

Questionnaire for New Adult Packages

Instructions:

First, congratulations for taking this big step into “adulting!”

This questionnaire helps you (and your parents) provide us the information to draft various documents you need as a new adult. It covers wills, medical powers of attorney, durable powers of attorney, and HIPPA Authorizations. Please read these instructions and follow them. If you have questions, please ask us or your parents.

- **General Notes:**

- This questionnaire is an evolving document. Please excuse any typos (we're not perfect).
- *Please read it carefully.*
- This form has a lot of repetitive questions, comments, and notes intended to make sure you make the right choices so we can efficiently prepare your documents. Please excuse the repetition.
- Our philosophy of estate planning – especially for new adults - is to be short, direct, and clear. We discourage complicated wills or estate planning documents, unless absolutely necessary.

- **Instructions:**

- In completing this form, typing is preferred. We will send this document as a PDF and a fillable PDF Form that allows you to type your answers. Typing is not required, however.
- If you chose to hand write your responses, please print legibly. Seriously. We have to be able to read it.
- Each new adult needs to complete a separate questionnaire.
- For all beneficiary (heir) designations, you can designate one or more persons.
- When you designate a person as your agent, it is always a good idea to name an alternate if your first choice is not available.
- For all designations of agents (i.e., executor, agents), we need full names, addresses, phone numbers, and emails.
- As a new adult, we know you have little property. However, if you are an overachiever, we need to know about. Please note if you have a significant bank account or already own property (land or cars) in your questionnaire.
- **Disclaimer: This estate package is not intended to be a complicated, sophisticated estate planning tool, especially not for a new adult. Rather, this package, and its correspondingly low price, is a basic package that**

covers the basic needs of new adults so they are basically protected. If you have unusual circumstances, serious medical conditions, mental illnesses, or other complicated family situations, it is probably best you disclose those (its privileged) and we at least have a phone conference or video conference to discuss these issues..

- **Warning about non-probate assets:** Not all financial accounts pass through your will. These include bank accounts, retirement accounts, investment accounts, and life insurance. Essentially, any account that allows you to designate a beneficiary or a “pay of death” beneficiary or recipient is a “non-probate” asset. For each account you need to contact each institution holding the account and (1) confirm you have made a designation, (2) confirm that the designation is correct, and (3) if you have not or it is no longer correct, obtain the required form to make the designation and submit it. **This is not part of this package and you are responsible for these actions. If you need assistance with, please contact us.**
- We reserve the right to adjust the price of your package if your wishes involve something complex and beyond the intent of this will or the estate package.
- **NOTE:** If you are responding to a posted “special” offer, please note that in your email and that pricing will be honored. All special offers are limited, may be withdrawn at any time, and are provided at the sole discretion of Joel S. Pace.
- **Payment:** Payment is due at time of submission of the questionnaire. Payment must be submitted using the website www.curbsideattorney.com. We accept credit cards and Pay Pal. Subject to the terms and conditions contained on the website.

Part I. Questions for Wills (if your package includes a will):

A Will is the document that contains your wishes for how your estate (property) is distributed upon your death. It also sets out how your children are taken care of if something happens to both parents. If you do not have a will, the State of Texas has a “default” will for you that is generally called “intestate succession.” You do not want that, trust me.

Will need to do a few things: (1) identify you, (2) identify your family (parents and siblings), (3) express your wishes for how your estate (property) is handled at death, (3) name an executor, (4) request an “independent administration.”

- 1. Your full legal name: _____
- 2. Address: _____
- 3. Phone Number: _____ Email: _____

- 4. Name of Father: _____
- 5. Address: _____
- 6. Father Phone: _____ Email: _____

- 7. Name of Mother: _____
- 8. Address: _____
- 9. Mother Phone: _____ Email: _____

- 10. Identify Siblings (list each):
 - a. Name: _____ DOB: _____
 - b. Name: _____ DOB: _____
 - c. Name: _____ DOB: _____
 - d. Name: _____ DOB: _____
 - e. Name: _____ DOB: _____

11. **Distribution Plan:** For new adults, we try to keep this simple. We recommend that you name your parents as your first two primary heirs (equally) and alternatively, that you name your siblings, if any, as heirs. If you do not have siblings, then you can name another family member or friend.

Please review and chose one option:

Option a: Parent(s) heirs equally. (This should be your choice unless something is very different)

Alternate heir: (1) Siblings (equally) or (2) _____

Option b: One parent as heir.

Name of parent: _____

Alternate heir: (1) Other parent or (2) _____

Option c: Siblings equally

Alternate heir: Parents (equally)

Option d: Special Distribution plan you want to describe

What is your choice? _____ (a, b, c, or d)(Hint: It should be “a” unless something is very unusual).

