

THANK YOU for expressing an interest in a Simple Estate Plan. Enclosed is a Will Questionnaire. Once we have received the completed questionnaire, our firm will be pleased to draft the following documents:

Will—This document disposes of all personal and real property, names a Guardian and Trustee for minor children and assets, and names an individual to handle the disposition of your Estate;

Living Will—This document is known as an Advanced Directive, and clearly states ahead of time, what differing methods of life support and nutrition and hydration you desire, in the event you are incapacitated, to various degrees;

Durable Financial Power of Attorney—This document names an individual and an alternate individual to handle your finances, should you become unable to handle them yourself, whether temporarily or permanently. Without this document your spouse or other named individual will face difficulty in handling your financial affairs in the event you are unavailable to handle them;

Healthcare Power of Attorney—This document works much the same way as a Financial Power of Attorney, with the exception that it addresses the common problems a doctor and family face when healthcare decisions must be made and the patient is unable to communicate his or her desires. This document, in conjunction with your Living Will, is critical to ensuring clear directions on your part as to what procedures you desire, and who has the authority to direct the physician with regard to all medical services.

Please be sure all names are written clearly and spelled correctly, and please call our office with questions regarding the Questionnaire as they may arise.

Our fee for this service is \$600.00 for a married couple and \$500.00 for an individual. If you had a closing with us, we discount our fee by \$100.00. You will be provided with an original and one copy of each document, and our office will retain an electronic copy of each document. Any changes requested in the first year after execution come at no additional expense to you.

Thank You,

Radey and Doyle, PLLC

ESTATE PLANNING QUESTIONNAIRE

The information contained in this questionnaire is and shall remain confidential and privileged. Please provide as much of the following information as is practical. Informed estimates are acceptable, and you may round up dollar amounts to the nearest thousand. If a question does not apply to you or your spouse, please indicate so by answering "N/A." Please do not leave any question unanswered.

Month and Year Prepared _____

CONTACT INFO

Residence Phone Number: _____

Business Phone Number: _____

Residential

Address: _____

County of Residence: _____

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

() Yes () No

YOUR PERSONAL INFORMATION

Full Name: _____

Birthdate: ____/____/____ SSN: ____-____-____

Employer: _____

Occupation: _____ Citizenship: _____

Prior Marriages: ()Yes ()No Children by prior marriage? ()Yes ()No

If yes, name and residence of prior spouse(s)

Name

City and State

YOUR SPOUSE'S PERSONAL INFORMATION

Spouse's Full Name: _____

Birthdate: ____/____/____ SSN: ____-____-____

Employer: _____

Occupation: _____ Citizenship: _____

Prior marriages ()Yes ()No Children by prior marriage? ()Yes ()No
If yes, name and residence of prior spouses (s)

Name

City and State

LIVING CHILDREN

Full Name of Child: _____

Residence (City, State): _____

Age: _____ Married? _____ Children? _____

Name of Father: _____ Name of Mother: _____

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Full Name of Child: _____

Residence (City, State): _____

Age: _____ Married? _____ Children? _____

Name of Father: _____ Name of Mother: _____

=====

Full Name of Child: _____

Residence (City, State): _____

Age: _____ Married? _____ Children? _____

Name of Father: _____ Name of Mother: _____

Full Name of Child: _____

Residence (City, State): _____

Age: _____ *Married?* _____ *Children?* _____

Name of Father: _____ *Name of Mother:* _____

=====

Full Name of Child: _____

Residence (City, State): _____

Age: _____ *Married?* _____ *Children?* _____

Name of Father: _____ *Name of Mother:* _____

=====

Full Name of Child: _____

Residence (City, State): _____

Age: _____ *Married?* _____ *Children?* _____

Name of Father: _____ *Name of Mother:* _____

=====

Full Name of Child: _____

Residence (City, State): _____

Age: _____ *Married?* _____ *Children?* _____

Name of Father: _____ *Name of Mother:* _____

Do you anticipate having any more children by birth or adoption?

