

# Kimberly Varney Thomas, LLC

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## ESTATE PLANNING QUESTIONNAIRE

### VALUE OF YOUR ESTATE:

To determine the value of your estate, list all cash, personal property, stocks and bonds, real estate (equity only), savings, life insurance (term life insurance does not count towards the value of your estate; count only the cash value of any whole life policy) and retirement assets (401(k) or an IRA.)

Include below the value of all of the property you own in your name, and if married and acquired the property during your marriage, the value of the property jointly owned by the two of you. If you acquired the property before you were married, or by inheritance, and you have kept this asset in your individual name, list it as an asset of your estate. Life insurance ordinarily does not pass according to your Will; it will go to the beneficiaries you designate in the policy. The same applies to IRAs, 401(k), 403(b) and other similar retirement plans.

Approximate Total Fair Market Value of Your Estate (What You Own):

A. Bank Accounts, Certificates of Deposit, other non-trading financial instruments	\$
B. Real Estate (equity only)	\$
C. Life Insurance (cash surrender value only; <i>do not include term life insurance here</i> )	\$
D. IRA, 401(k), etc, that have value at your death	\$
E. Vehicles	\$
F. Business Interests	\$
G. Stocks & Bonds	\$
H. Pension Benefits that continue after your death; these benefits are paid to: _____	\$
I. Money owed to you (outstanding <i>notes</i> payable to you)	\$
J. Other money & property	\$

Do you have a farm or family-owned business?  Yes  No

Add the numbers from rows A through J and write the total here

\$

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**LAST WILL AND TESTAMENT**

**I. PERSONAL INFORMATION**

Your full legal name	
Any names previously used by you	
Name you use to sign documents	
Your current address (street & number)	
Your current address (city)	
Your current address (state)	
Your current address (zip code)	
Your current address (county)	
Telephone number (home)	

**II. MARITAL STATUS (select the most appropriate):**

- Married once, and my spouse is alive
- Presently married, and had a prior marriage (previous spouse is deceased or divorced)
- Widow/widower
- Divorced, not presently married
- Single, never married
- Other relationship

Full legal name of your spouse or partner: \_\_\_\_\_

Is spouse/partner a U.S. citizen?  Yes  No

Is your spouse/partner's address the same as the one listed above?  Yes  No

If No, your spouse/partner's current address is (street, city, zip): \_\_\_\_\_

**III. CHILDREN**

Do you have any children?  Yes  No

List your children's names, dates of birth, and whether they are biological or adopted.

Name	Date of Birth	Biological/Adopted
		<input type="checkbox"/> Biological <input type="checkbox"/> Adopted
		<input type="checkbox"/> Biological <input type="checkbox"/> Adopted
		<input type="checkbox"/> Biological <input type="checkbox"/> Adopted
		<input type="checkbox"/> Biological <input type="checkbox"/> Adopted

Do not include step-children in this table. You may provide for step-children, but you should specifically identify them as beneficiaries. Do not list them here, unless they have been legally adopted.

Are you/spouse/partner pregnant?  Yes  No

Do you wish to include in the definition of "my children" any children you may biologically have or might adopt in the future?  Yes  No

Are any of your biological or adopted children a minor?  Yes  No

If "Yes", is the other parent of the minor child(ren) alive?  Yes  No

The other parent of the minor child(ren) is:  My Spouse  Another Person  
If the other parent of the minor child(ren) is another person, list below:

Name	Other Parent

**IV. SPECIFIC BEQUESTS**

**A. Identification of Property that is the Subject of Specific Bequests**

A specific bequest is a statement in the Will that a certain asset or specific amount of money will be given to a beneficiary(ies). You may make specific gifts of cash, real estate, or tangible personal property to specific people or charities within your Will. However, these bequests will be distributed first and may deplete your estate. Also, specific bequests become null and void if the property to be given cannot be found at the time of your demise. Therefore, if you make specific bequests, only give property or amounts of cash that you are reasonably sure you will have when you die. If you make no specific bequests, all of your property will pass to your residuary beneficiary(ies). (See Section V.)

Do you wish to make any specific bequest in your Will?  Yes  No

If you checked the „Yes“ box, complete the section below. If you checked the „No“ box, continue to Section V.

There are four different categories of specific bequests; car, cash, real estate, and tangible personal property. Below please select what kind of specific bequest you want to make.

**Car** (specify vehicle)

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate \_\_\_\_\_

**Cash** (specify amount)

\$ \_\_\_\_\_

**Real Estate**

If you wish to make a specific bequest of real property, you must provide a copy of your real estate deed that puts the property into your name.

