

**ESTATE PLANNING QUESTIONNAIRE**  
**TRUST**

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This form is for use in estate planning using a revocable living trust and powers of attorney. The detailed explanations and the space provided for answers are designed to garner more complete and helpful information than would be afforded by merely filling in blanks.

ESTATE PLANNING REVIEW FOR A SINGLE PERSON:

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[Client's Name]

**THE PURPOSE OF THIS QUESTIONNAIRE**

Your attorney will use the information you provide in this questionnaire:

1. To help you organize personal and financial information so that you can assess your current estate plan and evaluate whether changes are desired or required.
2. To provide your estate planning attorney with the information needed to make a similar analysis.
3. To help you evaluate your attorney's estate planning recommendations. The estate plan is your plan, not your attorney's, and you must be satisfied that it is workable.

The information you provide must be as accurate as possible. If you are uncertain about exact information, tell your attorney that and give your best assessment. If your attorney believes that exact information is required, he or she will ask you to be more precise. You may provide as much or as little information as you want. We recognize that this questionnaire is a fairly intrusive document. Keep in mind, however, that the more complete the information is, the better it will equip you and your attorney throughout the planning process to come up with the best possible estate planning alternatives. Your information will be kept confidential by your attorney unless you authorize or request its release to others.

## DEFINITIONS

In completing this questionnaire, it will help you to have the following definitions:

*Guardian* – A guardian is the person or persons you select to assume parental care for your minor children. You should have the confidence the selected guardian will prepare your children for adulthood by instilling values, by training, and otherwise fulfilling the responsibility of a parent. When minor children are involved, a trust is ordinarily established to control the administration of financial resources for the benefit of the children. It is then necessary for the guardian and the trustee to interact in caring for and meeting the needs of the children. Accordingly, the trustee and the guardian may often be the same person.

*Trustee* – The trustee is a person or entity (sometimes a bank or trust company) you select to manage assets which you designate. A trustee is most often needed for a revocable living trust or a trust for minor children. It is the trustee's responsibility to care for and invest those assets held in the trust for the benefit of the ultimate beneficiary of the assets. Therefore, it is preferred that the trustee be someone who knows the beneficiaries and has good financial skills and sound financial judgment. The trustee can seek professional help in completing these responsibilities. The most important consideration is that you have confidence in the trustee to manage the property under the trustee's control in a way that is consistent with your intentions.

*Personal representative* – Your personal representative is the person you select to carry out the instructions you leave in your will. It is the personal representative's responsibility to locate the will, present it to the court for approval, gather your assets, pay your expenses and distribute your property to those persons or organizations named in your will. The personal representative must report to the court the steps completed on behalf of the estate. Most personal representatives seek the assistance of an attorney in working through the process which is known as probate. If you are considering the use of a revocable living trust, you should still provide the personal representative information as it will be necessary in the overall plan.

*Power of Attorney* – Under New Mexico law, you have the right to grant to another person the authority to make financial decisions on your behalf. This is done through a written document known as a power of attorney. A power of attorney is particularly important if you are unable to make decisions due to incompetency resulting from sickness, injury or other incapacity. When we meet together, we will discuss in detail the powers granted to the person and the limitations or safeguards that can be established to protect you as the creator of your power of attorney. The person you select is known as your attorney-in-fact or agent. You should consider persons with whom you would entrust your financial resources. Please record each person's full name and address where provided.

*Healthcare Power of Attorney and Living Will* – Your healthcare power of attorney allows you to appoint an agent who has the legal authority to make medical decisions on your behalf. This person, sometimes called a health care proxy, will carry out your medical wishes if you cannot communicate your own medical decisions. Like your attorney-in-fact, your health care decision maker should be someone you trust. Please provide us with the name, address and telephone number of your selections. In New Mexico you can include your living will as part of your healthcare power of attorney. Your living will, sometimes referred to as your "advanced directives" or "right-to-die statement" allows you to make your own choices concerning end-of-life planning and to instruct your doctor as to those choices. The living will allows you to specify whether or not you want your life prolonged by artificial nutrition and hydration if you are either in the final stages of a terminal illness and death is imminent or you are in a permanent unconscious state.

