

LAW OFFICE OF DEIRDRE W. EDMONDS, PA
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DEIRDRE W. EDMONDS
MEMBER, NATIONAL ACADEMY OF
ELDER LAW ATTORNEYS

THE COURTYARD, SUITE 213
1500 U.S. HIGHWAY 17 N
SURFSIDE BEACH, SC 29575

**CONFIDENTIAL ESTATE PLANNING
CLIENT QUESTIONNAIRE**

INSTRUCTIONS: PLEASE ANSWER EACH QUESTION COMPLETELY. IF A QUESTION DOES NOT APPLY, INDICATE "N/A." ALSO PLEASE **MAKE AND PROVIDE A COPY** OF ALL DOCUMENTS REQUESTED, SUCH AS, WILLS, POWERS OF ATTORNEY, HEALTH CARE DIRECTIVES, TRUSTS, DEEDS, ETC.

HAVE YOU PREVIOUSLY CONSULTED WITH OR RETAINED THE SERVICES OF DEIRDRE W. EDMONDS?
___ YES ___ NO IF YES, WHEN AND FOR WHAT PURPOSE? _____

PERSONAL DATA

Name _____	Spouse, if applicable _____
Nickname: _____	Nickname: _____
Address _____	If spouse deceased, date of death _____
_____	If divorced, date of divorce _____
_____	State & County of death/divorce: _____
Home Telephone _____	Email _____
Business/Other Telephone _____	Business/Other Telephone _____
Date and Place of Marriage: _____	
Date of Birth _____ Age _____	Date of Birth _____ Age _____
Employer _____	Employer _____
Retirement Date _____	Retirement Date _____
U.S. Citizen: Yes _____ No _____	U.S. Citizen: Yes _____ No _____
Resided in _____ County, SC since _____	Resided in _____ County, SC since _____
Do you have a pre-nuptial, post-nuptial, divorce decree, court order, separation agreement, or any marital/domestic agreement or court decree? Yes _____ No _____ If so, please provide a copy.	
Were you previously married? _____	Current spouse previously married? _____
If yes, how was marriage terminated (death, divorce, annulment) _____	
Were you referred to my office? If so, by whom? _____	
If not, what made you choose my office? _____	
Purpose of visit? _____	

Children:

<i>Name</i>	<i>Address</i>	<i>Telephone</i>	<i>Age</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If necessary, attach additional sheet and check here if additional sheet attached. []

*Do you or your spouse have any children who died leaving children of their own? Yes _____ No _____
If yes, please list deceased child(ren) below and their children.*

Do you or your spouse have children by a previous marriage? _____ If yes, please list children below and indicate which children are the husband's (H) children and which are the wife's (W).

Are any of the children adopted? Yes _____ No _____ If yes, name _____

Are any of your children blind? Yes _____ No _____

Are any of your children disabled? Yes _____ No _____ If yes, do your disabled children receive government benefits? Yes _____ No _____

Are any of your children receiving SSI or other forms of government entitlements? Yes _____ No _____

If you answered yes to any of the foregoing questions, please indicate which child or children these answers apply to: _____

Other Relatives

*Answer this section **only** if you are unmarried, have no living children, and have no deceased children who have living children. Give the names and addresses of your "closest relatives," such as parents and/or brothers and sisters. If none, give the information for nieces and nephews. Provide addresses only if reasonably available.*

<i>Name</i>	<i>Relationship & Age</i>	<i>Address</i>	<i>Telephone No.</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I. Your Estate

List the assets/property and their valuation in your estate, including bank accounts, stock, IRAs, real estate, motor vehicles, life insurance, and anything else that you may own, by yourself or with another person. For this purpose, an estimate of the value is sufficient. Indicate how titled, i.e., jointly or individually.