If the legal description on the deed is not typed, you must obtain a prior deed from the title insurance agency so that you can have a good legal description to bring with you. Please realize that there are ways to hold real property so that it does not pass according to your Will; it is advisable to consult an attorney on these issues.

A husband and wife often own common real estate, as joint tenants with right of survivorship. If you and your spouse own your home or other property in this way, your Will does not affect how your ownership interest passes when you die; it will go to the survivor.

Do you own real estate titled with your spouse?  Yes  No

How does the title read? \_\_\_\_\_

Do you own real estate on your own?  Yes  No

If your real estate does not automatically pass to your spouse/partner or another pre-designated person upon your death, identify who you wish to receive your personal property.

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### **Tangible Personal Property**

Specify all tangible property that you wish to leave to others.

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**If the specific beneficiary predeceases me, then what should happen to each specific bequest (select one for each bequest):**

- Pass to my *issue per stirpes*. (“Issue per stirpes” means that your bequest will be distributed among your children or if they predecease you, their share would be divided among their grandchildren.)
- Pass to my *issue per capita*. (“Issue per capita” means that your bequest will be distributed evenly among your surviving children; grandchildren who survive their parents would get nothing).
- Lapse. (“Lapse” means that the bequest is void and the property that is the subject of the specific request goes to the residuary estate. (See Section V.))

### **B. Identification of the Recipients of Specific Bequests**

- Named individual(s). For each named individual that is the subject of a specific bequest, list below:

Name and address: \_\_\_\_\_  
\_\_\_\_\_

- Named charity(ies). Identify the legal name of any charity(ies) which is the subject of a specific bequest:

Name and address: \_\_\_\_\_  
\_\_\_\_\_

**V. DISTRIBUTION OF THE REMAINDER OF YOUR ESTATE**

How do you wish to give the remainder of your estate? Your residuary estate is whatever property remains after paying debts and expenses of administration, the costs associated with the reading and distribution of property in your Will and any specific bequests. Because many people do not make specific bequests, the "residuary" usually describes all the property left to your primary beneficiaries.

- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to my *issue per stirpes*. "Issue per stirpes" means that your bequest will follow each particular child's bloodline.
- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to my then-living children,  
i.e. to my *issue per capita*. "Issue per capita" means that your bequest will be distributed evenly among your surviving children; grandchildren who survive their parents would get nothing.
- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to another individual(s).  
Name the other individual(s) here \_\_\_\_\_
- My spouse. If my spouse is not living upon my death, the item(s) shall be distributed to a named charity(ies).  
Name the charity(ies) here \_\_\_\_\_
- My *issue per stirpes*. ("Issue per stirpes" means that your bequest will follow each particular child's bloodline.)
- My *issue per capita*. ("Issue per capita" means that your bequest will be distributed evenly among your surviving children; grandchildren who survive their parents would get nothing.)
- A named individual. If this named individual is not living upon my death, the item(s) shall be distributed to his or her *issue per stirpes*. "Issue per stirpes" means that your bequest will follow each particular child's bloodline.  
Name the individual here \_\_\_\_\_
- A named individual. If this named individual is not living upon my death, the item(s) shall be distributed to his or her then-living children, i.e., his or her *issue per capita*. "Issue per capita" means that your bequest will be distributed evenly among surviving children; grandchildren who survive their parents would get nothing.  
Name the individual here \_\_\_\_\_
- A named charity(ies).  
Name the charity(ies) here \_\_\_\_\_

**VI. EXECUTOR**

Your Executor (if not selected by you is appointed by the Court), makes sure your estate is settled upon your death. This ordinarily involves going through probate, a court-administered procedure for settling an estate as provided in your Will or under State law. Probate involves petitioning a court for letters of testamentary, settling creditor claims, finding and distributing assets, and filing any necessary tax returns. Any competent adult may serve as your Executor. Executors have a duty not only to the beneficiaries but also to the creditors of the estate.

Whom do you wish to have as your Executor?

My current spouse/partner       Other individual. Name that person here \_\_\_\_\_

You will need to identify an alternate Executor. Name that person here \_\_\_\_\_

## **VII. BOND REQUIREMENT**

This provision means that your Executor must file a credit application with a Bond Agency. If the Executor steals assets from the estate, the bond agency replaces what was stolen up to the amount of the bond. Depending upon the size of the estate, bonds can be very expensive. Bond is not often required for any combination of the following reasons:

- You trust that your Executor would never steal from your estate's assets
- You do not want the estate to pay the expense of the bond
- You have named the same person as beneficiary and fiduciary

If there are multiple beneficiaries in your Will, or you do not know the Executor well, or you do not trust the Executor, requiring a bond usually adds a layer of security for the estate.