PERSONAL INFORMATION

State the names requested below exactly as you want them to appear in your Will (full legal names are preferable) and other estate planning documents. Where the space on the form is insufficient, please use the reverse side.

Your name: \_\_\_\_\_

Your date of birth: \_\_\_\_\_

Your Social Security No: \_\_\_\_\_

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

Phone No(s): You: \_\_\_\_\_

Email Addresses: You: \_\_\_\_\_

Are you a United States citizen? \_\_\_\_\_

If not, of what country are you a citizen? \_\_\_\_\_

YOUR CHILDREN, THEIR SPOUSES, AND THEIR CHILDREN

Show the date and place of adoption of any adopted child. Be sure to include any deceased child and indicate the date of the child's death and his or her surviving spouse and children, if any. Be sure to use full legal names of each person identified herein. This form provides for four (4) children. If you have more children, please include additional pages with the same information.

**CHILD 1:** \_\_\_\_\_ Date of birth: \_\_\_\_\_

Child's address: \_\_\_\_\_

Phone No(s): \_\_\_\_\_

Personal data (specify is the child from prior marriage, adopted, deceased, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Child's spouse: \_\_\_\_\_

Child's children (and their dates of birth): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this child have any special needs? If so, what is the diagnosis or nature of the child's disability?  
And, does the child receive SSI, SSDI, Medicaid, Medicare or any other public benefits? \_\_\_\_\_

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**CHILD 2:** \_\_\_\_\_ Date of birth: \_\_\_\_\_

Child's address: \_\_\_\_\_

Phone No(s): \_\_\_\_\_

Personal data (specify is the child from prior marriage, adopted, deceased, etc.):

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Child's spouse: \_\_\_\_\_

Child's children (and their dates of birth): \_\_\_\_\_

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Does this child have any special needs? If so, what is the diagnosis or nature of the child's disability?  
And, does the child receive SSI, SSDI, Medicaid, Medicare or any other public benefits? \_\_\_\_\_

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**CHILD 3:** \_\_\_\_\_ Date of birth: \_\_\_\_\_

Child's address: \_\_\_\_\_

Phone No(s): \_\_\_\_\_

Personal data (specify is the child from prior marriage, adopted, deceased, etc.):

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Child's spouse: \_\_\_\_\_

Child's children (and their dates of birth): \_\_\_\_\_

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Does this child have any special needs? If so, what is the diagnosis or nature of the child's disability?  
And, does the child receive SSI, SSDI, Medicaid, Medicare or any other public benefits? \_\_\_\_\_

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**CHILD 4:** \_\_\_\_\_ Date of birth: \_\_\_\_\_

Child's address: \_\_\_\_\_

Phone No(s): \_\_\_\_\_

Personal data (specify is the child from prior marriage, adopted, deceased, etc.):

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Child's spouse: \_\_\_\_\_

Child's children (and their dates of birth): \_\_\_\_\_

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Does this child have any special needs? If so, what is the diagnosis or nature of the child's disability?  
And, does the child receive SSI, SSDI, Medicaid, Medicare or any other public benefits? \_\_\_\_\_

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If you have been married previously, state the name of each prior spouse and indicate whether he or she is now living: \_\_\_\_\_

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If you have been divorced, attach a copy of the divorce decree, if available.

Is there other important personal information that might affect your estate plan? For example, do you have living parents you want to provide for? Does a member of your family have a serious long-term medical or physical problem that will require special care or attention in the future? If yes, please explain.

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FINANCIAL INFORMATION

Name of stockbroker or financial advisor: \_\_\_\_\_

Company he or she is employed by: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_; Email Address: \_\_\_\_\_

Name of accountant or tax preparer: \_\_\_\_\_

Company he or she is employed by: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_; Email Address: \_\_\_\_\_

ASSETS

The following questions do not require detailed responses. For example, shares in publicly traded companies might be shown simply as "common stocks." On the other hand, for property interests that are more or less unique, such as interests in real estate, greater detail will be helpful. With regard to real estate, it is important for your lawyer to know the location (city and state) of the real estate, how title is held, and the character of the property, e.g., residence, shopping center, apartment house, or similar description.