Yes () **No** ()

Are any of your children, grandchildren, or other persons in your family adopted?

Yes () **No** ()

If yes, please provide more information: _____

Guardianship—A Guardian is someone appointed to care for the well-being of minor children, if both parents are deceased. This individual will be entrusted to make decisions on behalf of the minor child much in the same way a parent would. You can name an individual, or multiple individuals who may act as “Co-Guardians.”

If you and the other parent of your children were both deceased, who would you want to serve as guardian for your minor children?

Alternate or Successor Guardian? _____

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Are you responsible for supporting anyone other than your spouse and children?

Yes () No ()

If yes, please provide more information: _____

Do your children or grandchildren have any special problems which should be considered?

Yes () No ()

If yes, please provide more information: _____

GIFTS and DISTRIBUTIONS

Do you wish to leave gifts to your children outright or in trust?

Yes () No ()

If in trust, at what age(s) would you want the trust(s) to terminate and have the trust property distributed outright?

If your child were to predecease you or die before reaching the age for distribution of property from a trust, would you like his or her share to be distributed equally among your other children or would you like his or her share to go to his or her children?

Do you wish to provide for your children equally or is there a child or children for whom you wish to provide for differently?

Do you wish to leave your residence to your spouse?

Yes () No ()

If no, please provide more information: _____

LIVING PARENTS

YOURS

Name: _____

Age: _____ Residence(City and State): _____

Financially Secure: **Yes** () **No** ()

Needs your Support: **Yes** () **No** ()

=====

Name: _____

Age: _____ Residence(City and State): _____

Financially Secure: **Yes** () **No** ()

Needs your Support: **Yes** () **No** ()

YOUR SPOUSE'S

Name: _____

Age: _____ Residence(City and State): _____

Financially Secure: **Yes** () **No** ()

Needs your Support: **Yes** () **No** ()

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Name: _____

Age: _____ Residence(City and State): _____

Financially Secure: **Yes** () **No** ()

Needs your Support: **Yes** () **No** ()

SIBLINGS

Do you intend to provide in any way for any of you or your spouse's siblings?

Yes () No ()

If yes, please provide more information: _____

OTHER BENEFICIARIES

Name: _____

Age: _____ *Relationship:* _____

Residence (City and State): _____

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Name: _____

Age: _____ *Relationship:* _____

Residence (City and State): _____

=====

Name: _____

Age: _____ *Relationship:* _____

Residence (City and State): _____

=====

Name: _____

Age: _____ *Relationship:* _____

Residence (City and State): _____

CHARITABLE BENEFICIARIES

Name: _____

Location (City and State): _____

For any special purpose: _____

=====

Name: _____

Location (City and State): _____

For any special purpose: _____

=====

Preuptial or other property disposition agreements?

COMMUNITY PROPERTY

Have you lived in a foreign country or any of the following community property jurisdictions:

Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin?

Yes () No ()

If yes, please name the applicable state(s) or country and provide dates of residency:

SPECIAL FAMILY CIRCUMSTANCES, PROBLEMS, OR OTHER CONCERNS:

Are there any specific items of personal property (jewelry, antiques, heirlooms, automobiles, etc.) that you wish to leave to named individuals?

EXECUTOR—*The Executor of your Will is the individual who will be responsible for seeing that all debts of the estate are paid from the estate. He or she will then facilitate the distribution of estate assets according to your Will.*

Whom would you like to name as the Executor of your Will?(These will be the same for each spouse unless indicated otherwise. You may appoint your spouse as Executor.)

