

LAW OFFICE OF KELLY B. MYERS

ESTATE PLANNING WORKSHEET

(PLEASE COMPLETE THIS PACKET IN INK)

We must have this Worksheet returned to us before scheduling your initial meeting (this will ensure we have the information and have enough time to understand the specifics of your situation before our meeting). If you need assistance completing the information, email us (info@LKNLawOffice.com) or call our office (704.896.0906) and we will help you.

Fax: 704-896-0979

Email: info@LKNLawoffice.com

In person/Drop Box: 18139 West Catawba Ave, Cornelius, North Carolina

DON'T WORRY ABOUT TOTAL ACCURACY – JUST DO THE BEST YOU CAN

WE LOOK FORWARD TO WORKING WITH YOU!!!

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

Cornelius, North Carolina 28031
info@LKNLawOffice.com | www.planNC.com
P: 704.896.0906 | F: 704.896.0979

PERSONAL INFORMATION

Last _____ First _____ Middle _____
(Full name on driver's license and legal documents)

Also Known As _____

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address: _____

City _____ State _____ Zip _____ County _____

Home Telephone _____ Cell Phone Number _____ Business Telephone _____

Occupation _____ Employer _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via E-mail.

Married: Date of Marriage _____ Divorced Widowed Single

(Partner) Last _____ First _____ Middle _____
(name most often used to title property and accounts)

Also Known As _____

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Phone Number _____ Business Telephone _____

Occupation _____ Employer _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via E-mail.

LEGAL INSURANCE (If Applicable)

Provider _____ Member Name _____ Member Number _____

Case Number(s): _____

CHILDREN AND/OR OTHER FAMILY MEMBERS OR BENEFICIARIES

(Use full legal name. For stepparents, note which client is the legal parent)

Name (First Middle Last)	Birth date	Parent or Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADVISORS

Name	Telephone
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

IMPORTANT FAMILY QUESTIONS

CLIENT

SPOUSE/PARTNER

Do you have a will, trust, or other estate planning? <i>Please furnish copies</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If married have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you or any of your children or other beneficiaries have disabilities, serious health problems or other special needs?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you own a business?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you own a long-term care (nursing home) insurance policy?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you own any property that is not community property?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns.</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you (or your spouse) currently the beneficiary of anyone else's trust?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

INCOME/ASSET/LIABILITY INFORMATION

Please list your income/asset/liability information in the appropriate section below.

Attach additional pages, if necessary.

INCOME:	<u>Client</u>	<u>Community/Joint</u>	<u>Spouse/Partner</u>
Earned Monthly Income from Labor:	_____	_____	_____
Monthly Social Security Income:	_____	_____	_____
Monthly Pension Income:	_____	_____	_____
Other Monthly Income:	_____	_____	_____

ASSETS:

REAL PROPERTY

Please list any interest in real estate including your family residence, vacation home, time share or vacant land.

(please list manner in which title held – JT=Joint Tenant, TC=Tenants in Common, SP=Separate Property, LLC)

General Description and/or Address	Owner	Market Value	Equity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

PERSONAL PROPERTY

TYPE: List separately only major personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*).

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)	_____	_____
Vehicles	_____	_____
Jewelry	_____	_____
Other:	_____	_____
_____	_____	_____
	<i>Total</i>	_____

BANK & SAVINGS ACCOUNTS

TYPE: Checking Account “CA”, Savings Account “SA”, Certificates of Deposit “CD”, Money Market “MM” (*indicate type below*).
Do not include IRA’s or 401(k)’s here

Name of Institution	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

Note: If Account is in your name (or your spouse’s name) for the benefit of a minor, please specify and give minor’s name.