The following abbreviations may be used to describe certain attributes of particular assets:

- JT = Joint tenancy with right of survivorship
- TE = Tenancy by the entirety
- TC = Tenancy in common
- LT = Land trust
- FMV = Fair market value (or your best estimate)
- CV = Cash value of life insurance policy
- PV = Proceeds of life insurance policy

REAL ESTATE

1. Personal residence: Address: \_\_\_\_\_

Description (e.g., home, mobile home, condominium, apartment): \_\_\_\_\_

How you hold title: \_\_\_\_\_

FMV: \_\_\_\_\_; Mortgage balance, if any: \_\_\_\_\_

2. Other personal residences or vacation homes: Address: \_\_\_\_\_

Description (e.g., home, mobile home, condominium, apartment): \_\_\_\_\_

How you hold title: \_\_\_\_\_

FMV: \_\_\_\_\_; Mortgage balance, if any: \_\_\_\_\_

3. Other real estate owned individually and not through a limited liability company or other entity:

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

Description (e.g., home, mobile home, condominium, apartment, shopping center, commercial property, rental property, etc.): \_\_\_\_\_

How you hold title: \_\_\_\_\_

FMV: \_\_\_\_\_; Mortgage balance, if any: \_\_\_\_\_

If other real estate owned individually, please attach additional sheets with similar information.

TANGIBLE PERSONAL PROPERTY

Your tangible personal property is your personal items such as household goods and furnishings, collectibles, artwork, jewelry, personal effects and clothing, and automobiles. Please list any such items with special value or for which you want a special disposition in your estate plan.

Automobiles: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Furniture, furnishings, collectibles, art, books and family heirlooms (indicate if insured): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Valuable jewelry (indicate if insured):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Valuable antiques (indicate if insured):

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Other valuable collections, e.g., coins, stamps, or gold (indicate if insured):

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Other tangible personal property that does not seem to be covered by any of the other categories:

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**BANK ACCOUNTS**

Please provide copy of most recent statements. Attach additional pages as needed.

1. Checking Account: Name of Bank: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Value: \_\_\_\_\_

2. Checking Account: Name of Bank: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Value: \_\_\_\_\_

3. Savings Account: Name of Bank: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Value: \_\_\_\_\_

4. Savings Account: Name of Bank: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Value: \_\_\_\_\_

5. Money Market Account: Name of Bank: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Value: \_\_\_\_\_

6. Money Market Account: Name of Bank: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Value: \_\_\_\_\_

CERTIFICATES OF DEPOSIT

Please provide copy of most recent statements. Attach additional pages as needed.

1. Name of Bank: \_\_\_\_\_

Name(s) on CD: \_\_\_\_\_

Maturity Date: \_\_\_\_\_

Value: \_\_\_\_\_

2. Name of Bank: \_\_\_\_\_

Name(s) on CD: \_\_\_\_\_

Maturity Date: \_\_\_\_\_

Value: \_\_\_\_\_

BROKERAGE ACCOUNTS

Please provide copy of most recent statements. Attach additional pages as needed.

1. Name of Brokerage Firm: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Value: \_\_\_\_\_

2. Name of Brokerage Firm: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Value: \_\_\_\_\_

PUBLICLY TRADED STOCKS *NOT* IN BROKERAGE ACCOUNT

Please provide copies of stock certificates. Attach additional pages as needed.

1. Company: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Value: \_\_\_\_\_

2. Company: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Value: \_\_\_\_\_

3. Company: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Value: \_\_\_\_\_

U.S. SAVINGS BONDS

Attach additional pages as needed.

1. Number of U.S. Savings Bonds: Series E \_\_\_\_\_ Series EE \_\_\_\_\_ Series H \_\_\_\_\_

Name on bond(s): \_\_\_\_\_

Cash value: \_\_\_\_\_

2. Number of U.S. Savings Bonds: Series E \_\_\_\_\_ Series EE \_\_\_\_\_ Series H \_\_\_\_\_

Name on bond(s): \_\_\_\_\_

Cash value: \_\_\_\_\_

LIFE INSURANCE

Attach copy of policy(ies) or recent premium notice. Attach additional pages as needed.

