



## ELDER LAW FIRM OF ANDREW OLSEN

[www.olsenelderlaw.com](http://www.olsenelderlaw.com)

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How did you learn about our firm? \_\_\_\_\_

### PART I - PERSONAL AND FAMILY INFORMATION

1. Full Legal Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. City, State and Zip Code \_\_\_\_\_
4. County of residence \_\_\_\_\_
5. Telephone: Home \_\_\_\_\_ Work/Cell \_\_\_\_\_
6. Email: \_\_\_\_\_
7. Place of Employment \_\_\_\_\_
8. Marital status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_
9. Have you been married before? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Date of Birth \_\_\_\_\_ Cremation \_\_\_\_\_ or burial \_\_\_\_\_  
Final Resting Place of Remains \_\_\_\_\_ Prepaid Contract Yes \_\_\_ or no \_\_\_\_\_
11. Are you a U. S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Full legal name of spouse \_\_\_\_\_
13. Spouse's date of birth \_\_\_\_\_ Cremation \_\_\_\_\_ or burial \_\_\_\_\_  
Final Resting Place of Remains \_\_\_\_\_ Prepaid Contract Yes \_\_\_ or no \_\_\_\_\_
14. Spouse's place of employment \_\_\_\_\_
15. Is your spouse a United States citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

16. Do you have long term care insurance? Yes \_\_\_\_\_ No \_\_\_\_\_. If Yes, list company and length of policy for in-home care and nursing or assisted living care. \_\_\_\_\_

16a. Children from current marriage:

<u>Name</u>	<u>Birth Date</u>	<u>Marital Status</u>	<u>Address, if different from yours</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*Please list all of your children's names, even if you plan to leave them out of your will.

17. \*Children from a previous marriage:

<u>Name</u>	<u>Birth Date</u>	<u>Marital Status</u>	<u>Address, if different from yours</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18. \*Children from a current or previous relationship

<u>Name</u>	<u>Birth Date</u>	<u>Marital Status</u>	<u>Address, if different from yours</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*Please list all of your children's names, even if you plan to leave them out of your Will.

19. Are you planning on having more children? Yes \_\_\_\_\_ No \_\_\_\_\_ Possibly \_\_\_\_\_

20. Are any of your children adopted? Yes \_\_\_\_\_ No \_\_\_\_\_

21. Are any of your children deceased? Yes \_\_\_\_\_ No \_\_\_\_\_

22. Were any of your children born to you when you were unwed, or were any of your grand children born to any of your children when they were unwed?

Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain: \_\_\_\_\_

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23. Do any of your children or others dependent on you have special needs due to mental or physical disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain: \_\_\_\_\_

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24. Are you supporting any persons other than your spouse or children (such as parents, brothers or sisters, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain: \_\_\_\_\_

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## **PART II – FINANCIAL INFORMATION**

### **A. Real Estate:**

1. If you own a home, list the following:

Address \_\_\_\_\_

Do you own it with anyone else? (If you do, please state who):

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Your opinion of the home's value \_\_\_\_\_

Approximate balance of mortgage/contract for deed \_\_\_\_\_

2. If you own any other real estate, such as a farm, cabin, or rental unit, list the following:

Address or location \_\_\_\_\_

Do you own it with anyone else? (If you do, please state who):

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Your opinion of the home's value \_\_\_\_\_

Approximate balance of mortgage/contract for deed \_\_\_\_\_

Type of property (cabin, rental, farm, etc.) \_\_\_\_\_

\*If you own more real estate, please use the back of this page and provide the same information.

B. Please list below all bank accounts, certificates of deposit, money market certificates, IRA accounts, stocks, bonds or similar assets owned either in your name alone or jointly. (This information is needed in order to determine whether a basic Will is appropriate for your situation. The information you provide is confidential. It will be discussed with you during your appointment. The Questionnaire will then be kept in your personal file. **No one else will see this Questionnaire**).

<u>Bank or Co.</u>	<u>Type of Asset</u>	<u>In Whose Name</u>	<u>Beneficiary</u>	<u>Approx. Value</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\*If more space is needed, please continue on the back of this sheet or on a separate sheet of paper.

C. Life Insurance (on your life):

<u>Name of Ins. Co.</u>	<u>Beneficiary</u>	<u>Amount of Policy</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Do you own or have an interest in any businesses? If so, describe briefly and give the approximate value of your interest: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. If you are covered by a pension or profit sharing plan, please state the name (s) of any beneficiary (s) under the plan, and its approximate value, if known: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Describe briefly, and give the approx. value, of any other valuable assets which you own. (Jewelry, antiques, guitars, stamp or coin collections, boats, automobiles, and money owed to you by others, etc.). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. Do you have child support or alimony obligations from a previous marriage? Yes \_\_\_ No \_\_\_

H. List any major liabilities or debts, aside from mortgages/contracts for deed:

Creditor

Approx. Amount Owed

<u>Creditor</u>	<u>Approx. Amount Owed</u>

I. Do you expect your financial situation to change substantially in the next five years?

Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain \_\_\_\_\_  
\_\_\_\_\_

J. Are you the beneficiary of any trusts? Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain \_\_\_\_\_  
\_\_\_\_\_

K. Have you given anyone besides your spouse any gifts worth more than \$10,000 in any Calendar year? Yes \_\_\_\_\_ No \_\_\_\_\_ Dates and amounts \_\_\_\_\_.

