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ESTATE PLANNING QUESTIONNAIRE

This document is to be used by *Kerry L. Murphy* for estate planning purposes.
Each person should complete a separate estate planning questionnaire.

Personal Profile
Date Completed: _____

County of
Residence: _____

Names

Client:

First Middle Last Date of Birth

Spouse, if any:

First Middle Last Date of Birth

Address: _____

Telephone: _____ (home) _____ (work)
_____ (cell)

What is the best way to reach you? _____

Children

Name	Address	Age	Marital Status	Child of Husband, Wife, or Both?	Any special concerns? (Health, etc.?)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do either of you or your children have any special health or disability concerns? If yes, please explain briefly:

Parents

Name	Address	If deceased, date of death	Financially dependent on you?
_____	_____	_____	_____
_____	_____		
_____	_____		

Siblings

Name	Address	If deceased, date of death	Financially dependent on you?
_____	_____	_____	_____

_____	_____	_____	_____

_____	_____	_____	_____

_____	_____	_____	_____

_____	_____	_____	_____

**Friends or Other Relatives
Named in Documents**

Address

Phone Number

_____	_____	_____
_____	_____	_____
_____	_____	_____

WILL

Whom do you want to receive your assets at your death?

If the people listed above predecease you, who would you like to receive your assets?

Whom do you want to name as Personal Representative in your Will?

Name: _____

Address: _____

Whom do you want to name as a successor Personal Representative if your primary Personal Representative cannot serve?

Name: _____

Address: _____

Whom do you want to appoint as guardian for your minor children?

(Alternate): _____

(Second Alternate): _____

Trust - Are you interest in establishing a trust? There are several reasons you may need a trust: to save estate tax, manage assets for minors, disabled individuals and spendthrifts, protect assets of claims from creditors, spouses or future spouses, and to avoid probate.

What do you want this trust to accomplish?

If this Trust is for the benefit of minors or young adults, please consider when and how often you would like to assets distributed to the beneficiaries (example: $\frac{1}{3}$ at 25, $\frac{1}{3}$ at 30, $\frac{1}{3}$ at 35)

Whom do you want to name as your **Trustee**?

Whom do you want to appoint as your **Successor Trustee** if your primary Trustee cannot serve?

Whom do you want to appoint as your **second Successor Trustee** if your primary Trustee and first successor Trustee cannot serve?

Power of Attorney

Whom do you want to appoint as your **agent**?

Name: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Whom do you want to appoint as your **first alternate agent** if your primary agent cannot serve?

Name: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Whom do you want to appoint as your **second alternate agent** if your first alternate agent cannot serve?

Name: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

US Citizenship

Are you an US Citizen? _____

Is your spouse an US Citizen? _____

Have you ever lived in a community property state as a married adult? _____

(Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin)

Health Care Power of Attorney

Is there someone with whom you would be comfortable making health care decisions for you if you were unable to make them yourself?

Name: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Whom would you like to appoint as your **first alternate** Agent if your primary agent cannot serve?

Name: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Whom would you like to appoint as your **second alternate** Agent if your first successor cannot serve?

Name: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Whom would you like to appoint as your **third alternate** Agent if your second successor cannot serve?

Name: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Are there any special provisions you want in your health care power of attorney?

If you were dying, would you want to be kept artificially alive by medical means? Would you want to be fed with feeding tubes if you were dying? Would you want to be fed with feeding tubes if you were in a persistent vegetative state?

Living Will

Do you want to execute a living will?

You: yes _____ no _____

Note: If you are comfortable with your health care agent making end of life decisions, you may not want a living will. If you sign both documents, the living will takes precedence over the health care power of attorney for end of life decisions, and the decision is made by two doctors, not your agent.

Assets and Liabilities

-Probate Assets-

Real Estate– Address or description including the county	How is it titled?	Fair Market Value

Bank accounts– Institution and type of account	How is it titled?	Balance
Brokerage Accounts , Stocks, and Bonds (Do not list retirement accounts and IRA here)	How is it titled?	Current Value

Interests in closely held business – Include form of business, i.e., LLC, LLP, sole proprietorship	How is it owned?	Current fair market value
Notes and Loans Receivable – Does anyone owe you money? Who?	Terms of loan– Who is to receive the money when paid?	Amount owed to you
Personal Property – Cars, Antiques, Jewelry (Value greater than \$10,000)	Owner	Value

Mortgage and liens - Property Secured	Date will be paid in full	Current Balance

-Non-Probate Assets-

Life Insurance—Insurance company	Insured	Owner of policy	Beneficiary of Policy	Amount payable at death
Retirement Accounts	Owner	Beneficiary	Annual contributions or distributions	Current Value

Have you established any trusts during your lifetime? If so, please furnish a copy of document and assets owned by trust.

Do you expect to receive any inheritances? From Whom? Amount?

Do you have any special concerns or things you would like to accomplish with your estate planning?

Do you currently have a will? _____

If so, when was it signed? _____

Do you currently have a revocable trust? _____

If so, when was it signed? _____

Do you currently have a durable power of attorney, health care power of attorney or living will?

Are there any life insurance policies on your life that are owned by third parties (children, trusts, or companies?)

Are you currently the beneficiary of any Trust arrangement?

Have you ever made any substantial gifts (greater than \$10,000 per year) or filed a gift tax return?

Have you ever signed a prenuptial agreement, a post-nuptial agreement or an elective share waiver?

Do you have disability income insurance? If so, please describe the amount of insurance that you carry.

Have you started a gift program for children or grandchildren?

What is the name, address and phone number of your accountant?

Name: _____

Address: _____

Phone Number(s): _____

Do you own/have joint account with anyone other than your spouse?

Do you have long-term care insurance?
