
Estate Planning Questionnaire



For Single Individuals With Children (No Spouse)

Fort Jackson Legal Assistance Office

(803) 751-4287

Typically, ownership of property DOES NOT automatically pass to the surviving spouse/partner or children at your death. A Last Will and Testament tells a Court who should receive your property after you die. Probate is the process by which a Court transfers legal ownership of your probate property to your beneficiaries. Estate planning documents, such as a Last Will and Testament, Transfer on Death Deed, and beneficiary designations, can help minimize the need for and expense of probating your estate.

You MUST fill out this Estate Planning Questionnaire - COMPLETELY.

Instructions: Please fill out this questionnaire. It is important that you answer EVERY question. If a question does not apply to your particular situation, you may leave it blank. If the answer to any question requires more space than has been provided on the form, add the information in the “Additional Information” section and refer to the question number to which your answer applies. Since your answers are being made to an attorney, they are confidential and are protected by the attorney-client privilege.

This Legal Assistance Office reserves the right to limit or deny assistance in the following situations:

- (1) Complex estates, as determined by the attorney;
- (2) Estates valued over \$12.9 million (including non-probate assets such as life insurance);
- (3) Estates in which either a client/spouse owns or has an interest in a business;
- (4) Estates involving special needs planning;
- (5) Estates in which our estate planning services are inappropriate, based on the judgment of office staff; or
- (6) Estates in which the client did not, or refuses to, cooperate with office staff, including fully completing this questionnaire.

Your Personal Information

Military Status:

_____ Active Duty _____ Reservist/National Guard (Title 10 AD Orders)
_____ Retired
_____ Spouse or Dependent of Active Duty
_____ Spouse or Dependent of Retiree
_____ Other (e.g, deploying civilian)

Gender: _____

Your Preferred Pronouns:

_____ (he/him)
_____ (she/her)
_____ (they/their)
_____ Other preference (please state): _____

Are you a U.S. Citizen?: Yes No

Full Legal Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone Number: _____ Email: _____

Residency Information

In what state do you claim residency? _____

Do you pay state income tax? _____ For what state? _____

Children

Please provide the requested information for every child born or adopted by you, even if you do not intend for that child to inherit. If there are more children, please list them in the “Additional Information” section.

Name	Gender	Age	Bio/Adopted/Step?	Disability?	Living?

For any child with a disability, will the disability impair the child’s ability to care for themselves? Yes No

Do you wish to treat any stepchildren as your children for inheritance purposes in your will? Yes No

Do You Want to Disinherit Anyone?

Name: _____ Relationship To You: _____

Name: _____ Relationship To You: _____

Name: _____ Relationship To You: _____

Do you also want to disinherit their heirs (e.g., their children)? Yes No

Your Burial Information

Do you desire full military honors? Yes No N/A

Are there any instructions for the distribution of flags to certain individuals? Yes No

List the names of recipients : _____

Disposition of your remains:

Cremation

and scatter at _____

and given to _____

and given to _____ and scattered at _____

Buried

at _____

at a location to be determined by my Executor

Do you have any additional disposition requests? (e.g., preference for a religious service)

Prior Marital Information

Were you previously married? Yes No

If so, how did that marriage end? _____

Do you have any continuing financial obligations to a former spouse or children from a prior relationship (e.g., child support, spouse support, or life insurance requirement)? If yes, please describe.

Prior Estate Planning

Do you have a Last Will & Testament? Yes No

If yes, please attach.

Do you have a Trust, Revocable Trust, or Revocable Living Trust? Yes No

Property Information

Real Property (house and/or land) – please attach the legal description of the property. The Legal descriptions are found on each Deed. This section includes property that you are buying.

Description and Location	Titled in Whose Name? Indicate if Sole, Joint, or Beneficiary and Name

Who do you want these properties to go to?

Other Titled Property

Do you own any other titled property such as a car or boat?

Description and Location	Titled in Whose Name? Indicate if Sole, Joint, or Beneficiary and Name

Financial Accounts

Do all financial accounts have beneficiaries?

Yes ___ No ___

Do you have any life insurance policies and/or annuities?

Name of Company	Insured	Policy Owner	1 st Beneficiary	2 nd Beneficiary	Death Benefit
SGLI					

If there is additional property, please list it on a separate sheet of paper.