Bond is *not* required of my Executor of my estate

Bond is required of my Executor of my estate

## **VIII. GUARDIANSHIP**

If your children are minors (under age 18) when you die, and if the other natural/adopted parent is not alive or for any reason cannot act as guardian, the court may appoint the person you name to act as legal guardian of your minor children. The individual named will have physical control and custody of the children until they reach age 18 years. If you have sole custody of your child(ren), upon your demise, the child's other natural or adopted parent will presumptively act as parent, even if you provide for someone else to serve as guardian in your Will. You should still name a guardian, in case the child's other natural or adopted parent dies before you, is unwilling to act as parent, cannot be located or for any other reason, cannot act as guardian.

If you choose to appoint a guardian(s) for your children, list here:

Guardian \_\_\_\_\_

Guardian's current address \_\_\_\_\_

Alternate guardian \_\_\_\_\_

Alternate guardian's current address \_\_\_\_\_

**IX. POWER OF ATTORNEY**

As part of your estate plan, you will designate someone who has broad authority over your money and property, known as your agent or attorney-in-fact. Your agent will have the powers that you indicate below to make decisions about your money and property without advance notice to you or approval by you.

Your agent shall serve in a fiduciary relationship with you. He or she must:

- (a) Act in good faith, with reasonable care for the your best interest;
- (b) Take no action beyond the scope of the authority given; and
- (c) Keep complete record of all receipts, disbursements, and transactions conducted for you.

If you wish to grant someone the power of attorney, you must name at least one agent:

Name of agent	
Address of agent (street and number)	
Address of agent (City, State, Zip Code)	
Telephone number of agent	

You may also name multiple agents, who must work together, and a successor agent who may act if your agent(s) is(are) unable to act. If so, you will need to identify all of them as above. If you have named more than one agent, select one of the following:

- Each Agent may independently exercise the powers granted.
- All Agents must jointly exercise the powers granted.
- A majority in number of Agents must jointly exercise the powers granted.

Would you like to name a successor agent, if the first-named agent(s) is(are) unable to act?  Yes  No.

*The successor agent will act only if your first choice(s) is(are) unable for any reason to act as your Agent. If „yes“, provide the following information:*

Name of successor agent	
Address of successor agent (street and number)	
Address of successor agent (City, State, Zip Code)	
Telephone number of successor agent	

You may determine what powers your agent shall have. Check any or all of the following:

- \_\_\_\_\_ (A) Real property transactions
- \_\_\_\_\_ (B) Tangible personal property transactions
- \_\_\_\_\_ (C) Stock and bond transactions
- \_\_\_\_\_ (D) Commodity and option transactions
- \_\_\_\_\_ (E) Banking and other financial institution transactions
- \_\_\_\_\_ (F) Business operating transactions
- \_\_\_\_\_ (G) Proprietary interests and materials transactions
- \_\_\_\_\_ (H) Insurance and annuity transactions
- \_\_\_\_\_ (I) Retirement plan transactions
- \_\_\_\_\_ (J) Safe deposit box transactions
- \_\_\_\_\_ (K) Estate, trust, and other beneficiary transactions
- \_\_\_\_\_ (L) Borrowing transactions
- \_\_\_\_\_ (M) Fiduciary transactions
- \_\_\_\_\_ (N) Personal relationships and affairs
- \_\_\_\_\_ (O) Benefits from Social Security, Medicare, Medicaid, and other governmental programs, or military service
- \_\_\_\_\_ (P) Records, reports, and statements
- \_\_\_\_\_ (Q) Tax matters
- \_\_\_\_\_ (R) Licenses
- \_\_\_\_\_ (S) Access to documents
- \_\_\_\_\_ (T) Employment of agents
- \_\_\_\_\_ (U) Power to delegate
- \_\_\_\_\_ (V) Claims and litigation
- \_\_\_\_\_ (W) All powers listed above

Add any other limitations on your agents powers:

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The power of your agent begins (pick one of the following):

Immediately.

Upon my incapacity as determined by the following person or persons and set forth in an affidavit:

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Upon my incapacity as determined by two physicians and set forth in an affidavit.