L. Have you formally contracted to leave any assets to any person or organization? Yes \_\_\_\_\_ No \_\_\_\_\_

M. Have you signed any pre-marriage contract regarding disposition of your assets?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please bring a copy of the agreement to your appointment).

N. Do you currently have a Will? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please bring a copy of your current Will to your appointment.)

O. If you have a safe deposit box, please indicate the renters of the box and the location of the box: \_\_\_\_\_

**PART III – GENERAL GOALS AND WISHES FOR YOUR WILL**

1. Whom do you wish to name as your PERSONAL REPRESENTATIVE executor?

Most married persons name their spouse.

1<sup>st</sup> Choice: Name and relationship to you \_\_\_\_\_  
Address \_\_\_\_\_

2<sup>nd</sup> Choice: Name and relationship to you \_\_\_\_\_  
Address \_\_\_\_\_

2. If you are SINGLE AND HAVE CHILDREN, our basic Will leaves your estate in equal shares to your children. If one of your children should predecease you, do you want that child's share of your estate to:

a. Be split up among your remaining children \_\_\_\_\_

b. Pass to your deceased child's children \_\_\_\_\_

If you selected (b), please indicate grandchildren, if any:

Name

Date of Birth

Parents

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If you want to leave your estate to persons other than your children, or only to particular children, please indicate name(s), relationship to you, and address(es) below: \_\_\_\_\_

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3. If you are SINGLE, WITHOUT CHILDREN, whom would you want to receive your estate?

First Choice (you can choose one or more persons to share in your estate):

Name(s), Relationship to you, and Address(es) \_\_\_\_\_

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If on of the persons you named does not survive you, do you want such person's share to go to his/her children if he/she has any? Yes \_\_\_\_\_ No \_\_\_\_\_

If you would like to name a second choice of person(s) to receive your estate, please indicate: Names(s), Relationship to you, and Address(es) \_\_\_\_\_

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4. If you are MARRIED AND HAVE CHILDREN, our basic Will leaves your estate to your spouse. If your spouse does not survive you, our basic Will leaves your estate in equal shares to your children. If your spouse does not survive you and if one of your children predeceases you, do you want that child's share of your estate to:

- a. Be split among your remaining living children \_\_\_\_\_
- b. Pass to your deceased child's children \_\_\_\_\_

If you selected (b), please indicate grandchildren, if any:

NAME	Date of Birth	Parents

\*If your children all still live with you, or you travel with your entire family, you may want to indicate whom you would like to receive your estate if something happens to your entire family. Most married couples choose to divide their estate in half, and leave half to each spouse's relatives (either parents, brothers and sisters, or nieces and nephews), but you may also choose to leave the estate to one or more charities. Please indicate below the proposed distribution of your estate (including names, relationship to you, and addresses of the intended beneficiaries):

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\*If you need more space, please continue on a separate sheet of paper.

5. If you are MARRIED, BUT HAVE NO CHILDREN, our basic Will leaves your estate to your spouse. Who would you want to receive your estate if your spouse does not survive you? Name(s), Relationship to you, and Address(es) –(you can choose one or more persons to share in your estate):

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If one of the persons you named does not survive you, do you want such person's share to go to his / her children if he / she has any? Yes\_\_\_\_\_ No\_\_\_\_\_

6. Our basic Will allows you to nominate a GUARDIAN who will be responsible for your children and their estates until they reach the age of eighteen. Whom would you want to be the guardian of your minor children if your spouse does not survive you?

Names, Relationship to you and Address(es)\_\_\_\_\_

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7. Our basic Will also allows you to extend the age under which your children's estates are Managed until the age of twenty-one, under the Uniform Transfers to Minors Act. If you would prefer to have your children's estates managed until that age, indicate the name, relationship to you, and address of one individual whom you would like to act as custodian of your

children's estates: (Note: This person may be the same person you named in your answer to #6.)

8. If you would prefer to have your children's estates managed beyond both the age of eighteen and twenty-one, you may want to set up a trust. A trust involves additional planning and drafting as well as additional costs, but it allows more flexibility and control in planning the ages at which your children will receive distributions from your estate. If you are interested in hearing about a trust, please inquire with our attorney drafting your Will.