Alternate or Successor Executor? _____

TRUSTEE—*The Trustee is an individual responsible for handling trust assets for minor children, if both parents are deceased. The Trustee, if he or she is not also the guardian of minor children, will work with the Guardian in the event the Guardian requests a distribution from the trust for the benefit of minor children. The Trustee is responsible for keeping a balanced accounting of all trust account activity.*

Whom would you like to name as Trustee of any Trusts created under your Will? (These will be the same for each spouse unless indicated otherwise)

Successor Trustee? _____

I. FINANCIAL INFORMATION
ASSETS

REAL ESTATE

	Husband	Wife	Jointly Owned
<i>Residence</i>	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>TOTAL REAL EST.</i>	\$ _____	\$ _____	\$ _____

=====

CASH, SECURITIES & RECEIVABLES

<i>Cash & Bank Accts.</i>	\$ _____	\$ _____	\$ _____
<i>Publicly Traded Stocks & Bonds</i>	\$ _____	\$ _____	\$ _____
<i>Promissory Notes & Accts Receivables</i>	\$ _____	\$ _____	\$ _____
<i>TOTAL CASH, STOCKS & RECEIVABLES</i>	\$ _____	\$ _____	\$ _____

=====

BUSINESS INTERESTS (Please attach balance sheet and income statement)

Sole Proprietorship	\$ _____	\$ _____	\$ _____
<i>Corporation</i>	\$ _____	\$ _____	\$ _____
<i>Partnership</i>	\$ _____	\$ _____	\$ _____
<i>Trust, Etc.</i>	\$ _____	\$ _____	\$ _____
<i>TOTAL BUSINESS INTERESTS</i>	\$ _____	\$ _____	\$ _____

II. FINANCIAL INFORMATION

(Continued)

ASSETS

	Husband	Wife	Jointly Owned
<u>RETIREMENT PLANS</u>			
<i>Employee Plans</i>	\$ _____	\$ _____	\$ _____
<i>IRA Plans</i>	\$ _____	\$ _____	\$ _____
<i>Keogh Plans</i>	\$ _____	\$ _____	\$ _____
<i>Other Plans</i>	\$ _____	\$ _____	\$ _____
<i>401K Plans</i>	\$ _____	\$ _____	\$ _____
<i>TOTAL RETIREMENT PLANS</i>	\$ _____	\$ _____	\$ _____
=====			
<u>MISCELLANEOUS</u>			
<i>House effects Furniture, art appliances, etc.</i>	\$ _____	\$ _____	\$ _____
<i>Automobiles</i>	\$ _____	\$ _____	\$ _____
<i>Personal Effects (jewelry, clothing etc)</i>	\$ _____	\$ _____	\$ _____
<i>Other</i>	\$ _____	\$ _____	\$ _____
<i>TOTAL MISC ASSETS</i>	\$ _____	\$ _____	\$ _____
<i>TOTAL ASSETS</i>	\$ _____	\$ _____	\$ _____

FINANCIAL INFORMATION
(Continued)

LIABILITIES

	Husband	Wife	Jointly Owned
<i>Residential Mortgage(s)</i>	\$ _____	\$ _____	\$ _____
<i>Other Mortgage(s)</i>	\$ _____	\$ _____	\$ _____
<i>Notes Payable</i>	\$ _____	\$ _____	\$ _____
<i>Secured</i>	\$ _____	\$ _____	\$ _____
<i>List security for secured debt:</i> _____			
<hr/>			
<i>Unsecured</i>	\$ _____	\$ _____	\$ _____
<i>Income Taxes Payable</i>	\$ _____	\$ _____	\$ _____
<i>Other</i>	\$ _____	\$ _____	\$ _____
<i>TOTAL LIABILITY</i>	\$ _____	\$ _____	\$ _____
<i>NET WORTH</i>	\$ _____	\$ _____	\$ _____

III. INSURANCE

Company: _____

Insured: _____

Owner: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Death Proceeds: _____ Type: _____
(Whole Life, Term, Etc)

Cash Value: _____
(If applicable)

III. INSURANCE (Continued)

Company: _____

Insured: _____

Owner: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Death Proceeds: _____ Type: _____
(Whole Life, Term, Etc)

Cash Value: _____
(If applicable)

=====

Company: _____

Insured: _____

Owner: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Death Proceeds: _____ Type: _____
(Whole Life, Term, Etc)

Cash Value: _____

(If applicable)

=====

Company: _____

Insured: _____

Owner: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Death Proceeds: _____ Type: _____

(Whole Life, Term, Etc)

Cash Value: _____

(If applicable)

Have you borrowed against the cash value of any of the above insurance policies?