1. Company: \_\_\_\_\_

Policyholder: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Death Benefit: \_\_\_\_\_

2. Company: \_\_\_\_\_

Policyholder: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Death Benefit: \_\_\_\_\_

3. Company: \_\_\_\_\_

Policyholder: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Death Benefit: \_\_\_\_\_

4. Company: \_\_\_\_\_

Policyholder: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Death Benefit: \_\_\_\_\_

MONEY OWED TO YOU

Attach notes or other evidence of loan, if any. Attach additional pages as needed.

1. Name of person(s) obligated to you: \_\_\_\_\_

Balance due: \$ \_\_\_\_\_ ; Payments being made and current? \_\_\_\_\_

2. Name of person(s) obligated to you: \_\_\_\_\_

Balance due: \$ \_\_\_\_\_ ; Payments being made and current? \_\_\_\_\_

RETIREMENT ACCOUNTS

(IRAs, SEPs, 401(k)s, Keogh, Profit sharing, etc.)

Please provide a copy of the most recent statements. Attach additional pages as needed.

1. Company: \_\_\_\_\_

Account/Benefit?: \_\_\_\_\_

Type (i.e. IRA, 401(k), etc.): \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Value: \_\_\_\_\_

2. Company: \_\_\_\_\_

Account/Benefit?: \_\_\_\_\_

Type (i.e. IRA, 401(k), etc.): \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Value: \_\_\_\_\_

3. Company: \_\_\_\_\_

Account/Benefit?: \_\_\_\_\_

Type (i.e. IRA, 401(k), etc.): \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Value: \_\_\_\_\_

4. Company: \_\_\_\_\_

Account/Benefit?: \_\_\_\_\_

Type (i.e. IRA, 401(k), etc.): \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Value: \_\_\_\_\_

ANNUITIES

Please provide copies of most recent statements. Attach additional pages as needed.

1. Company: \_\_\_\_\_

Annuitant: \_\_\_\_\_ : Owner: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Value: \_\_\_\_\_

2. Company: \_\_\_\_\_

Annuitant: \_\_\_\_\_ : Owner: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Value: \_\_\_\_\_

**CLOSELY HELD BUSINESS INTERESTS**

Describe any interest you have in a family or other business with limited shareholders. Provide copies of relevant business documents such as articles of organization, shareholders agreement, operating agreements, etc.

1. Name of Company: \_\_\_\_\_

Partnership \_\_\_\_\_ S Corp \_\_\_\_\_ C Corp \_\_\_\_\_ Limited liability company \_\_\_\_\_

Owner(s) and percentage interest(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

State of Formation: \_\_\_\_\_ ; Date of Formation: \_\_\_\_\_

What kind of business does the company transact? What is its purpose? \_\_\_\_\_

\_\_\_\_\_  
What are the primary assets of the company? \_\_\_\_\_

2. Name of Company: \_\_\_\_\_

Partnership \_\_\_\_\_ S Corp \_\_\_\_\_ C Corp \_\_\_\_\_ Limited liability company \_\_\_\_\_

Owner(s) and percentage interest(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

State of Formation: \_\_\_\_\_ ; Date of Formation: \_\_\_\_\_

What kind of business does the company transact? What is its purpose? \_\_\_\_\_

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What are the primary assets of the company? \_\_\_\_\_

3. Name of Company: \_\_\_\_\_

Partnership \_\_\_\_\_ S Corp \_\_\_\_\_ C Corp \_\_\_\_\_ Limited liability company \_\_\_\_\_

Owner(s) and percentage interest(s): \_\_\_\_\_

State of Formation: \_\_\_\_\_; Date of Formation: \_\_\_\_\_

What kind of business does the company transact? What is its purpose? \_\_\_\_\_

What are the primary assets of the company? \_\_\_\_\_

4. Name of Company: \_\_\_\_\_

Partnership \_\_\_\_\_ S Corp \_\_\_\_\_ C Corp \_\_\_\_\_ Limited liability company \_\_\_\_\_

Owner(s) and percentage interest(s): \_\_\_\_\_

State of Formation: \_\_\_\_\_; Date of Formation: \_\_\_\_\_

What kind of business does the company transact? What is its purpose? \_\_\_\_\_

What are the primary assets of the company? \_\_\_\_\_

With respect to any such business, do you believe it would continue to operate successfully in the event of your permanent absence from it or the permanent absence of some other key person? Please explain.