9. Our basic Will allows you to make specific dollar bequests if you so wish (this is optional):

<u>Gift</u>		<u>Name, Relationship to you and Address of the Recipient</u>
_____	to	_____
_____	to	_____
_____	to	_____
_____	to	_____

10. If you are married, would you want the specific bequests you named in your answer to #9 to go to the recipients named, even if your spouse survives you? Yes \_\_\_\_\_ No \_\_\_\_\_

11. In addition, our basic Will makes reference to a list of tangible personal property items. Our Attorney will distribute a blank list to you, which you may fill out at home, since this list does not need to be witnessed. If you have several personal belongings to distribute and you would like us to prepare the list, please indicate the items below (this is optional):

<u>Gift</u>		<u>Name, Relationship to you and Address of the Recipient</u>
_____	to	_____
_____	to	_____
_____	to	_____

12. If you are married, would you want the items listed in your answer to #11 to go to the recipients named, even if your spouse survives you? Yes\_\_\_\_\_ No\_\_\_\_\_

**PART IV – MISCELLANEOUS**

1. Please give a brief statement of your intentions for your estate: \_\_\_\_\_

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2. Please indicate below anything else you wish to discuss or questions you want answered.

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3. I hereby certify that the information I have provided in this Estate Planning Questionnaire is complete and accurate to the best of my knowledge. I hereby acknowledge that if I have not provided full and accurate disclosure of information in this Questionnaire, it may be detrimental to my attorney's ability to effectively prepare estate planning on my behalf.

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Date

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Client's Name

## Financial Power of Attorney - Health Care Directive

### Financial Power of Attorney

A Power of Attorney form is a written authorization for a person to handle property or financial matters for another individual.

The person signing the Power of Attorney form and giving someone power over his or her assets is called the “principal”. The person named to handle the principal’s assets is called the “attorney in fact.”

You can name one or more persons to act as your attorney(s)-in-fact. You can require the attorneys-in-fact to act jointly, meaning that they must agree on all decisions and both sign all Documents related to your financial affairs. In the alternative, you can allow either attorney-in-fact to take over, should the attorney-in-fact you name, die, become incapacitated, resign or otherwise be unwilling or unable to serve as your attorney-in-fact.

You can designate an expiration date for the powers on the form. If there is no expiration date Stated, the form will continue to be in effect until your death, or until you revoke the form. The Power of Attorney form can be revoked at any time, while you are competent, by a notarized written revocation form. A copy of this written revocation form should then be given to your attorney-in-fact, and to any third party who might be relying on the form. In addition, you must designate on the form whether you want the powers given to the attorney-in-fact to continue even if you become incapacitated or incompetent. This makes the form a “Durable” Power of Attorney.

The Power of Attorney form indicates a series of powers you can give to the attorney-in-fact, including power over real estate, personal property items, stocks, bonds, bank accounts, business transactions and any insurance matters. You can choose to give the attorney-in-fact power over all of these matters, or just restrict the power to certain matters.

The form takes effect the date you sign it, however, while you are still competent, you have the right to control your own property and assets. To provide safeguards, you can indicate on the form that the attorney-in-fact is required to give periodic accountings to you, or to another interested party.

You should be sure the person or persons you choose to be your attorney(s)-in-fact are trustworthy, and willing and able to handle the responsibility of managing your financial affairs, should you become incapacitated.

If you want us to prepare a Financial Power of Attorney, please complete the following:

Attorney-in-Fact

(If you are married, most people name their spouse):

Successor Attorney-in-Fact

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Relationship:  
\_\_\_\_\_

Relationship:  
\_\_\_\_\_

Can the person named as your Attorney-in-Fact transfer assets to themselves? YES NO

**Health Care Directive**

(ALSO KNOWN AS HEALTH CARE POWER OF ATTORNEY)

This document gives the person you designate as your health care agent broad powers to make health care decisions for you, including the power to consent to your doctor not giving treatment or stopping treatment necessary to keep you alive. This power exists only as to those health care decisions for which you are unable to give informed consent.

This form does not impose a duty on your health care agent to exercise granted powers, but when a power is exercised, your health care agent will have to use due care to act in your best interests and in accordance with this document. Because the powers granted by this document are broad and sweeping, you should discuss your wishes concerning life sustaining procedures with your health care agent.

Use of this form in the creation of a health care power of attorney is lawful and is authorized pursuant to North Carolina law. However, use of this form is an optional and nonexclusive method for creating a health care power of attorney and North Carolina law does not bar the use of any other or different form of power of attorney for health care that meets the statutory requirements. Any competent person 18 years of age or older can execute a Health Care Directive. Health Care Directives are not only for older persons; they are for people of all ages. If your 18 year old child was injured, it would enable you to participate in the health care decisions.

The Health Care Directive replaces the living will and allows you to express your wishes concerning life support by artificial means, organ donation and disposition of your body at death.

**Please complete the following so that we can prepare an updated Health Care Directive for you:**

**Agent**

(If you are married, most people name their spouse)

**Alternative Agent**

Name:

\_\_\_\_\_

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Phone:

\_\_\_\_\_

**I wish to donate my organs, tissue and other body parts when I die. YES NO**

**I have agreed in another document or on another form to donate my organs when I die.  
YES NO**

**I request cremation of my remains. YES NO**