Is your COMBINED total estate; including life insurance, financial accounts, real property, motor vehicles, and personal property, worth more than \$12.9 million dollars?

Yes ___ No ___

*Your total estate includes all assets, financial accounts, stocks, bonds, mutual funds, IRA's, real property, and personal property. There can be **serious** tax consequences and issues for estates over the estate tax limit; you may need to consult a private attorney, tax attorney, and/or a financial planner in such a circumstance.*

The next section tells us about your goals and any concerns you may have about your estate plan.

Your Last Will and Testament tells the Court and your Executor who should get your probate property when you die. You can give your property to anyone you choose; a single person, such as a cousin, or a group of people (e.g., "everything to my grandchildren").

You can also give your property in percentages – for example – 50 percent to my niece, 25 percent to my nephew, and 25 percent to my neighbor. You can also choose alternates to receive your property in case the primary person(s) you want to inherit passes away before you.

You are not bound by your responses in this section. Your attorney will discuss your choices with you and make changes, if needed.

What is your primary goal or objective with your Last Will and Testament?

What are your primary concerns with your Last Will and Testament or your estate plan?

Specific Bequests

You may make separate gifts of cash, specific investments, real estate, or personal property to specific people or charities in your will. These bequests will be distributed first and reduce the amount of property left for your other beneficiaries. Specific bequests (and trusts) are appropriate methods of setting aside money and property for children of prior relationships. If you make no specific bequests, all of your property will pass to your primary beneficiaries listed below in the Residuary Estate. Do you wish to make any specific bequest in your will?

If yes, please list your specific bequest(s) and who you want to receive it (them):

Name	Relationship	Item or Dollar Amount

Disposition of Tangible Personal Property

“Tangible” personal property are non-monetary items such as furniture, collectibles and personal effects.

Who do you want to have your personal property?

Your state of residence may permit the use of a separate “personal property memorandum,” which is a separate writing giving certain items to certain people (e.g., “my pocket watch to my nephew, John Smith”).

Do you want to create a personal property memorandum if permitted by your state? Yes No

Who Do You Want To Receive the Remainder of Your Property (i.e., Residuary Estate)?

If you want your property to go to someone other than your children, OR you want your property to be divided in unequal shares, please state the person’s name, relationship to you, percentage of your estate they should receive, and if they are an alternate beneficiary. If an alternate, indicate whether they are to inherit in the first, second, or third level.

NOTE: You may have more than one person as a primary beneficiary or alternate beneficiary.

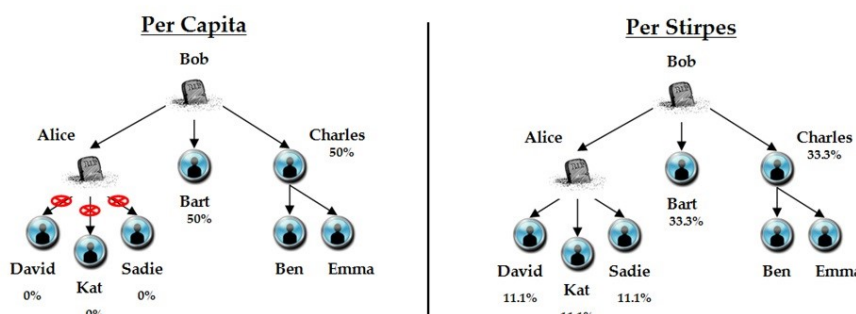
Example: All to my best friend (primary beneficiary) and then to my 4 siblings (1st alternate beneficiary). You are NOT REQUIRED to have alternates.

Beneficiary Name	Relationship	Percentage	Alternate Beneficiary (Yes / No)	1 st /2 nd /or 3 rd Alternate

“Per Stirpes” vs. “Per Capita”

In case any of the beneficiaries listed above dies before you and leaves children, you must decide if you want the share of the deceased beneficiary to go to their children, or to pass only to your beneficiaries that survive (live longer than) you. This is best illustrated by an example:

*Assume you leave your estate to your three children in equal shares, but one of your children dies before you. You must decide if you want the share of your deceased child to pass to your grandchildren (the deceased child’s children), which is called “**per stirpes,**” or to be divided equally between your surviving children without regard to the deceased child’s children (your grandchildren), which is called “**per capita.**”*



Choose ONE Option:

If a beneficiary does not survive you, do you want your property to go to the beneficiary's surviving children (this is the most common selection)? (Per stirpes)

If a beneficiary does not survive you, do you want your property to go to the other named beneficiaries? (Per capita)

Trusts for Children and Others

If any of your beneficiaries are minors or incapable of managing money, you may want to create a **Testamentary Trust** to hold money on that person’s behalf until they reach the age you select.

