

WILL for MARRIED
ESTATE PLANNING QUESTIONNAIRE

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This form is for use in estate planning through Wills and powers of attorney and *not* a revocable living Trust. 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

_____ and _____

THE PURPOSE OF THIS QUESTIONNAIRE

Your attorney will use the information you provided 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.

SECTION I

PERSONAL INFORMATION

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

<i>Spouse 1</i>	
Name:	
Pronouns:	He/Him She/Her They/Them _____
Date of Birth:	Month: _____ Day: ____ Year: _____
Social Security Number:	
Street Address:	
City & State:	
Phone Number:	() -
Email Address:	
Are you a United States Citizen?	

<i>Spouse 2</i>	
Name:	
Pronouns:	He/Him She/Her They/Them _____
Date of Birth:	Month: _____ Day: ____ Year: _____
Social Security Number:	
Street Address:	
City & State:	
Phone Number:	() -
Email Address:	
Are you a United States Citizen?	

If either of you have been married previously, state the name of each prior spouse and indicate whether they or now living: _____

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: _____

SECTION II

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 three (3) children. If you have more children, please include additional pages with the same information.

<i>Child 1</i>	
Name:	
Pronouns:	He/Him She/Her They/Them _____
Date of Birth:	Month: _____ Day: _____ Year: _____
Street Address:	
City & State:	
Are they from a prior marriage? Adopted? Deceased? Etc.	
Spouse's full legal name, if any:	
Their children, if any. Include dates of birth.	
Does this child have any special needs? If so, what is the diagnosis or nature of the child's disability?	
Does this child receive public benefits (e.g. SSI, Medicare, etc.)?	

<i>Child 2</i>	
Name:	
Pronouns:	He/Him She/Her They/Them _____
Date of Birth:	Month: _____ Day: _____ Year: _____
Street Address:	
City & State:	
Are they from a prior marriage? Adopted? Deceased? Etc.	
Spouse's full legal name, if any:	
Their children, if any. Include dates of birth.	
Does this child have any special needs? If so, what is the diagnosis or nature of the child's disability?	
Does this child receive public benefits (e.g. SSI, Medicare, etc.)?	

<i>Child 3</i>	
Name:	
Pronouns:	He/Him She/Her They/Them _____
Date of Birth:	Month: _____ Day: _____ Year: _____
Street Address:	
City & State:	
Are they from a prior marriage? Adopted? Deceased? Etc.	
Spouse's full legal name, if any:	
Their children, if any. Include dates of birth.	
Does this child have any special needs? If so, what is the diagnosis or nature of the child's disability?	
Does this child receive public benefits (e.g. SSI, Medicare, etc.)?	

SECTION III

PROFESSIONAL ADVISORS

Name of stockbroker or financial advisor: _____

Company they are employed by: _____

Address: _____

Phone Number: _____ Email Address: _____

Name of accountant or tax preparer: _____

Company they are employed by: _____

Address: _____

Phone Number: _____ Email Address: _____

SECTION IV

ESTATE PLANNING DOCUMENTS

Please check which, if any, existing documents you have in place and provide us with copies.

<i>Spouse 1</i>		<i>Spouse 2</i>	
_____	Last Will and Testament	_____	Last Will and Testament
_____	Durable Power of Attorney	_____	Durable Power of Attorney
_____	Healthcare Power of Attorney	_____	Healthcare Power of Attorney
_____	Living Will	_____	Living Will
_____	Living (revocable) Trust	_____	Living (revocable) Trust
_____	Irrevocable Trust	_____	Irrevocable Trust
Other	_____	Other	_____
	_____		_____

INTEREST 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 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.

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 or your spouse, describe your best estimate of the value and the nature of each inheritance.

SECTION V

PERSONAL ESTATE PLANNING OBJECTIVES

Please read each scenario and then select a box, or boxes, if you agree with the statement and it applies. Please attach additional pages if you need to add specific information.

Upon our death, we would like our estate to pass as...		
To our children equally.	To these people: _____ _____ _____ _____ _____	To these charities: _____ _____ _____ _____ _____

If any part of our estate passes to our children, it should be distributed...	
All at once (assuming the child is age 18 or older)	Over time, with the first distribution being made at age _____ and the second distribution being made at age _____.