<i>Bank Accounts</i>	<i>Balance</i>	<i>How Titled? (Name(s) on Acct.)</i>	<i>Beneficiary Name On Acct, If Any</i>
1. _____	\$ _____	_____	_____
2. _____	\$ _____	_____	_____
3. _____	\$ _____	_____	_____
4. _____	\$ _____	_____	_____
5. _____	\$ _____	_____	_____

Stocks, Bonds, Treasury Notes, Money Market, Brokerage, Other Investments

	<i>Balance</i>	<i>How Titled? (Name(s) on Acct.)</i>	<i>Beneficiary Name On Acct</i>
1. _____	\$ _____	_____	_____
2. _____	\$ _____	_____	_____
3. _____	\$ _____	_____	_____
4. _____	\$ _____	_____	_____
5. _____	\$ _____	_____	_____

Life Insurance, IRAs, Pension, 401K

1. _____	\$ _____
Beneficiary: _____	Owner: _____
2. _____	\$ _____
Beneficiary: _____	Owner: _____
3. _____	\$ _____
Beneficiary: _____	Owner: _____
4. _____	\$ _____
Beneficiary: _____	Owner: _____

Real Estate

(Please bring a copy of all Deeds/Titles)

	<i>Value</i>	<i>How Titled? Name(s) on Deed</i>
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____

Any other property/assets:

	<i>How Titled? Name(s) on Asset</i>	<i>Beneficiary Name(s)?</i>
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____

Tangible Personal Property

This category includes collectibles, furniture, antiques, jewelry, artwork, family heirlooms. List anything of significant value (more than \$2,000.00) or anything that you would like to leave to a particular person(s).

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

Expected Inheritances, trust beneficiary, anticipated recovery from lawsuit/litigation

Do you or your spouse expect to inherit any substantial amount of money or property from anyone, and if so, give the name of the person you expect to inherit from and the approximate value of what you expect to inherit?

Are you or your spouse a beneficiary under any estate or any trust or do you have any right under a trust to require the payment of any money or property to you or anyone else? If so, please provide details. _____

Are you or your spouse involved in any lawsuit or litigation wherein you expect to recover money or property or receive a settlement? If so, please provide details. _____

II. Beneficiaries

Do you currently have a Last Will and Testament? Yes _____ No _____ Does your spouse have a Will? Yes _____ No _____ If yes, please provide a copy.

List the people you would like to receive a part of your estate, including your spouse, other family members, friends, and charities, etc.

Spouse *Husband:* _____
Wife: _____

Children

1. _____
2. _____
3. _____
4. _____

Other Individuals

Include friends, grandchildren, brothers, sisters and anyone else you would like to give a part of your estate.

- | | |
|----------|----------------------------|
| 1. _____ | <i>Relationship:</i> _____ |
| 2. _____ | <i>Relationship:</i> _____ |
| 3. _____ | <i>Relationship:</i> _____ |
| 4. _____ | <i>Relationship:</i> _____ |

Are any of your beneficiaries disabled and/or incapacitated? If so, state their name(s), age(s), type of disability/incapacity, and whether they receive any government benefits/entitlements, such as SSI, Medicaid, VA benefits, etc.

1. _____
2. _____
3. _____
4. _____

Charities

List any religious or other non-profit organizations to which you would like to make a bequest or devise.

- 1. _____ \$ _____ or other property: _____
- 2. _____ \$ _____ or other property: _____
- 3. _____ \$ _____ or other property: _____
- 4. _____ \$ _____ or other property: _____

III. Personal Representative (Executor)

Name the person or persons you would like to appoint to administer your estate. He or she will carry out your wishes as stated in your Last Will and Testament. You may name two or more people to serve together in this role although certain difficulties may be encountered with joint fiduciaries. Also name an alternate person to administer your estate in case the first person you select cannot serve.

Primary (include address)

- 1. _____
- 2. _____

Alternate(s) (include address)

- 1. _____
- 2. _____

IV. Guardian of Minor Children, Disabled Adult Child or Disabled Spouse

An important purpose of a Last Will and Testament for a person with minor children or a disabled adult child or disabled spouse is the ability to nominate a guardian in your Will for such person(s). If you have minor children or a disabled adult child or disabled spouse, please name such person below and also list below who you would like to nominate as guardian for such person(s). Name of minor children, disabled adult child or disabled spouse: _____

Guardian (include address)

- 1. _____

Alternate (include address)

- 1. _____

V. Trust Planning

Do you wish to establish a trust in your Will for your minor (or spendthrift) children or grandchildren to hold and manage their inheritance from you until they reach a certain age designated by you?

