|  |  |  |
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| ***LAW OFFICE OF DEIRDRE W. EDMONDS, PA***  *P.O. BOX 16064*  *SURFSIDE BEACH, SC 29587* | | |
| ***\_\_\_\_\_*** Phone: (843) 232-0654Facsimile: (843) 232-0655Email: [dedmonds@dedmondslaw.com](mailto:dedmonds@dedmondslaw.com) *Website: www.dedmondslaw.com* | | |
| *DEIRDRE W. EDMONDS*  *MICHAEL S. LARGE*  *MEMBERS, 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:

Name Address Telephone Age

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.*

*Name Relationship & Age Address Telephone No.*

**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.

***Bank Accounts Balance How Titled? Beneficiary Name***

***(Name(s) on Acct.) On Acct, If Any***

*1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

***Balance How Titled? Beneficiary Name***

***(Name(s) on Acct.) On Acct***

*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) *Value How Titled?***

***Name(s) on Deed***

*1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Any other property/assets:**

***How Titled? Beneficiary***

***Name(s) on Asset Name(s)?***

*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 recovery 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. Relationship:*

*2. Relationship:*

*3. Relationship:*

*4. Relationship:*

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 Name

Relationship Relationship

Address Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: 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 Name

Relationship Relationship

Address Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Telephone:

2. Name Name

Relationship Relationship

Address Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Telephone:

3. Name Name

Relationship Relationship

Address Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: 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 Name

Relationship Relationship

Address Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Telephone:

2. Name Name

Relationship Relationship

Address Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Telephone:

3. Name Name

Relationship Relationship

Address Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: 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