





Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

4. *If applicable:* Names of Children (Names as they should appear in the Will) and Age:

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

5. Burial Instructions (Please fill out the items below if you have already made the decisions. They are not something required in the Will, but can be added in for people that want to specify)

Church and Preacher: \_\_\_\_\_

Funeral Home Address: \_\_\_\_\_

Plot Area/Number: \_\_\_\_\_

- |   | <u><b>YES</b></u>        | <u><b>NO</b></u>         |
|---|--------------------------|--------------------------|
| • Do any of your beneficiaries have a learning disability, special educational, medical or physical needs?      | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any relatives (other than children) who depend on you for all or part of their support?           | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you think any of your beneficiaries have problems with spouses, drugs, alcohol or handling money?          | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you wish to <b>not</b> leave any money to any of your children, grandchildren or any other close relative? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If a named beneficiary dies before you, do you want the assets to go to that beneficiary's children?          | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?            | <input type="checkbox"/> | <input type="checkbox"/> |



- |   | <u>YES</u>               | <u>NO</u>                |
|---|--------------------------|--------------------------|
| • Do you expect to inherit substantial assets (\$100,000 +)?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever executed a trust (either revocable or irrevocable)?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever filed a Federal Gift Tax Return?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have an existing General Power of Attorney?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you currently hold any assets in Joint Tenancy with another person other than your spouse? | <input type="checkbox"/> | <input type="checkbox"/> |

*I. BEQUESTS AND BENEFICIARIES*

**SPECIAL BEQUESTS** If you would like to give specific items of your personal property, you can include your requests in the will. These items can include valuable items such as jewelry or could be family photographs and other sentimental items.

6. Do you have any specific bequests? Please list them below with specific details so there is no question as to what property you are referring to. Include items on additional piece of paper if necessary.

---

---

---

---

---

---

7. Who would you like to receive the remainder of your estate? You can name as many successive people as wish. Most people have at least two.

---

---

8. Who do you want to receive the rest of your personal property, e.g., furniture, paintings, household items, china, etc. that has not been specifically given away?

---

---



TRUSTS FOR MINOR BENEFICIARIES

**Why do I want a trust?** The most effective way to provide for anyone under the age of 18 receiving a portion of your estate is to create a trust that will be handled by a person selected by you. Many people would also prefer that these minor beneficiaries not receive a lump sum of money at age eighteen. You can determine the age at which you feel the minor beneficiaries can handle receiving money. The money in the trust can be used for any medical or educational expenses deemed appropriate by your selected trustee. In order to set up a trust we need to know the age you have determined to be the most suitable and who you believe would best control the trust.

- 9. If you desire to create a trust to keep any inheritance from your minor beneficiaries until they reach a responsible age, how old should they be before the trust is liquidated and given to them? (Many people choose age 18, 22, or 25 but you can choose any age you wish.)

\_\_\_\_\_ Years old

- 10. Who, in order of preference, would you like to serve as Trustee of any trusts established for your minor children? Please give their relationship to you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EXECUTOR

**Who should I pick as my executor?** An executor is a person (18 years or older) who you will name in your will to supervise the distribution of your property and carry out desires expressed in your will. The person that you pick is also responsible for paying any funeral expenses, court costs, taxes, and debts that you may owe. These expenses are paid with money from your estate.

- 11. Who would you like to be Executor(s) of your estate? (Give name, address and relation, if any)

\_\_\_\_\_  
\_\_\_\_\_

If that person (or either of them) were unable to perform as Executor, who would like to replace him or her? (Give name, address and relation)

\_\_\_\_\_  
\_\_\_\_\_





## ESTIMATED\* VALUE OF ESTATE

Why do you need my financial information? We ask for some specific Asset information because you may need additional planning for asset protection or tax issues.

### **TYPE OF ASSET:**

- **REAL ESTATE:** \$ \_\_\_\_\_  
(fair market value, less loans)
- **SECURITIES:** \$ \_\_\_\_\_  
(stocks, bonds, mutual funds)
- **CASH TYPE ASSETS:** \$ \_\_\_\_\_  
(cash, annuities, notes due you)
- **BUSINESS INTERESTS:** \$ \_\_\_\_\_  
(sole proprietorship, partnerships,  
closely held corporation, etc.)
- **RETIREMENT PLANS:** \$ \_\_\_\_\_  
(IRA, 401k, etc. †)
- **VEHICLES:** \$ \_\_\_\_\_  
(autos, R.V., boat)
- **PERSONAL PROPERTY:** \$ \_\_\_\_\_  
(jewelry, furniture, antiques)
- TOTAL:** \$ \_\_\_\_\_

\* Use best guess; this can be a “ballpark” estimate.