If we have no surviving children or grandchildren, our estate should be divided in percentages to the individual and/or charitable beneficiary as follows:		
<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PERCENTAGE</u>

If you have other estate planning requests that you'd like to explore, please list them below.

SECTION VI

GUARDIANS, CONSERVATORS, EXECUTORS, AND TRUSTEES

<i>Guardian for Minor Children</i>	
<i>If you have minor children, you may designate in your Will a guardian in the event of your death.</i>	
Primary Guardian of the person:	
Relationship to you:	
Address:	
Alternate Guardian of the person:	
Relationship to you:	
Address:	

<i>Conservator for Minor Children</i>	
<i>If you have minor children, you may designate in your Will a conservator (caretaker of the assets) in the event of your death.</i>	
Primary Conservator of the estate:	
Relationship to you:	
Address:	
Alternate Conservator of the estate:	
Relationship to you:	
Address:	

Executor of our Estate	
<i>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. Your executor will administer your WILL.</i>	
Principal executor:	
Relationship to you:	
Address:	
Substitute executor:	
Relationship to you:	
Address:	

Trustee	
<i>Your trustee(s) 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 judgement, 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). Your trustee will administer your TRUST(S).</i>	
Principal trustee:	
Relationship to you:	
Address:	
Substitute trustee:	
Relationship to you:	
Address:	

SECTION VII

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. Sometimes it is preferable to have it immediately effective as to your spouse but springing as to your alternate agent(s).

SPOUSE 1: _____ (Name)

<i>Primary Agent</i>	
Full legal name:	
Address:	
Phone number:	() -
IMMEDIATE or SPRINGING	

<i>1st Alternate Agent</i>	
Full legal name:	
Address:	
Phone number:	() -
IMMEDIATE or SPRINGING	

<i>2nd Alternate Agent</i>	
Full legal name:	
Address:	
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.

SPOUSE 2: _____ (Name)

<i>Primary Agent</i>	
Full legal name:	
Address:	
Phone number:	() -
IMMEDIATE or SPRINGING	

<i>1st Alternate Agent</i>	
Full legal name:	
Address:	
Phone number:	() -
IMMEDIATE or SPRINGING	

<i>2nd Alternate Agent</i>	
Full legal name:	
Address:	
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.

SECTION VIII

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.

SPOUSE 1: _____ (Name)

<i>Primary Agent</i>	
Full legal name:	
Relationship to you:	
Address:	
Phone number:	() -

<i>1st Alternate Agent</i>	
Full legal name:	
Relationship to you:	
Address:	
Phone number:	() -

<i>2nd Alternate Agent</i>	
Full legal name:	
Relationship to you:	
Address:	
Phone number:	() -

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.

Please read the following scenarios and initial the box to the left of the one that applies to your wishes:

	I want my healthcare agent(s) to be able to make decisions for me when my treating physician feels I am unable to communicate my own healthcare decisions.
	I want my healthcare agent(s) to be able to make decisions for me when my treating physician AND one other healthcare professional make a formal, written statement that I am unable to communicate my own healthcare decisions.

SPOUSE 2: _____ (Name)

<i>Primary Agent</i>	
Full legal name:	
Relationship to you:	
Address:	
Phone number:	() -

<i>1st Alternate Agent</i>	
Full legal name:	
Relationship to you:	
Address:	
Phone number:	() -

<i>2nd Alternate Agent</i>	
Full legal name:	
Relationship to you:	
Address:	
Phone number:	() -

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.

Please read the following scenarios and initial the box to the left of the one that applies to your wishes:

	I want my healthcare agent(s) to be able to make decisions for me when my treating physician feels I am unable to communicate my own healthcare decisions.
	I want my healthcare agent(s) to be able to make decisions for me when my treating physician AND one other healthcare professional make a formal, written statement that I am unable to communicate my own healthcare decisions.

ADVANCE DIRECTIVES

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 “advance 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. Do you want to include this second part in your healthcare power of attorney?

Spouse 1: _____ Yes; or _____ No.

Spouse 2: _____ Yes; or _____ No.