ESTATE PLANNING DOCUMENTS

Please check which documents you already have and provide us with copies.

<input type="checkbox"/>	Will
<input type="checkbox"/>	Durable Power of Attorney
<input type="checkbox"/>	Healthcare Power of Attorney
<input type="checkbox"/>	Living Will
<input type="checkbox"/>	Living (revocable) Trust
<input type="checkbox"/>	Irrevocable Trust
<input type="checkbox"/>	Other

INTERESTS IN TRUSTS

Describe any trusts created by you, by any other person, such as a parent or ancestor, in which you or a member of your immediate family has a right to receive distributions of income or principal, whether or not such distributions are actually being received or anticipated in the future. Be as specific as you can. If possible, submit a copy of the trust agreement. If the trust agreement is not available, show the date the trust was created, whether it can be amended or changed, whether someone has a power of appointment over it, when the trust terminates, and who will receive the trust property upon termination. Also, state the approximate current value of the trust and the annual income from it.

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ANTICIPATED INHERITANCES

If you or any other members of your immediate family are likely to receive substantial inheritances in the foreseeable future from persons other than yourself, describe your best estimate of the value and the nature of each inheritance.

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PERSONAL ESTATE PLANNING OBJECTIVES

Please complete this worksheet to the best of your ability. If you have questions about the worksheet, they can be addressed at our office conference. It is not necessary that this worksheet be fully completed before the conference.

1. Upon my death, I would like my estate to pass as follows:
  - a. To my children equally: \_\_\_\_\_
  - b. To others indicated: \_\_\_\_\_
  - c. To charities indicated: \_\_\_\_\_
  - d. Special gifts or provisions: \_\_\_\_\_
  
2. If any part of my estate passes to my children, it should be distributed as follows:
  - a. By outright distribution (for minors, at age 18).
  - b. In trust for distribution at a later date.
  
3. If any of the estate is to be held in trust, it should be administered as follows:
  - a. Distributed at the discretion of my trustee until the beneficiary reaches age 21. At age 21, the trustee shall distribute income only. The principal of the trust should be distributed in the following percentages at the following ages (for example, one-half at age 25 and one-half at age 30): \_\_\_\_\_
  
  - b. The trustee shall distribute trust assets in its discretion with no distribution of income. The trust estate will be distributed in the following percentages at the following ages (for example, one-half at age 25 and one-half at age 30):  
\_\_\_\_\_  
\_\_\_\_\_
  
  - c. The trust estate should be distributed as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. If there are no surviving children or grandchildren, the estate should be divided in percentages to the individual and/or charitable beneficiaries as follows:

<u>Name</u>	<u>Relationship</u>	<u>Percentage</u>

GUARDIANS, EXECUTORS, AND TRUSTEES

1. Guardian for minor children.

If you have minor children, you may designate in your will a guardian or guardians of the person and their estate (sometimes referred to as a “conservator”) in the event of your death.

Primary Guardian of the person: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

First Alternate Guardian of the person: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

Second Alternate Guardian of the person: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

Primary Guardian of the estate: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

First Alternate Guardian of the estate: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

Second Alternate Guardian of the estate: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

## 2. Executor.

Your executor has the responsibility to wind up your affairs at your death, see to it that your assets are collected, that claims, expenses, and estate and inheritance taxes are paid, and then distribute your property to trustees or others you have named. It is a task of limited duration, substantial responsibility, and much work.