Upon the following future date or event: \_\_\_\_\_

- The power of your agent ends (pick one of the following):
- Upon my death.
- Upon my incapacity as determined by the following person or persons and set forth in an affidavit:
- \_\_\_\_\_
- Upon my incapacity as determined by two physicians and set forth in an affidavit.
- Upon the following future date or event:
- \_\_\_\_\_
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The authority granted in this power of attorney can be effective even during a period of disability (select one):

This power of attorney will continue in force and effect even during any period in which I am disabled.

This power of attorney will not be in force and will have no effect during any period in which I am disabled.

**Obtaining Personal Health Information.**

- My Agent shall be treated as my personal representative for all purposes relating to my Personal Health Information as provided in 45 CFR 164.502(g)(2) and for the Health Insurance Portability and Accountability Act of 1996.
- My Agent shall not be treated as my personal representative for any purposes relating to my Personal Health Information as provided in 45 CFR 164.502(g)(2) and for the Health Insurance Portability and Accountability Act of 1996.

Your Agent can be reimbursed for all reasonable expenses incurred in acting under this power of attorney. Check the appropriate box below to indicate whether you want your Agent also to be reasonably paid or not to be paid for services rendered as Agent.

- My Agent is entitled to reasonable compensation for services rendered as Agent under this power of attorney.
- My Agent shall not receive any compensation for services rendered as Agent under this power of attorney.

With respect to the Agent's right to or not to enter into transactions, check one of the following:

- My Agent can enter into transactions with me or in my behalf in which my Agent is personally interested as long as the terms of the transaction are fair to me, notwithstanding any law prohibiting acts of self-dealing.
- My Agent cannot enter into transactions with me or in my behalf in which my Agent is personally interested.

Your Agent can have authority over some or all of your property. Check the appropriate box below to indicate whether your Agent's authority is over all of your property or over only some of your property.

- This instrument will apply to all of my property, real or personal, wherever located.
- This instrument will apply to all of my property, real or personal, wherever located except for the following: \_\_\_\_\_

On the following lines or on additional pages you may list property not subject to this Power of Attorney.

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Nomination of Guardian: With respect to your right to nominate a guardian of your person or estate, or both, check the box in front of one of the following statements.

- If a guardian or conservator is ever needed for my estate, I nominate my Agent or any other person that my Agent nominates as my guardian or conservator. This nomination revokes any other nomination I may have made in any other document dated prior to the date of this Power of Attorney, including any nomination set forth in a Health Care Durable Power of Attorney.
- If a guardian or conservator is ever needed for my estate, I nominate \_\_\_\_\_ as my guardian or conservator. This nomination revokes any other nomination I may have made in any other document dated prior to the date of this power of attorney, including any nomination set forth in a Health Care Durable Power of Attorney.
- I do not nominate any person as the guardian or conservator of my estate under this instrument.

**X. HEALTH CARE POWER OF ATTORNEY**

A Health Care Power of Attorney and your Living Will are separate from your Will, but are an important part of your estate plan. The Health Care Power of Attorney gives the person you name as your agent(s) the authority to make a wide range of medical decisions on your behalf. Your agent, upon your becoming incapacitated and/or otherwise unable to communicate your wishes in any form or format, is given the power to act on your behalf in making health care decisions. It also gives your agent access to your medical information and authority to fully participate with your treating physician in deciding the care you will receive.

The person you designate to be your Agent should be someone you can trust with life and death decisions and who will follow your instructions as you have laid them out.

These documents also state that in the event you have a terminal, incurable medical condition and your life is only being prolonged by means of artificially provided life support, and if you cannot communicate your desires, it "speaks for you", so your doctors can know, and can act upon, your desires about medical life support. Once executed, this document is effective until you revoke it, which you may do at any time, by physically destroying it or by revoking it in writing.

Do you want a Health Care Power of Attorney?  Yes  No

Do you want your current spouse/partner to act as your  agent? Yes  No

If you selected someone other than your current spouse/partner to act as your agent or you selected your current spouse/partner to be your agent but your current spouse/partner has a different address than yours, you must provide the following information:

Name of agent	
Address of agent (street and number)	
Address of agent (City, State, Zip Code)	
Telephone number of agent	

Do you want an alternate agent, if the first-named agent is unable to act?  Yes  No

*The alternate agent will act only if your first choice is unable for any reason to act as your Agent. If „yes“, provide the following information:*

Name of alternate agent	
Address of alternate agent (street and number)	
Address of alternate agent (City, State, Zip Code)	
Telephone Number of alternate agent	

## **XI. LIVING WILL**

A living will sets forth express directions to your physician in the case of a catastrophic medical situation in which you cannot express your own wishes. It allows you to decline medical treatment which might otherwise be available.