ADDITIONAL INFORMATION

<i>Spouse 1's Primary Care Physician</i>	
Name:	
Address:	
Phone number:	() -

<i>Spouse 2's Primary Care Physician</i>	
Name:	
Address:	
Phone number:	() -

<i>Spouse 1's Organ Donation</i>	
<i>Please select one of the following options:</i>	
☐	I DO NOT want to make an anatomical gift of all or some of my organs or tissue.
☐	I DO want to make an anatomical gift of all or some of my organs or tissue.
☐	I want my agent to decide.

<i>Spouse 2's Organ Donation</i>	
<i>Please select one of the following options:</i>	
☐	I DO NOT want to make an anatomical gift of all or some of my organs or tissue.
☐	I DO want to make an anatomical gift of all or some of my organs or tissue.
☐	I want my agent to decide.

SECTION IV

CREMATION STATEMENTS

A cremation statement shows your wishes to be cremated and allows for designation of who should receive your ashes when that time comes. Sometimes, people have made pre-arranged and pre-paid cremation arrangements with certain companies, a cremation statement can complement this pre-arrangement by further solidifying your wishes and confirming who should receive your ashes. Please provide us a copy of any such pre-arrangement. Please note that a pre-arrangement of cremation with a third party is not a requirement for a cremation statement. If you would like to be cremated at the time of your passing, please fill out the information below.

SPOUSE 1: _____ (Name)

<i>Cremation Wishes</i>	
Do you have a preexisting cremation plan? If yes, what company is the plan with?	
Do you have any wishes for your ashes? (e.g., "I want my ashes to be scattered to the wind" or "I want my ashes to be buried beneath a tree on my residence" or do you have a planned internment at a columbarium?)	
<i>Who should receive my ashes?</i>	
Primary Recipient name:	
Relationship to you:	
Address:	
1 st Alternate Recipient name:	
Relationship to you:	
Address:	
2 nd Alternate Recipient name:	
Relationship to you:	
Address:	

Please note: It's important to list at *least* one alternate recipient of your ashes! If a funeral home is unable to reach your primary recipient, or they are no longer living, willing, or able to receive your ashes at the time of your passing, your ashes can end up staying at the funeral home for a long time!

SPOUSE 2: _____ (Name)

<i>Cremation Wishes</i>	
Do you have a preexisting cremation plan? If yes, what company is the plan with?	
Do you have any wishes for your ashes? (e.g., “I want my ashes to be scattered to the wind” or “I want my ashes to be buried beneath a tree on my residence” or do you have a planned internment at a columbarium?)	
<i>Who should receive my ashes?</i>	
Primary Recipient name:	
Relationship to you:	
Address:	
1 st Alternate Recipient name:	
Relationship to you:	
Address:	
2 nd Alternate Recipient name:	
Relationship to you:	
Address:	

Please note: It’s important to list at *least* one alternate recipient of your ashes! If a funeral home is unable to reach your primary recipient, or they are no longer living, willing, or able to receive your ashes at the time of your passing, your ashes can end up staying at the funeral home for a long time!

SECTION X

PREPARING FOR YOUR APPOINTMENT

As a reminder, throughout this questionnaire you both were prompted to bring various documents to your appointment. This is a general reminder to please bring the following to your appointment if you believe it would be helpful:

- 1) Any existing estate planning documents (Wills, Powers of Attorney, etc.)
- 2) Pre-Marital or Ante-Nuptial Agreement if applicable

Prior to your appointment, please let us know if you have any accommodations that need made. You can let us know by calling (575) 525-0020 or emailing Sammy at sammy@dmkylelaw.com. Examples of some accommodations are:

- 1) Are you allergic to cats? We may have an office cat that day and will make sure you both don't cross paths!
- 2) Are you hard of hearing? We'll make sure to speak louder and clearer.
- 3) Do you need ADA access? We have ADA parking at the back of our building and will make sure one of our staff greets you and assists you in.
- 4) Are your eyes sensitive to light? We'll make sure to close the blinds in our conference room.

SECTION XI

SIGNATURE OF COMPLETION

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

The undersigned hereby represents 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 understands 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: _____ Signature: _____

Your Name: _____ Your Name: _____

Date: ____ / ____ / ____ Date: ____ / ____ / ____