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INFORMATION DATA SHEET

Will and/or Trust

- 1) Full Names of 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 (H & W)
- 4) Dates of Birth (H & W)
- 5) Address & telephone numbers (home, work and cell for the HCPOA (#23))
- 6) Marital Recitation, if applicable: number of marriages, to whom, how and when ended, e.g. divorced in the 22nd JDC of St. Tammany Parish on July 4, 1976 in Proceeding No. 76-12345.
- 7) Children's Names (include middle) and Dates of Birth
- 8) Any special needs children? Are they presently receiving any government benefits? Please briefly describe their handicap.
- 9) Are any children deceased? If so, what is the date of death? Did your deceased child have children? If so, state their full names and dates of birth.
- 10) Do any legatees have special needs? Are any legatees possible recipients of Medicaid? If yes, same information as #8 needed.
- 11) Upon death of first spouse, do you want the surviving spouse to have total *control* over ALL assets? If not, which assets are not included (see #12)?
- 12) 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.)
- 13) Are there any specific bequests? (e.g. \$5,000 to A, lot in Diamondhead to B, boat and trailer to C. If that person predeceases you, does the gift lapse?)

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Member of the National Academy of Elder Law Attorneys

- 14) In the event that NO legatees/beneficiaries above survive you or you all perish simultaneously, do you have an “Ultimate Beneficiary”? Charity? Church?
- 15) Are there any children you wish to disinherit? Briefly tell me why (or we will discuss).
- 16) 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, who is Level 1)? It is acceptable to have Co-Trustees if you prefer. Who will be Level 3 Trustee if Level 2 Trustee is unable or unwilling? (Remember, a Trustee manages the assets in the trust for the benefit of the beneficiary.)
- 17) If we are creating a Testamentary Trust for the benefit of young children, what are the distribution ages (default distribution is 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.
- 18) Who will be the Level 2 and Level 3 Executors (assuming Level 1 is the surviving spouse)? The executor meets with the attorney post death and is responsible for the signing and filing all succession pleadings, tax returns, etc.
- 19) Who will be the Guardians of young or special needs children? Please give me at least to Level 3.
- 20) Do you want to name me as the attorney in the Will? The final choice still lies with your executor.
- 21) Do you wish to be cremated? If so, I will put language in the will so that no one may override your decision.
- 22) **Power of Attorney for Assets and Property (POA)**

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

Please provide the legal name and relationship for each of 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.**

23) **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, 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. The Health Care agent does not control 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 & telephone number for Level 2, 3, 4, etc. agents. It is also a good idea to put cell phone or pager numbers here. 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.

24) **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. For more information, visit www.docubank.com.

25) **BENEFICIARY DESIGNATION FORMS**

For all accounts that have beneficiary designations (i.e., life insurance, IRAs, 401k, annuities), request blank 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.