Do you want a Living Will?  Yes  No

With regard to your Living Will, we will describe your decisions based on certain definitions. These include:

**Anatomical gift** means a donation of all or part of a human body to take effect upon or after death.

**Artificially or technologically supplied nutrition or hydration** means the providing of food and fluids through intravenous or tube “feedings.”

**Cardiopulmonary resuscitation** or **CPR** means treatment to try to restart breathing or heartbeat. CPR may be done by breathing into the mouth, pushing on the chest, putting a tube through the mouth or nose into the throat, administering medication, giving electric shock to the chest, or by other means.

**Declarant** means the person signing this document.

**Donor Registry Enrollment Form** means a form that has been designed to allow individuals to specifically register their wishes regarding organ, tissue and eye donation with the Ohio Bureau of Motor Vehicles Donor Registry.

**Do Not Resuscitate** or **DNR Order** means a medical order given by a physician and written in the declarant’s medical records that cardiopulmonary resuscitation or CPR is not to be administered to declarant.

**Health care** means any medical (including dental, nursing, psychological, and surgical) procedure, treatment, intervention or other measure used to maintain, diagnose or treat any physical or mental condition.

**Health Care Power of Attorney** means another document that allows the declarant to name an adult person to act as my agent to make health care decisions for the declarant if he/she becomes unable to do so.

**Life-sustaining treatment** means any health care, including artificially or technologically supplied nutrition and hydration, which will serve mainly to prolong the process of dying.

**Living Will Declaration** or **Living Will** means the document that lets the declarant specify the health care he/she wants to receive if he/she becomes terminally ill or permanently unconscious and cannot make his/her wishes known.

**Permanently unconscious state** means an irreversible condition in which a person is permanently unaware of himself/herself and his/her surroundings. The patient's physician and one other physician must examine the patient and agree that the total loss of higher brain function has left him/her unable to feel pain or suffering.

**Terminal condition** or **terminal illness** means an irreversible, incurable and untreatable condition caused by disease, illness or injury. The patient's physician and one other physician will have examined the patient and believe that he/she cannot recover and that death is likely to occur within a relatively short time if he/she does not receive life-sustaining treatment.

Applying these terms, you will need to decide whether you agree with each of the following:

**Health Care if I Am in a Terminal Condition.** If I am in a terminal condition and unable to make my own health care decisions, I direct that my physician shall:

1. Administer no life-sustaining treatment, including CPR and artificially or technologically supplied nutrition or hydration; and
2. Withdraw such treatment, including CPR, if such treatment has started; and
3. Issue a Do Not Resuscitate (DNR) Order; and
4. Permit me to die naturally and take no action to postpone my death, providing me with only that care necessary to make me comfortable and to relieve my pain.

Yes       No

**Health Care if I Am in a Permanently Unconscious State.** If I am in a permanently unconscious state, I direct that my physician shall:

1. Administer no life-sustaining treatment, including CPR, except for the provision of artificially or technologically supplied nutrition or hydration unless, in the following paragraph, I have authorized its withholding or withdrawal; and
2. Withdraw such treatment, including CPR, if such treatment has started; and
3. Issue a DNR Order; and
4. Permit me to die naturally and take no action to postpone my death, providing me with only that care necessary to make me comfortable and to relieve my pain.

Yes       No

**Withholding nutrition or hydration.** I want to specifically authorize my physician to withhold or to withdraw artificially or technologically supplied nutrition or hydration if:

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1. I am in a permanently unconscious state; and
2. My physician and at least one other physician who has examined me have determined, to a reasonable degree of medical certainty, that artificially or technologically supplied nutrition and hydration will not provide comfort to me or relieve my pain; and
3. I have placed my initials on this line: \_\_\_\_\_

Yes       No

In the event my attending physician determines that life-sustaining treatment should be withheld or withdrawn, you may ask your physician to make a reasonable effort to notify one of the persons named below, in the following order of priority. Who would you like those individuals to be, if any?

Name of first contact	
Address of first contact (street and number)	
Address of first contact (City, State, Zip Code)	
Telephone number of first contact	

Name of second contact	
Address of second contact (street and number)	
Address of second contact (City, State, Zip Code)	
Telephone number of second contact	

**XII. ANATOMICAL GIFTS**

Do you wish to make an anatomical gift if you die?  Yes       No

If so, what parts of your body are you willing to donate (indicate specific parts or “all body parts”).

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If so, are you willing to donate for any purpose authorized by law: transplantation, therapy, research, or education? If not, circle only those for which you are willing to donate:

transplantation therapy  
 research  
 education

