

DOYLE & WALLACE, PLLC

THANK YOU for expressing an interest in a simple estate plan. Enclosed is an estate planning questionnaire. Once we have received the completed questionnaire, our firm will be pleased to draft the following documents:

Last Will and Testament—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 \$700.00 for a married couple and \$600.00 for an individual. You will be provided with an original and an electronic copy of each document, and our office will retain an electronic copy of each document.

Thank You,

DOYLE & WALLACE, 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.

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 with City, State, and

Zip: _____

County of Residence: _____

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

() Yes () No

YOUR PERSONAL INFORMATION

Full Name: _____

Birthdate: ____/____/____

YOUR SPOUSE'S PERSONAL INFORMATION

Spouse's Full Name: _____

Birthdate: ____/____/____

LIVING CHILDREN

Full Name of Child: _____

Residence (City, State): _____

Age: _____ Children? _____

=====

Full Name of Child: _____

Residence (City, State): _____

Age: _____ Children? _____

Full Name of Child: _____

Residence (City, State): _____

Age: _____ Children? _____

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? _____

=====

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?

OTHER BENEFICIARIES

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: _____

=====

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? Note, you may also leave a separate writing for items of personal property.

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? _____

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.

You will make your selections concerning the Living Will when you come in to our office to sign all of the documents.