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ESTATE PLANNING QUESTIONNAIRE

This document is to be used by Thomas D. Kilpatrick for estate planning purposes.
Each person should complete a separate estate planning questionnaire.

Personal Profile

Signature: _____

Date Completed: _____

Names

Client:

_____ First	_____ Middle	_____ Last	_____ Date of birth
_____ Street Address	_____ City	_____ State	_____ Zip
_____ Home phone	_____ Work phone	_____ Cell phone	

e-mail: _____

What is the best way to reach you? _____

Spouse, if any:

_____ First	_____ Middle	_____ Last	_____ Date of birth
_____ Street Address	_____ City	_____ State	_____ Zip
_____ Home phone	_____ Work phone	_____ Cell phone	

e-mail: _____

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Children				
Name	Address	Date of Birth	Marital Status	Child of Husband, Wife or both
_____	_____ _____	_____	_____	_____
_____	_____ _____	_____	_____	_____
_____	_____ _____	_____	_____	_____
_____	_____ _____	_____	_____	_____
_____	_____ _____	_____	_____	_____
_____	_____ _____	_____	_____	_____

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

Parents	Address	If deceased, date of death.
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Siblings	Address	If deceased, date of death
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<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

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?

Name: _____

Address: _____

Alternate Agent:

Name: _____

Address: _____

Power of Attorney

Whom do you want to appoint as your agent?

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

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

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

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

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

US Citizenship

Are you an US Citizen? Is your spouse an US Citizen? _____

Are you a veteran? _____

County of Residence

Have you ever lived in a community property state as a married adult? (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin) _____

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? _____

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

Have you or your spouse ever utilized assisted reproductive technology (ART) in an effort to have children or are you considering doing so? _____

Have you or your spouse ever donated eggs or sperm to another individual or couple with the understanding that you would not be the legal parent of any resulting children: _____

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: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

E-Mail: _____

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

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

E-Mail: _____

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

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

E-Mail: _____

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?

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.

Trust - Are you interested 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? _____

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? _____

Assets and Liabilities

Probate Assets

Real Estate address, TMS number, or description including the county	How is it titled	Fair Market Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bank accounts Institution and type of account	How is it titled	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Interests in closely held business	How Is it owned	Current fair market Value
Include form of business, i.e., LLC, LLP, sole proprietorship		
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
Personal Property -Cars, Antiques, Jewelry (Value greater than \$10,000)	Owner	Value
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

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

NonProbate 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 given any assets with a value greater than the annual gift tax exclusion amount during your life?	When	To Whom	Property given	Value of gift
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____