



**Ronda M. Gabb**

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A LOUISIANA ESTATE PLANNING  
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## **INFORMATION DATA SHEET**

### **Will and/or Trust**

- 1) Full Names – Husband (H) & Wife (W) (include middle and maiden if carrying name from previous marriage) – e.g. Jane Mary Doe Smith
- 2) Signature Name (how do you like to sign? usually like your checks) – e.g. Jane D. Smith
- 3) Social Security Numbers and Dates of Birth
- 4) Full address, home and work telephones, and include cell phone numbers for the HCPOA (#22)
- 5) Marital Recitation if applicable (number of marriages, to whom, how and when ended) – e.g. divorced in the 22<sup>nd</sup> JDC of St. Tammany Parish on July 4, 1976 in Proceeding No. 76-12345.
- 6) All Children: full names (include middle) and dates of birth
- 7) Please note any special needs children. (Are they presently receiving any government benefits? Please briefly describe their handicap.)
- 8) Are any children deceased? If so, have they left any children? If so, please state their full names and dates of birth (of grandchildren).
- 9) Do any legatees have special needs? Are any legatees possible recipients of Medicaid? If yes, same information as #7 needed.
- 10) If H (or W) dies first, do you want the surviving spouse to have total *control* over ALL assets? If no, then which assets are not included (see #12).
- 11) Assume H & W die together, where would you like each of your respective assets to go? In what percentages (if not equal)? Please give alternate beneficiary if this person is predeceased. (e.g. – if Patty Smith predeceases me then her share goes to Jimmy Jones.)
- 12) Are there any specific bequests? (e.g. - \$5,000 to A, lot in Diamondhead to B, boat and trailer to C – and if that person predeceases you does the gift lapse?)

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*Member of the American Academy of Estate Planning Attorneys*

*Member of the National Academy of Elder Law Attorneys*

- 13) Do you have an “Ultimate Beneficiary”? Charity? Church? In the event that NO beneficiaries above survive you or you all perish simultaneously?
- 14) Are there any children you wish to disinherit? Briefly tell me why (or we will discuss).
- 15) If we are creating a Trust for a minor or special needs child, who will be the Level 2 Trustee (assuming Level 1 is surviving spouse – if not then who is Level 1)? It is acceptable to have Co-Trustees if preferable. Who will be Level 3 Trustee if Level 2 Trustee is unable or unwilling? (Remember, a Trustee is the Manager of the assets for the benefit of the beneficiary.)
- 16) If we are creating a Testamentary Trust for the benefit of young children, what are the distribution ages if different than my default ages of 1/3 at age 25 (or earlier if they graduate from a 4-year accredited university), 1/3 at age 30, and the balance at age 35? (You can pick any ages and distribution patterns you like.)
- 17) Who will be the Level 2 and Level 3 Executor – assuming Level 1 is the surviving spouse? (The executor meets with the attorney post death and is responsible for the signing and filing of all tax returns, pleadings, etc.)
- 18) Who will be the Guardians of young or special needs children? (Please give me at least to Level 3.)
- 19) Do you want to name me as the attorney in the Will? (The final choice still lies with your executor.)
- 20) Do you wish to be cremated? (If so, I will put language in the will so that no one may override your decision.)
  
- 21) **Power of Attorney for Assets and Property (POA)**

This is the “agent(s)” who will MANAGE your estate while you are still alive although incapacitated – I will assume partner first on all. Many times this is the same as the Trustee or Executor above.

Please provide the legal name, address, telephone number and relationship to you of each for Level 2 and Level 3.

Note \*\*\* **This is a very powerful document. Your POA agent can do *anything* on your behalf with the exception of writing/changing your will! Be sure this is someone you TRUST implicitly with management and asset decisions.**

22) **Power of Attorney for Health Care (HCPOA)**

This is the person who will speak with the doctors and hospitals on your behalf. They will have the authority to admit you to the hospital, nursing home, etc. They have the authority to sign paperwork, gain access to your medical records, etc.

Sometimes these agents differ from the POA above as these are the folks who you want to be empathetic. These people are not controlling any of your accounts or assets. Usually these are members of your family, even if they are not the best financial managers. It is not a good idea to have Co-Agents here although we can place an “or” between agents, which means that any of your designated agents may act on your behalf.

Please provide legal name, relationship, address & telephone for Level 2, 3 4, etc. agents. (It is also a good idea to put cell phones or pagers here, too. Remember the hospital may need to get in touch with them quickly!)

**THIS DOCUMENT IS NOT YOUR LIVING WILL a/k/a ADVANCE DIRECTIVE.** The Living Will is a separate document—a contract between YOU and YOUR PHYSICIAN. Your Living Will should override your HCPOA agent, although the choice is yours. We will explain this document in detail to you at our final meeting.

23) **DOCU-BANK**

If you have chosen to enroll in the DocuBank service then I will need the name/address/phone of each of your Primary Care physicians.

If you have any questions or comments about this form please do not hesitate to give me or my paralegal, Gina Noto, a call at 1-800-738-4222 or email me at [RondaMGabb@aol.com](mailto:RondaMGabb@aol.com).

24) **BENEFICIARY DESIGNATION FORMS**

For all accounts that have beneficiary designations (i.e., life insurance, IRAs, 401k, annuities), request new Change of Beneficiary forms. Fill in the name of the owner/insured and policy/account numbers, as requested on the forms. Bring the forms to us and we will complete the primary and secondary/contingent beneficiaries according to your estate plan.