† Do not show benefits which will terminate at death (e.g., pension, social security, etc.).

Value of Life Insurance policies will be listed separately on the next page.



### LIFE INSURANCE

(do not include accidental death policies)

INSURED	OWNER	CASH VALUE	FACE VALUE	BENEFICIARY
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

#### Other Financial Professionals:

To get a complete picture of your financial situation it is beneficial for me to know other people you have a relationship with to help meet your financial goals. Please list below:

1. Life Insurance Agent: \_\_\_\_\_
2. Financial Advisor: \_\_\_\_\_
3. CPA: \_\_\_\_\_
4. Home/Auto Insurance Agent: \_\_\_\_\_
5. Business Insurance Agent: \_\_\_\_\_

If you do not have a relationship with one or more of the above professionals, please let me know. I will be glad to introduce you to people I know and trust in the industry that are experts in these fields.



LIVING WILL/ADVANCED CARE DIRECTIVE

**Why do I need a Living Will?** A living will gives a voice when you are unable to express your wishes. It spells out the types of medical treatments and life-sustaining measures you do or do not want. It takes the important decisions out of the hands of your loved ones and tells everyone what your wishes are. The below are decisions that you can make on your living will put forward by the State of Tennessee Department of Health. You will each have a living will, but the answers are combined on one page for this questionnaire. There are no right or wrong answers.

1. **QUALITY OF LIFE:**

Do you want your doctors to help you maintain an acceptable quality of life including adequate pain management?

- yes       no

The following are conditions that you can state are acceptable or unacceptable.

Unacceptable means you wish to stop or not have the treatments you select in Section 2.

**Permanent Unconscious Condition:** I become totally unaware of people or surroundings with little chance of ever waking up from the coma.

- acceptable       unacceptable

**Permanent Confusion:** I become unable to remember, understand or make decisions. I do not recognize loved ones or cannot have a clear conversation with them.

- acceptable       unacceptable

**Dependent in all Activities of Daily Living:** I am no longer able to talk clearly or move by myself. I depend on others for feeding, bathing, dressing and walking. Rehabilitation or any other restorative treatment will not help.

- acceptable       unacceptable

**End-Stage Illnesses:** I have an illness that has reached its final stages in spite of full treatment. Examples: Widespread cancer that does not respond anymore to treatment; chronic and/or damaged heart and lungs, where oxygen needed most of the time and activities are limited due to the feeling of suffocation.

- acceptable       unacceptable



2. **TREATMENT:** Check below if you do NOT want the treatments if you are in any of the unacceptable qualities of life above.

<input type="checkbox"/>	<b>CPR (Cardiopulmonary Resuscitation): I do not want</b> to make the heart beat again and restore breathing after it has stopped. Usually this involves electric shock, chest compressions, and breathing assistance.
<input type="checkbox"/>	<b>Life Support / Other Artificial Support: I do not want</b> Continuous use of breathing machine, IV fluids, medications, and other equipment that helps the lungs, heart, kidneys and other organs to continue to work.
<input type="checkbox"/>	<b>Treatment of New Conditions: I do not want</b> the use of surgery, blood transfusions, or antibiotics that will deal with a new condition but will not help the main illness.
<input type="checkbox"/>	<b>Tube feeding/IV fluids: I do not want</b> Use of tubes to deliver food and water to patient’s stomach or use of IV fluids into a vein which would include artificially delivered nutrition and hydration.

**Organ Donation:** Do you desire to donate some or all of your organs and/or tissues for transplantation?

If so, entire body, all organs or specific organs? \_\_\_\_\_



**POWERS OF ATTORNEY**

**Why do I need a Power of Attorney?** In the event that you want someone to be able to make your decisions or you become incapacitated and are unable to make serious life decisions, you can appoint someone that you feel is capable to make those decisions for you. We recommend discussing those wishes with the persons who would like to appoint so they know what decision you would make if you were able to. You are able to appoint different persons to make health care decisions and financial decisions or you can use the same people.

For your asset management, you can select to have the power to make decisions effective:

- immediately
- only upon your doctor or a court stating you need help making decisions.

3. **First Attorney-In-Fact:** Who do you wish to appoint to make:

a. Health care decisions? \_\_\_\_\_

b. Asset management decisions? : \_\_\_\_\_

4. **Successor-Attorney-In-Fact:** Who do you wish to appoint to make decisions for you should the persons named above should be unavailable?

a. Health care decisions?

1<sup>st</sup> backup: \_\_\_\_\_

2<sup>nd</sup> backup: \_\_\_\_\_

b. Asset management decisions?

1<sup>st</sup> backup: \_\_\_\_\_

backup: \_\_\_\_\_