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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: \_\_\_\_\_

<b>Children</b>				
Name	Address	Date of Birth	Marital Status	Child of Husband, Wife or both

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

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

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

**WILL**

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

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

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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

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

<b>Bank accounts</b> Institution and type of account	How is it titled	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Brokerage Accounts , Stocks, and Bonds</b> (Do not list retirement accounts and IRA here)	How is it titled	Current Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Interests in closely held business</b>	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/>
<b>Notes and Loans Receivable</b>	Terms of loanBWho is to receive the money when paid?	Amount owed to you
Does anyone owe you money? Who?		
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<b>Personal Property</b>	Owner	Value
Cars, Antiques, Jewelry (Value greater than \$10,000)		
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>



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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____