Principal executor: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

Substitute executor: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

3. Trustee.

Your trustees have the responsibility for the long-range management of property that is to be held in trust for the benefit of the beneficiaries of trusts you may create. Depending on the terms of the trust, there may be adverse tax consequences if a trustee has an interest or possible interest in the trust, although usually if the trustee's discretion is limited those adverse tax consequences are similarly limited. A trustee can be a corporation (qualified to act) or individual. You may choose to have co-trustees, one of which may or may not be a corporation. Because corporate trustees must charge fees for their services, they may decline to accept small trusts. Their fees to administer a small trust may turn out to be disproportionately large if they are to cover their costs in handling the trust. In general, choose a trustee with the following qualities: integrity, mature judgment, fiscal responsibility, and reasonable business and investment acumen. If you wish to select co-trustees, you may want to choose them for how well their individual strengths compliment each other. Frequently, the same person(s) or corporation selected as executor(s) may be designated as trustee(s).

Principal trustee: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

Substitute trustee: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

Second Substitute trustee: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

FINANCIAL POWERS OF ATTORNEY

Under New Mexico law, you have the right to designate an agent to make financial decisions for you during your lifetime. The power of attorney extinguishes automatically at your death. Your financial power of attorney can be immediately effective – meaning the agent you designate can help you at any time that you need help, or it can be “springing” – meaning that it only becomes effective if your doctor signs a statement indicating that you are incapacitated. Please identify below your first choice for agent and as many alternates as you would like. And, please indicate for each whether their power is immediate or springing.

Primary Agent Name, Address and Phone Number:
Immediate or Springing?
1 <sup>st</sup> Alternate Agent Name, Address and Phone Number:
Immediate or Springing?
2 <sup>nd</sup> Alternate Agent Name, Address and Phone Number:
Immediate or Springing?

If you would like to list additional alternates please attach an additional sheet with the same information for each. If you would like any of your listed agents to serve together as co-agents, please state your specific wishes below:

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HEALTHCARE POWERS OF ATTORNEY

Under New Mexico law, you have the right to designate an agent to make healthcare decisions for you. Your healthcare power of attorney becomes effective at such time as you are not able to communicate your healthcare choices to your doctor. Your healthcare agent can then make decisions for you concerning your medical care. This includes decisions about prescription drugs, hospitalization, surgical treatment, institutionalization, and any other healthcare decision. Please identify below your first choice for agent and as many alternates as you would like.

Primary Agent Name, Address and Phone Number:
Immediate or Springing?
1 <sup>st</sup> Alternate Agent Name, Address and Phone Number:
Immediate or Springing?
2 <sup>nd</sup> Alternate Agent Name, Address and Phone Number:
Immediate or Springing?

If you would like to list additional alternates please attach an additional sheet with the same information for each. If you would like any of your listed agents to serve together as co-agents, please state your specific wishes below:

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Your healthcare power of attorney can include a second part that is often referred to as a “right-to-die” statement or “living will” or “advanced directives”. This part allows *you* (not your agent) to direct your doctors as to what you want to happen if you are either in the final stages of a terminal illness or in a “permanent unconscious state”. You can make elections about receiving artificial nutrition and hydration and about pain and comfort. Please indicate whether or not you want this second part included in your healthcare power of attorney.

YES      or      NO
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Please list the name of your Primary Care Physician, or treating doctor, If any:

Your Primary Care Physician's Name, Address and Phone Number:
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Please indicate whether or not you want to make an anatomical gift of all or some of your organs or tissue:

<input type="checkbox"/> Yes; or <input type="checkbox"/> No; or <input type="checkbox"/> Let my agent decide
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DOCUMENTS TO BRING

As a reminder, throughout this questionnaire you were prompted to bring various documents to your appointment. This is a general reminder to please bring the following to your appointment:

Any existing estate planning documents (Wills, Powers of Attorney, etc.)

Driver's License / State ID

Social Security Card

Most recent account statements (i.e. bank, brokerage, annuity, IRA, etc.)

Most recent federal income tax return

Deed(s) for real estate

Business documents

After you have completed the Questionnaire, please sign the following statement:

The undersigned hereby represent to The Law Offices of Dana M. Kyle, P.A. that the information contained in this questionnaire is accurate and complete and that the undersigned understand that the law firm and its individual lawyers will rely on this information. We understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature:

\_\_\_\_\_

Date \_\_\_\_\_