CAROLINA TAX, TRUSTS & ESTATES

ESTATE PLANNING INTAKE FORM

Please fill out this form the best you can. We need to know this information in order to effectively assist you. As always, all the information you supply to us will be kept STRICTLY CONFIDENTIAL. All our forms are in PDF "fillable" format; meaning, these documents can be filled out using an Adobe program so you may type your responses. Be sure to save the document first and then type in your responses. If you would prefer, you may print out the forms and then write your responses if that is easier. Should you have any questions, please call us at (910) 725-0498. We will be happy to help you.

Our simple estate plan consists of a *Will*, a *Health Care Power of Attorney*, a *Power of Attorney*, and *HIPAA* document. Your Will, Health Care Power of Attorney, and Power of Attorney require you to appoint a particular fiduciary; by "fiduciary", we mean a person in whom you place complete confidence in regard to your health care matters should you become incapacitated (Health Care Agent); your business affairs should you become incapacitated (Agent for Power of Attorney); and the administration of your estate (Executor/Personal Representative of you Will).

WILL

For your Will, you need to appoint someone to be your Personal Representative (aka "PR" or "Executor"). This is the person who will administer your Estate based on the instructions provided in your Will along with state's statutory guidelines of probate for estate administration. Please make your selection for a Personal Representative in successive order. (*1st choice, 2nd choice, etc*.)

PERSONAL REPRESENTATIVE – 1ST CHOICE

Name: _____

Date of Birth: _____ Soc. Sec. No.: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

PERSONAL REPRESENTATIVE – 2ND CHOICE

Name: _____

Date of Birth: _____ Soc. Sec. No.: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

PERSONAL REPRESENTATIVE – 3RD CHOICE

Name: _____

Date of Birth: _____ Soc. Sec. No.: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

WILL DISTRIBUTION

Upon your death, what happens to your assets? (*if you are married, please assume both - what happens if you predecease your spouse, and ALSO what happens if your spouse predeceases you)*:

GUARDIAN FOR MINOR CHILDREN (IF APPLICABLE)

Please only fill out this section if you have minor children (under 18 years old). If you were to die, leaving your child(children) without a legal guardian, whom would you select to be the Guardian(s) of your child. NOTE: This only applies to guardianship of minor children for estate planning purposes.

GUARDIAN – 1ST CHOICE

Name: _____

Date of Birth: _____ Soc. Sec. No.: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

GUARDIAN – 2ND CHOICE

Name: _____

Date of Birth: _____ Soc. Sec. No.: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

GUARDIAN – 3RD CHOICE

Name: _____

Date of Birth: _____ Soc. Sec. No.: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

HEALTH CARE POWER OF ATTORNEY

For your Health Care Power of Attorney ("*HCPOA*"), you need to choose someone that will make decisions on your behalf as your Health Care Agent ("Agent"). It is important that you appoint someone who is trustworthy and reliable. Your Agent may have to handle difficult end of life decisions, *but please note - your HCPOA document will allow you to make selections to help your Agent follow your end of life desires.* Although, you will only have one Agent at a time, we create an order of succession, so if your first choice is unavailable, you have other available options. Please list your Health Care Agents, in the order of your preference.

HEALTH CARE AGENT - 1ST CHOICE

Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

HEALTH CARE AGENT –2ND CHOICE

Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

HEALTH CARE AGENT –3RD CHOICE

Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

POWER OF ATTORNEY (FINANCIAL)

For your Power of Attorney ("*POA*"), you need to select someone called an Agent that will make financial decisions on your behalf. Again, it is important that you choose someone that you can trust and rely upon. Please select the successive order of the Agent(s) you appoint. If, however, you desire to have the SAME people in the SAME order for your HEALTH CARE POWER OF ATTORNEY, you may

simply write the word "Same"; otherwise, please list your Agents for the Power of Attorney, in the order of your preference.

AGENT FOR POWER OF ATTORNEY (FINANCIAL) - 1ST CHOICE

Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

AGENT FOR POWER OF ATTORNEY (FINANCIAL) – 2ND CHOICE

Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

AGENT FOR POWER OF ATTORNEY (FINANCIAL) – 3RD CHOICE

Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____