If yes, please provide information: _____

**TOTAL DEATH PROCEEDS
OF INSURANCE**

<i>Husband as Beneficiary</i>	<i>Wife as Beneficiary</i>	<i>Joint Beneficiaries</i>
\$ _____	\$ _____	\$ _____

**TOTAL CASH VALUE
OF INSURANCE**

<i>Husband-Owned</i>	<i>Wife-Owned</i>	<i>Jointly-Owned</i>
\$ _____	\$ _____	\$ _____

TAXABLE GIFTS

Did you make any gifts in excess of \$3,000.00 to any one person in any one year prior to January 1, 1982; or have you made any gifts in excess of \$10,000.00 to any one person in any one year since January 1, 1982?

YES () NO ()

If yes, please provide details and a copy of gift tax return, if one was prepared

This completes the WILL portion of the questionnaire. Please complete the Financial and Healthcare Power of Attorney, as well as Living Will pages that follow. Thank you.

FINANCIAL POWER OF ATTORNEY

For Financial Power of Attorney (A document which appoints someone to make financial decisions for you), please list a first choice and an alternate, complete with correct spelling of name and address. This person is known as an Agent, and a spouse is most often named as first choice.

YOUR FULL

NAME: _____

Your FIRST choice for your Agent:

Name: _____

Address: _____

Your SECOND choice for your Agent:

Name: _____

Address: _____

=====

SPOUSES FULL NAME: _____

SPOUSE'S FIRST choice for your Agent:

Name: _____

Address: _____

SPOUSE'S SECOND choice for your Agent:

Name: _____

Address: _____

=====

HEALTHCARE POWER OF ATTORNEY

A Healthcare Power of Attorney is a document similar to the Financial Power of Attorney, the difference being the named Agent serves in the role of making healthcare decisions for you if you are unable to make them yourself. Please complete the following in the same manner:

YOUR FULL NAME: _____

Your FIRST choice for your Agent:

Name: _____

Address: _____

Your SECOND choice for your Agent:

Name: _____

Address: _____

=====

SPOUSES FULL NAME: _____

SPOUSE'S FIRST choice for your Agent:

Name: _____

Address: _____

SPOUSE'S SECOND choice for your Agent:

Name: _____

Address: _____

=====

LIVING WILL

A Living Will is a document enabling you to make a declaration of your final wishes with regard to healthcare treatment, should your condition become incurable or terminable, or should you enter a persistent vegetative state. Without your previous consent given in a Living Will, your family members will be left to make these decisions on their own, and may face obstacles with healthcare personnel.

YOURS—Please check the appropriate lines

- _____ 1. If my condition is determined to be terminal and incurable, I authorize the following:
- _____ A. My physician may withhold or discontinue extraordinary means only.
 - _____ B. In addition to withholding or discontinuing extraordinary means if such means are necessary, my physician may withhold or discontinue either artificial nutrition or hydration, or both.
- _____ 2. If my physician determines that I am in a persistent vegetative state, I authorize the following:
- _____ A. My physician may withhold or discontinue extraordinary means only.
 - _____ B. In addition to withholding or discontinuing extraordinary means, if such means are necessary, my physician may withhold or discontinue either artificial nutrition or hydration, or both.

YOUR SPOUSE'S—Please check the appropriate lines

- _____ 1. If my condition is determined to be terminal and incurable, I authorize the following:
- _____ A. My physician may withhold or discontinue extraordinary means only.
 - _____ B. In addition to withholding or discontinuing extraordinary means if such means are necessary, my physician may withhold or discontinue either artificial nutrition or hydration, or both.
- _____ 2. If my physician determines that I am in a persistent vegetative state, I authorize the following:
- _____ A. My physician may withhold or discontinue extraordinary means only.
 - _____ B. In addition to withholding or discontinuing extraordinary means, if such means are necessary, my physician may withhold or discontinue either artificial nutrition or hydration, or both.