Are any of your beneficiaries under the age of 18 and need a trust?

Yes ☐ No ☐

If yes, please provide the name(s) of the beneficiary(ies) and their relationship to you:

Beneficiary Name	Relationship

If yes, at what age do you want them to receive the principal balance of the trust funds from your estate?

___ 18 ___ 21 ___ 25 ___ other

If “other,” please explain:

Do you want a single trust for all beneficiaries? Yes ___ No ___

Appointment of Fiduciaries

These positions require a significant amount of trust. The appointments can be the same or different people, but each appointed person **MUST be at least 18 years old**. We **STRONGLY** encourage you to discuss the appointment with the person you are selecting **BEFORE** signing your Last Will & Testament.

Executor/ Personal Representative

The Executor/Personal Representative is the person you choose to manage the probate of your estate.

Who would you like to serve as Executor?

List the Executors **in the order** that you would like them to serve.

Executor’s Name	Relationship	Age	Order of (1st/2nd/3rd)	Is the Person a Convicted Felon?	State Where the Person Resides

Trustee/Custodian

The Trustee is the person you choose to manage your child's trust fund. This person will have a fiduciary responsibility to your child and must be **at least 18 years of age**. List the Trustees in the order that you would like them to serve.

Trustee's Name	Relationship to You	Age	Order of Executor (1st/2nd/3rd)	Is the Person a Convicted Felon?	State Where the Person Lives

Guardian

The guardian takes care of your child and their property if you pass away. They can, but do not have to be, the same person. Guardians can be limited to caring for either the child or the estate and must be **at least 18 years of age**. List the guardians in the order you would like them to serve.

Guardian Name	Relationship to You	Age	Order in Which to Serve (1st/2nd/3rd)	Is the Person a Convicted Felon?	State Where the Person Lives

Common Disaster

If every named beneficiary (e.g., your children) dies before or at the same time as you, would you like for your estate to be **(choose one option)**:

Distributed to the next living family member ____

Distributed to a specific charity or individual ____ Name: _____

Distributed in accordance with your state laws ____

Supplemental Benefits Trust

Do you want the trustee of your children's trust to be able to direct a disabled beneficiary's inheritance to a supplemental benefits trust? Yes ____ No ____

Digital Assets

Do you want your Executor/Personal Representative to have access to digital assets (e.g., websites and email)? Yes No

No-Contest Provision

Do you want a provision revoking the inheritance of any beneficiary who contests your will?

☐ Yes ☐ No ☐ Not Sure

If yes, do you want to include the contesting person's children? ☐ Yes ☐ No

LIVING WILL & POWER OF ATTORNEY FOR HEALTH CARE QUESTIONNAIRE

A **Living Will** lets you state your wishes for end-of-life medical care and is often accompanied by a **Healthcare Power of Attorney** (or **Advance Medical Directive**); this document permits you to appoint another person (or persons) to make health care decisions on your behalf as your Agent when you can no longer make such decisions yourself. The scope of a health care agent's powers may be very broad (e.g., changing doctors or hospitals, authorizing certain medical treatment, or terminating all medical treatment). Although oftentimes prepared in conjunction with a will, a Living Will is a separate document and is NOT part of your will.

1) Do you want:

- ☐ Both a living will and a power of attorney for health care (*recommended option*)
- ☐ Just a living will
- ☐ Just a power of attorney for health care

2) Who do you want to designate as your Agent under the Healthcare POA?

