFORMATION (Spouse #2)

NAME on **Driver's license:** _____ Preferred name: _____

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

Address: _____

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

Work phone: (_____) _____ Email: _____

CHILDREN

Full Name	Address	Telephone	Date of Birth	From a Prior Relationship?

<u>ASSETS OTHER THAN LIFE INSURANCE AND RETIREMENT ACCOUNTS</u>		
<u>Description</u>	<u>Value</u>	<u>Owner</u>
<i>Example:</i> Our Home; 123 Blue Bird Lane Anytown, NC	\$150,000.00 (fair market value) \$130,000.00 (mortgage)	Jointly with spouse
<i>Example:</i> SECU Money Market Account	\$10,000.00	Wife's individual account

<u>LIFE INSURANCE AND RETIREMENT ACCOUNTS</u>				
<u>Description</u>	<u>Owner/Policy Holder</u>	<u>Value</u>	<u>Primary Beneficiary</u>	<u>Secondary Beneficiary</u>
<i>Example:</i> Spouse #1 IRA	Spouse #1	\$10,000.00	Spouse #2	Children Equally
<i>i.e., Spouse #2's Life Ins.</i>	Spouse #2	\$50,000.00	Spouse #1	Children Equally

Do you have a prenuptial, postnuptial, or separation agreement? _____. If so, please bring a copy to our meeting.

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, is it taxed as a Subchapter S Corp.? _____

Would you estimate the value of all of your assets, including life insurance, to be greater than \$1 million? _____

Do you have an existing Will, Trust, or Power of Attorney? _____. If so, please bring copies to our meeting.

ESTATE PLANNING GOALS

We will discuss your estate planning goals in detail at our meeting. To assist in preparing for the meeting, please explain in your own words who you want to benefit from your estate when you pass away.
(Example: "All of my estate goes to my spouse, but if I have no surviving spouse, to my children in a trust.)

Check if additional Pages are attached: _____

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.

GUARDIAN OF YOUR MINOR CHILDREN

Definition of Guardian: 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 designate as their Guardian?

First Choice (full name):	Relationship:
Second Choice (full name):	Relationship:

TRUSTEE OF TRUST

Definition of Trustee: 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.

Whom would you want to serve as Trustee?

First Choice (full name):	Relationship:
Second Choice (full name):	Relationship:

SPOUSE #1's NOMINATIONS

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 name):	Relationship:
Second Choice (full name):	Relationship:
Third Choice (full name):	Relationship:

POWER OF ATTORNEY. A Power of Attorney enables another person to manage your financial affairs when you are not able to do so. Would you like a Power of Attorney? _____

First Choice (full name):	Relationship:
Second Choice (full name):	Relationship:
Third Choice (full name):	Relationship:

HEALTH CARE POWER OF ATTORNEY/LIVING WILL. A Health Care Power of Attorney enables another person to make health care decisions for you when you are unable to do so. Would you like a Health Care Power of Attorney? _____

First Choice (full name):		Relationship:
Home phone:	Work phone:	Mobile phone:
Address:		

Second Choice (full name):		Relationship:
Home phone:	Work phone:	Mobile phone:
Address:		

Please attach contact information for Third Choice, if any.

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.

SPOUSE #2's NOMINATIONS

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 name):	Relationship:
Second Choice (full name):	Relationship:
Third Choice (full name):	Relationship:

POWER OF ATTORNEY. A Power of Attorney enables another person to manage your financial affairs when you are not able to do so. Would you like a Power of Attorney? _____

First Choice (full name):	Relationship:
Second Choice (full name):	Relationship:
Third Choice (full name):	Relationship:

HEALTH CARE POWER OF ATTORNEY/LIVING WILL. A Health Care Power of Attorney enables another person to make health care decisions for you when you are unable to do so. Would you like a Health Care Power of Attorney? _____

First Choice (full name):		Relationship:
Home phone:	Work phone:	Mobile phone:
Address:		

Second Choice (full name):		Relationship:
Home phone:	Work phone:	Mobile phone:
Address:		

Please attach contact information for Third Choice, if any.

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.

DISCLOSURE AND WAIVER OF CONFLICT OF INTEREST

It is common for spouses 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 an attorney with Hemphill Gelder, P.C. 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 our Firm may be disclosed to the other of you. Ethical considerations prohibit our Firm 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 our Firm, as counsel 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 our Firm to perform our ethical obligations to both of you, it would become necessary for our Firm to withdraw as your joint lawyer.

Once documentation is executed to put into place the planning that you have hired our Firm to implement, our engagement will be concluded and our attorney-client relationship will terminate. If you need my services in the future, please feel free to contact our Firm 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.

After considering the foregoing, if you consent to our Firm representing both of you jointly, we request that you acknowledge your consent below. 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

We have read the foregoing Waiver and understand its contents. We consent to having you represent both of us on the terms and conditions set forth. We agree that you may, in your discretion, share with both of us any information regarding the representation that you receive from either of us or any other source.

Spouse #1's signature

Dated: _____

Spouse #2's signature

Dated: _____