STOCKS AND BONDS

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account.
(indicate type below)

Name of Institution	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

Name of Institution	Type	Owner/Insured	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Name of Institution	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total</i>			_____

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

<i>Total</i>		_____

MONEY OWED TO YOU

TYPE: Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total</i>				_____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description _____	

<i>Total estimated value</i> _____	

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

SUMMARY OF VALUES

	Amount*	
ASSETS	Total Value	
Real Property	_____	_____
Furniture and Personal Effects	_____	_____
Bank and Savings Accounts	_____	_____
Stocks and Bonds	_____	_____
Life Insurance and Annuities	_____	_____
Retirement Plans	_____	_____
Business Interests	_____	_____
Money owed to you	_____	_____
Anticipated Inheritance, Etc.	_____	_____
Other Assets	_____	_____
Total Assets:	_____	_____

* *Joint Property values enter 1/2 in Client's column and 1/2 in Spouse/Partner's column.*

INTELLECTUAL ASSETS

Client	Spouse/Partner
High School	High School
College	College
Graduate Degree _____	Grad Degree _____
On the Job MBA (biz owner)	On the Job MBA (biz owner)

PERSONS TO ACT FOR YOU – IF YOU ARE UNABLE

LONG-TERM GUARDIAN FOR MINOR CHILDREN:

If you have any children under the age of 18, list in order of preference who would raise them and love them in the manner as close as possible to the way you would for the long-term.

Name, Address and Phone Number

Relationship

SHORT-TERM GUARDIAN FOR MINOR CHILDREN:

If you have any children under the age of 18, list in order of preference who would be able to be immediately available to them (within 20 minutes) if you could not be located. The more the better.

Name, Address and Phone Number

Relationship

FINANCIAL DECISION MAKERS

DEATH TRUSTEE: After both of your deaths, who do you want making decisions regarding the management and distribution of your assets to your beneficiaries?

Name, Address and Phone Number

Relationship

HEALTHCARE DECISION MAKERS

Select Your Health Care Agent - CLIENT

When you decide to pick someone to speak for you in a medical crisis, in case you are not able to speak for yourself, there are several things to think about. Usually it is best to name *one* person or agent to serve at a time, with at least one successor, or back-up person, in case the first person is not available when needed. Compare up to 3 people to help make the decision.

<i>Name, relationship, address, phone:</i>		
	<i>Name, relationship, address, phone:</i>	
		<i>Name, relationship, address, phone:</i>
		1. Meets the legal criteria in your state for acting as agent or proxy or representative? (This is a must! See below.)
		2. Would be willing to speak on your behalf.
		3. Would be able to act on your wishes and separate his/her own feelings from yours.
		4. Lives close by or could travel to be at your side if needed.
		5. Knows you well and understands what's important to you.
		6. Is someone you trust with your life.
		7. Will talk with you now about sensitive issues and will listen to your wishes.
		8. Will likely be available long into the future.
		9. Would be able to handle conflicting opinions between family members, friends, and medical personnel.
		10. Can be a strong advocate in the face of an unresponsive doctor or institution.
		<i>Please number your selections in order of priority (1 – 3)</i>

WHO CAN'T BE AN PROXY?

- Anyone under age 18.
- Your health care provider, including the owner or operator of a health or residential or community care facility serving you—unless this person is your spouse or close relative.
- An employee of your health care provider—unless this person is your spouse or close relative.

HEALTHCARE DECISION MAKERS

Select Your Health Care Agent – SPOUSE/PARTNER

When you decide to pick someone to speak for you in a medical crisis, in case you are not able to speak for yourself, there are several things to think about. Usually it is best to name *one* person or agent to serve at a time, with at least one successor, or back-up person, in case the first person is not available when needed. Compare up to 3 people to help make the decision.

<i>Name, relationship, address, phone:</i>		
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		<i>Name, relationship, address, phone:</i>
		1. Meets the legal criteria in your state for acting as agent or proxy or representative? (This is a must! See below.)
		2. Would be willing to speak on your behalf.
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HEALTHCARE DECISION MAKERS

Select Your Health Care Agent

When you decide to pick someone to speak for you in a medical crisis, in case you are not able to speak for yourself, there are several things to think about. Usually it is best to name *one* person or agent to serve at a time, with at least one successor, or back-up person, in case the first person is not available when needed. Compare up to 3 people to help make the decision.

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- Your health care provider, including the owner or operator of a health or residential or community care facility serving you—unless this person is your spouse or close relative.
- An employee of your health care provider—unless this person is your spouse or close relative.