Name: _____

Address: _____

Phone/Email: _____

Relation of agent to you: _____

3) With regard to the appointment of a SECOND agent to make health care decisions:

- ☐ A second agent is to be designated, and the second agent is to act as a successor only in the event the first is incapacitated (recommended)
- ☐ A second agent is NOT to be designated
- ☐ A second agent is to be designated, and either agent can act separately
- ☐ A second agent is to be designated, and the agents must act jointly unless one is incapacitated

If you wish to designate a secondary agent, indicate the name of your second agent:

Name: _____

Address: _____

Phone/Email: _____

Relation of agent to you: _____

4) Is your agent(s) authorized to donate your organs for transplant? ☐ Yes ☐ No

5) Is the authority to donate organs to **include** not just transplants, but also the donation of organs and tissue for other medical, educational, or scientific purposes? ☐ Yes ☐ No

6) Is the authority to donate organs to expressly exclude certain organs or other restrictions?

- ☐ Yes, please list: _____
- ☐ No

7) Is the authority to donate organs only to be authorized if there is no cost to your estate? ☐ Yes ☐ No

8) Do you want to die at home (less expensive) rather than in a hospital (very expensive)? ☐ Yes ☐ No

9) Would you want treatment to extend your life if you were pregnant? ☐ Yes ☐ No ☐ N/A

10) If you have a terminal medical condition or persistent and irreversible unconsciousness, do you want to be kept alive with breathing machines, CPR, etc.? ☐ Yes ☐ No

11) If you can no longer chew or swallow on your own, but are not necessarily in a terminal condition, do you want treatment such as food and water through a tube in order to be kept alive? ☐ Yes ☐ No

FUNERAL ARRANGEMENTS

1) Do you wish to express your desires regarding funeral arrangements? ☐ Yes ☐ No

2) Upon my death, I wish:

☐ To be cremated

☐ To have my body given for medical or scientific purposes

☐ To be buried at a specific grave site or location. Please specify location:

☐ To be buried at sea

☐ OTHER. Please specify: _____

1) Do you wish to be buried with full military honors? ☐ Yes ☐ No N/A

2) Do you have any other wishes regarding your burial or memorial service?

☐ Yes: _____

☐ No

3) Have you already paid for your funeral expenses/arrangements?

☐ Yes (if yes, with whom?) _____

☐ No

4) A separate (limited) power of attorney can be created to appoint a person to determine where and how your body is buried, cremated, etc. If you named a person as your health care agent on the previous page, do you want to name that same person as Agent to handle the disposition of your remains? ☐ Yes ☐ No

☐ Some Other Person: _____

POWER OF ATTORNEY

(Normal Financial Variety)

We can create an ordinary general power of attorney for you at the same time. We strongly recommend a “springing” POA over a “durable” POA and that you only give it to someone you trust. (See the terms and definitions page for more information.) If you have special requirements for the POA, such as the ability to transact business relations or sell real estate, let your attorney know.

1. Do you want a Power of Attorney? ☐ Yes ☐ No

2. If yes, I want a _____ Durable POA or a _____ Springing POA.

3. If yes, I want the following person to hold the power of attorney:

NAME _____

RELATION _____

PHONE/EMAIL _____

ADDRESS _____

Who would you like to make financial decisions for you if your 1st Agent is not able:

First Choice:

Name: _____

Address: _____

Phone/Email: _____

Second Choice:

Name: _____

Address: _____

Phone/Email: _____

If you are on active duty or deploying, do you want this Power of Attorney to become effective if you are declared “missing,” “missing in action,” or “prisoner of war?”

_____ Yes _____ No

Do you want your Agent(s) to receive reasonable compensation for their services?

_____ Yes _____ No

Do you want your Agent(s) to be able to make gifts? ___ Yes ___ No

If yes, do you want (**choose one option**):

___ Gifts to specific individuals of any of the property
 Name(s): _____

___ Outright gifts for estate planning purposes to organizations or individuals.

Make gifts, grants, or transfers to persons or organizations as the Agent may select, and to make payments for education and medical care for the children or descendants.

If choosing this option, education and medical for (select one):

___ children
___ descendants

Do you want your Agent(s) to be able to (**choose one option**):

___ request, receive, and review any information regarding physical or mental health;
including, but not limited to, medical and hospital records, and to consent to the disclosure of information

___ act as the principal's personal representative to obtain access to the health care information and communicate with health care providers

___ None

Do you want your Agent(s) to have access to digital assets (e.g., websites or email.) ___ Yes ___ No

If for any reason a court needed to appoint a guardian to handle your financial affairs, who would you like that person to be?

___ Same as agent #1 above

___ Same as agent #2 above

___ Other:

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Additional Information