12. **Special distribution plan:** If you chose “d” above, please describe how you want your property to be divided or distributed at your death and the full legal names of each person who will be receiving the property. **(Hint: you really should not choose this option unless you discuss it with you parents and use BEFORE you select it).**

If you did not choose option “d”, please leave this blank. (Note: if you need more room than provided below, your situation may not be common and we may need to have a phone conference; *also, overly complicated distribution plans may result in additional charges*):

13. **Specific Gifts:** Do you have any specific gifts you want to make to someone as part of your will? For instance, do you want your Pokemon Card Collection (serious, this is a thing) to go to your youngest brother?

Hint: Most new adults really should not have specific bequests unless it is really important to you.

Yes _____ No _____

14. If you answered “Yes” in question 13, please describe in detail the property or “thing” (i.e., property or money) that you want to give to someone and identify the person to receive the specific gift below:

15. Other important information: Is there any other information you believe we should know as part of drafting your wills:

Part II. Questions related to Power of Attorney

A Statutory Durable Power of Attorney (POA) is a document that allows you to appoint someone (an agent) to make financial decision for your if you cannot do so for yourself. This is most commonly when you are unconscious or incapacitated. It only comes into effect when needed (i.e., it “springs” into effect upon disability).

There will be some redundancy in these questions. If you have previously provided the requested information, please answer the question “*Previously provided.*”

What is a Statutory “Springing” Durable Power of Attorney? A Power of Attorney is a legal document that gives someone else the legal power to act on your behalf. The person appointed in the power of attorney is called the agent. The person who signs a power of attorney making someone else their agent is called the principal. A person does not have to be a lawyer to be appointed as an agent. A statutory durable power of attorney is a general power of attorney that continues if the principal becomes mentally or physically disabled or incapacitated. The power of attorney we do is a “springing” power of attorney – a springing power of attorney gives the agent authority only when the principal becomes disabled or incapacitated. This allows your parents to access your bank accounts or other accounts (student loans?) if you cannot.

1. Your full legal name: _____
2. Your date of birth: _____
3. Your parents’ full legal names: _____

4. Your parents’ address: _____
5. **First Designee**: Full legal name of person you designate to hold your power of attorney (i.e., your agent):
 - a. Full Name: _____
 - b. Address: _____
 - c. Phone Number: _____
 - d. Email: _____

If this person is not one of your parents, we should discuss this.

6. **Alternative Designee:** Full legal name of the alternative person to hold your power of attorney if the person designated in questions 5 will not or cannot exercise that authority:

- a. Full Name: _____
- b. Address: _____
- c. Phone Number: _____
- d. Email: _____

Part III. Questions related to the Medical Power of Attorney

A Medical Power of Attorney (POA) is a document that allows you to appoint someone (an agent) to make medical decision for your if you cannot do so for yourself. This is most commonly when you are unconscious or incapacitated. It only comes into effect when needed (i.e., it “springs” into effect upon disability). This allows your parents to make decisions for you if you cannot.

There will be some redundancy in these questions. If you have previously provided the requested information, please answer the question “*Previously provided.*”

What is a medical power of attorney? A medical power of attorney allows you, the principal, to designate a trusted family member or friend to make medical decisions for you in the event you become unconscious or mentally incapable of deciding for yourself. This power of attorney is a “springing” document meaning it only applies when you are unconscious or mentally incapable of making decisions.

- 1. Your full legal name: _____
- 2. Your date of birth: _____
- 3. Your address: _____
- 4. Your parents’ full legal names: _____

- 5. Your parents’ address(es): _____

- 6. **First Designee:** Full legal name of person you designated to hold your medical power of attorney:
 - a. Full Name: _____
 - b. Address: _____

- c. Phone Number: _____
- d. Email: _____

Note: If you are married and this person is NOT your parent, we may need to have a discussion.

7. **Alternative Designee(s):** Full legal name of the alternative person to hold your medical power of attorney if the person designated in questions 6 will not or cannot exercise that authority:

First Alternate:

- a. Full Name: _____
- b. Address: _____
- c. Phone Number: _____
- d. Email: _____

Second Alternate:

- a. Full Name: _____
- b. Address: _____
- c. Phone Number: _____
- d. Email: _____

8. **Limitations:** If there are there any medical treatments or decisions you wish to not allow your medical power of attorney to handle or authorize, please describe them here (Note: there should be very few, if any, restrictions unless they are extremely important):

IV. HIPPA Authorization: Once you turn 18, you are an adult. Hospitals and doctors will not just give you parents information about you and your medical condition or treatment. This document allows you to tell them it is okay to give your parents your confidential medical and health care information. Trust us, you want to do this.

1. Who do you want to have access to your medical information?

2. What is their relationship to you?

3. What is their address(es)?

4. Who are the doctors or other medical/counseling professionals you are currently seeing (this is privileged and will not be disclosed)?

Client Acknowledgement

The information provided above is true and correct to the best of our knowledge. We, the undersigned Clients, understand that Attorney Joel S. Pace will rely on this information to prepare the documents we have requested. We understand that we need to check and re-check the information provided to ensure that it is correct and have done so by submitting this form.

Approved:

Name

Date