CLIENT

SPOUSE/PARTNER

- | | | |
|--|--|--|
| 1. Would you like to receive artificial nutrition? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Let my agent decide | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Let my agent decide |
| 2. Would you like to receive artificial hydration? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Let my agent decide | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Let my agent decide |
| 3. In the event of dementia, would you like to limit ORAL feeding? | <input type="checkbox"/> No Limit
<input type="checkbox"/> No Feeding
<input type="checkbox"/> Feed only if I seem interested in food I like | <input type="checkbox"/> No Limit
<input type="checkbox"/> No Feeding
<input type="checkbox"/> Feed only if I seem interested in food I like |
| 4. Do you want to donate viable ORGANS for transplant? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Let my agent decide | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Let my agent decide |
| 5. Do you want to donate viable TISSUES for transplant? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Let my agent decide | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Let my agent decide |
| 6. If you do <i>not</i> donate organs or tissue, would you like to donate your WHOLE BODY for medical research or education? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Let my agent decide | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Let my agent decide |

CLIENT

SPOUSE/PARTNER

ADVANCE DIRECTIVE (optional)

1. Please select the conditions to which your advance directive should apply:

Incurable or irreversible condition likely to result in death relatively quickly

Unconscious state without likelihood to ever regain consciousness

Advanced dementia or other substantial cognitive impairment not likely to resolve

2. Would you like to allow or mandate the withholding of life-prolonging measures?

Allow
 Mandate

Allow
 Mandate

3. Would you like your directive or your agent to make the final decisions – do you want your agent to be able to override your directive?

Directive
 Agent

Directive
 Agent

AFTER DEATH DECISIONS

1. I would prefer to be: (*circle one*)

Buried
 Cremated
 Let my agent decide

Buried
 Cremated
 Let my agent decide

2. I would like my remains to be placed:

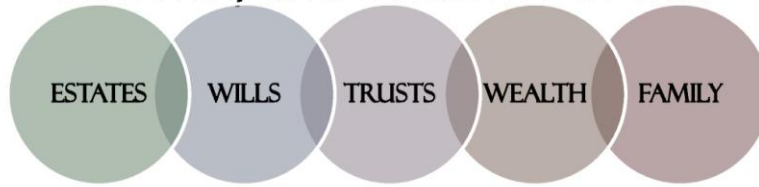
3. Do you have pre-need arrangements?
If yes, please explain

4. If you would like a different agent than other health care decisions, who should be your agent?

5. Other preferences:

KELLY B. MYERS

Attorney and Counselor at Law



MEMORANDUM TO JOINT REPRESENTATION CLIENTS

Joint Representation of Spouses. It is commonplace for spouses to engage the same firm for estate planning. However, when this office represents both spouses with regard to common or related matters, certain conflicts of interest can arise within the ethical codes of the legal profession. Differences may arise between spouses with respect to the ownership of your property and its desired disposition, particularly in situations where one or both spouses have separate families. For this reason, it is advisable that spouses with separate families obtain independent legal counsel.

Although there are a number of property law and other legal issues involved in estate planning, the question of whether the interest of a spouses are materially adverse to one another is primarily one of common sense for which you, in many respects, are perhaps better qualified than I to evaluate. If you feel that your interests are adverse to one another then you must disclose this to me and I will decline to undertake the joint representation of you both. By both of you signing this memorandum you will be representing to me that your interests are not adverse. If you are wrong in your conclusion regarding this issue, then by signing this letter you will be consenting to my joint representation of you both even if your interests are in fact materially and directly adverse.

Each of you are advised of the hazards of multi-party representation by one attorney. I cannot represent you both and be an advocate for one of you to the exclusion of the other. An attorney is required to be impartial, loyal, and to exercise independent judgment with regard to the client group as a whole. If I represent you jointly I may not promote the interest of one of you to the disadvantage of the other.

Confidences. If I undertake to represent you jointly, both of you will have free access to any documents I prepare for either of you, and it must be understood that any communication that one of you makes to me will not be confidential with respect to your spouse.

TERMS OF AGREEMENT UNDERSTOOD AND ACCEPTED BY CLIENTS

Date Signed: _____

Date Signed: _____