Yes _____ No _____ If so, until what age? _____

Who would you appoint/name as the trustee to manage the trust for the children/grandchildren? _____
Address _____

Alternate Trustee _____ Address _____

Are you or your spouse the custodian for any accounts for minors? Yes _____ No _____

If yes, for whom? _____

Financial institution _____

Have you established any education savings accounts for any relatives? Yes _____ No _____

If yes, for whom? _____

Financial institution _____

Do you currently have a Living (Revocable) Trust? Yes _____ No _____

If yes, please provide a copy.

Are you interested in a Living (Revocable) Trust? Yes _____ No _____

VI. Incapacity Planning

Do you currently have an Advance Medical Directive or Health or Medical Power of Attorney or Living Will? Yes _____ No _____ If so, please provide a copy.

If you were unconscious or otherwise unable to make or communicate decisions for yourself, with whom would you want your doctor to consult with about your medical and health care? Your spouse? Your child or children? Parent? Other close relative or friend? List such persons in order of priority to make decisions for you. **PLEASE BE SURE NAMES, ADDRESSES AND TELEPHONE NUMBERS ARE CORRECT AND LEGIBLE.**

You:	Your Spouse:
1. Name _____	Name _____
Relationship _____	Relationship _____
Address _____	Address _____
_____	_____
Telephone: _____	Telephone: _____
2. Name _____	Name _____
Relationship _____	Relationship _____
Address _____	Address _____
_____	_____
Telephone: _____	Telephone: _____

3. Name _____
Relationship _____
Address _____

Telephone: _____

Name _____
Relationship _____
Address _____

Telephone: _____

*If you were incapacitated or otherwise unable to make or communicate decisions, who knows best how you like to live? Who knows best your personal preferences and choices about your living arrangements? Who do you prefer and trust to make personal decisions for you? List such persons in order of priority to make these personal decisions for you. **PLEASE BE SURE NAMES, ADDRESSES AND TELEPHONE NUMBERS ARE CORRECT AND LEGIBLE.***

You:

Your Spouse:

1. Name _____
Relationship _____
Address _____

Telephone: _____

Name _____
Relationship _____
Address _____

Telephone: _____

2. Name _____
Relationship _____
Address _____

Telephone: _____

Name _____
Relationship _____
Address _____

Telephone: _____

3. Name _____
Relationship _____
Address _____

Telephone: _____

Name _____
Relationship _____
Address _____

Telephone: _____

*Do you currently have a Power of Attorney or Durable Power of Attorney for financial matters?
Yes _____ No _____ If so, please provide a copy.*

*If you were unable to carry out your financial and business affairs, whom would you trust and want to take care of your money and finances? List such persons in order of priority to make financial and business decisions for you. **PLEASE BE SURE NAMES, ADDRESSES AND TELEPHONE NUMBERS ARE CORRECT AND LEGIBLE.***

You:

Your Spouse:

1. Name _____
Relationship _____
Address _____

Telephone: _____

Name _____
Relationship _____
Address _____

Telephone: _____

2. Name _____
Relationship _____
Address _____

Telephone: _____

Name _____
Relationship _____
Address _____

Telephone: _____

3. Name _____
Relationship _____
Address _____

Telephone: _____

Name _____
Relationship _____
Address _____

Telephone: _____

If you were so ill that you could no longer reside in your home and had to be placed in a nursing home, would you want your designated agent to divest you of and/or transfer all your property so that you might qualify for Medicaid, a governmental benefit for indigents residing in nursing homes? _____ Yes _____ No

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT THE LAW OFFICE OF DEIRDRE W. EDMONDS, PA WILL RELY UPON THIS INFORMATION IN PROVIDING ADVICE AND COUNSEL, AND I ASSUME THE RISK OF ANY ERROR, OMISSION, MISTAKE OR MISINFORMATION I HAVE PROVIDED HEREIN.

Signed

Dated

Signed/Spouse