

## Estate Planning Information for Couple

**FOR USE BY MONICA FRANKLIN, CELA**

### ELDER LAW PRACTICE

**Your appointment with this office is:** \_\_\_\_\_.

Our address is 4931 Homberg Drive, Knoxville, Tennessee 37919. Directions are enclosed.

**These questions pertain to the persons, Husband and Wife (or domestic partners), for whom we are planning.** We ask a lot of questions on this form because we need a lot of information about you for our planning for you. Do your best, but don't worry if some of the information you need to complete this form is not available to you.

Please call us at (865) 588-3700 if you have any questions or concerns about completing this form.

Date: \_\_\_\_\_

Referred by: \_\_\_\_\_

#### 1. Personal Information

**Husband:** \_\_\_\_\_

**Wife:** \_\_\_\_\_

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

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

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

SSN: \_\_\_\_\_

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

U. S. citizen?:  Yes  No

County: \_\_\_\_\_

Veteran?:  Yes  No

Date of birth: \_\_\_\_\_

Address:  Same as Husband

Place of birth: \_\_\_\_\_

Different:

SSN: \_\_\_\_\_

U. S. citizen?:  Yes  No

Veteran?:  Yes  No

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

#### Marriage Information

Date and place of marriage: \_\_\_\_\_

**Contact Information**

If not you, who is your "Contact Person" (the person we should contact for appointments, for more information about you, etc.)?:

**2. Children**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any dependents (that is, someone who depends on you, in whole or in part, for their support)?  Yes  No  
If yes, who?: \_\_\_\_\_

Are any of your children receiving Supplement Security Income, Social Security Disability; or, if not, has any major disabilities?  Yes  No  
 If yes, who?: \_\_\_\_\_

**3. Resources**

**Monthly Income**

Do not list interest or dividend income.

Source	Husband	Wife	Joint
Social Security:			
Pension:			
Other:			
<b>Total:</b>			

**A. Personal Residence**

Address of property: \_\_\_\_\_

Names as they appear on deed: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Current Value: \_\_\_\_\_ Tax-Appraised Value: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_

Mortgage Balance: \_\_\_\_\_

**B. Other Real Estate**

Address of property: \_\_\_\_\_

Names as they appear on deed: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Current Value: \_\_\_\_\_ Tax-Appraised Value: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_

Mortgage Balance: \_\_\_\_\_

Address of property: \_\_\_\_\_

Names as they appear on deed: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Current Value: \_\_\_\_\_ Tax-Appraised Value: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_

Mortgage Balance: \_\_\_\_\_

**Other Assets**

These are your bank accounts, CDs, annuities, stocks, retirement plans, and the like.

**Type of Asset:** \_\_\_\_\_

Name of Company: \_\_\_\_\_

Value: \_\_\_\_\_

How is it titled?: \_\_\_\_\_

**Type of Asset:** \_\_\_\_\_

Name of Company: \_\_\_\_\_

Value: \_\_\_\_\_

How is it titled?: \_\_\_\_\_

**Type of Asset:** \_\_\_\_\_

Name of Company: \_\_\_\_\_

Value: \_\_\_\_\_

How is it titled?: \_\_\_\_\_

**Type of Asset:** \_\_\_\_\_

Name of Company: \_\_\_\_\_

Value: \_\_\_\_\_

How is it titled?: \_\_\_\_\_

**Type of Asset:** \_\_\_\_\_

Name of Company: \_\_\_\_\_

Value: \_\_\_\_\_

How is it titled?: \_\_\_\_\_

**Type of Asset:** \_\_\_\_\_

Name of Company: \_\_\_\_\_

Value: \_\_\_\_\_

How is it titled?: \_\_\_\_\_

**Type of Asset:** \_\_\_\_\_

Name of Company: \_\_\_\_\_

Value: \_\_\_\_\_

How is it titled?: \_\_\_\_\_

**Total Value of Assets on this Page:** \_\_\_\_\_

Do you have a safe deposit box?  Yes  No

If yes, list name of bank, branch and box number.

---

**List all life insurance.**

**Company Name:**

Owner: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Death Benefit (face value): \_\_\_\_\_

Cash surrender value: \_\_\_\_\_

Loan against policy (if any): \_\_\_\_\_

**Company Name:**

Owner: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Death Benefit (face value): \_\_\_\_\_

Cash surrender value: \_\_\_\_\_

Loan against policy (if any): \_\_\_\_\_

**Company Name:**

Owner: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Death Benefit (face value): \_\_\_\_\_

Cash surrender value: \_\_\_\_\_

Loan against policy (if any): \_\_\_\_\_

**Personal Property.**

List large items of personal property you own (cars, boats, RVs, farm equipment, etc.) or any valuable collections (antiques, coins and stamps, guns, etc.):

Personal Property (Item)	Value

**Other Insurance**

Please complete the following health insurance information as it applies to both of you:

**Husband:**

Medicare

Traditional Medicare Fee-for-Service?       Yes  No

OR

Medicare HMO, PSO, PPO, Private Plan?       Yes  No

Company: \_\_\_\_\_

Medicare Supplement ("Medigap")

Company: \_\_\_\_\_

Type (Plan A through J): \_\_\_\_\_

Medicare Prescription Drug Plan

Company: \_\_\_\_\_

Employer Retiree Health Plan

Company: \_\_\_\_\_

Private Health Insurance

Company: \_\_\_\_\_

Long Term Care Insurance

Company: \_\_\_\_\_

Daily Benefit Amount: \_\_\_\_\_

Length of Coverage: \_\_\_\_\_

Other Type (Cancer, Accidental Death, Hospital Supplement, etc.)

Company: \_\_\_\_\_

Type: \_\_\_\_\_

Company: \_\_\_\_\_

Type: \_\_\_\_\_

Company: \_\_\_\_\_

Type: \_\_\_\_\_

#### 4. Estate Planning

Do you have any of the following documents?	Husband	Wife
Durable Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Care Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Revocable Living Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Place an X in the box that applies. Please bring the existing documents with you to our meeting.

**Please provide the remaining information below only if the above documents are not in place or you want to make changes to these documents in our planning process.**

There is a section to be completed for each of you (Husband and Wife).

**Note:** Please read all of the choices before selecting one. (If you aren't sure what you want to do, you don't have to make any choices right now.) We will discuss your choices at our meeting.

**Husband:**

<b>Upon my death, I want to give</b>
<input type="checkbox"/> Everything to my wife, if she survives me, otherwise to my children in equal shares <b>OR</b>
<b>Alternative #1</b>
<input type="checkbox"/> Everything to my children in equal shares, but in trust for any child (or a child of a deceased child) who has not reached age _____

<u>Alternative #2</u>
<input type="checkbox"/> Everything to my children and to my deceased spouse's children in equal shares.
<u>Alternative #3</u>
<input type="checkbox"/> I want to make bequests different from those above.

Do you want to leave any specific money or property to any individual, or to a charity?

Beneficiary	Item/Amount

Whom do you want to serve as your executor? Please give name and full addresses for a first choice, and for an alternate second choice.

1. Name:

Address:
City/State:
Relationship:
Telephone #:

2. Name:

Address:
City/State:
Relationship:
Telephone #:

If you want a trust set up for your children or grandchildren or anyone else, please give name and full addresses for a first choice trustee, and for an alternate second choice.

1. Name:

Address:
City/State:
Relationship:
Telephone #:

2. Name:

Address:
City/State:
Relationship:
Telephone #:

## **Decision Making**

### **Health Care**

If you were in the hospital and unable to make decisions for yourself, with whom would you want your doctor to consult with about your care (that is, to be your health care advocate)?  
(List in order of priority)

1. Name:

Address:

City/State:

Relationship:

Telephone #:

2. Name:

Address:

City/State:

Relationship:

Telephone #:

Do you want to be an organ donor?  Yes  No  Don't know

When health care decisions must be made on your behalf, do you want your agent to take into account your religious preference?  Yes  No

If yes, what religion are you?: \_\_\_\_\_

Do you (husband) want to be buried or cremated?

**Husband:** Buried  Cremated

Do you (husband) have a prepaid funeral or burial?  Yes  No

If yes, describe the arrangements:

Husband: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Legal and Financial

If you were unable to carry out your financial business, who would you want to take care of your legal, business, personal, and financial affairs? (List in order of priority)

1. Name:

Address:

City/State:

Relationship:

Telephone #:

2. Name:

Address:

City/State:

Relationship:

Telephone #:

Do you want these persons (your attorneys-in-fact) to be able to make gifts of your property, if they believed that was necessary for tax reasons or to protect your assets?:

Yes     No     Don't know

If YES, what restrictions, if any, would you place on their authority to make gifts of your property (such as to family members only, certain charities, etc.)?

No restrictions, I trust my attorney-in-fact to make the right decision.

My restrictions are: \_\_\_\_\_

### Wife:

<b>Upon my death, I want to give</b>
<input type="checkbox"/> Everything to my husband, if he survives me, otherwise to my children in equal shares
<b>OR</b>
<u>Alternative #1</u>
<input type="checkbox"/> Everything to my children in equal shares, but in trust for any child (or a child of a deceased child) who has not reached age _____
<u>Alternative #2</u>
<input type="checkbox"/> Everything to my children and to my deceased spouse's children in equal shares.
<u>Alternative #3</u>
<input type="checkbox"/> I want to make bequests different from those above.

Do you want to leave any specific money or property to any individual, or to a charity?

Beneficiary	Item/Amount

Whom do you want to serve as your executor? Please give name and full addresses for a first choice, and for an alternate second choice.

1. Name:

Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

2. Name:

Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

If you want a trust set up for your children or grandchildren or anyone else, please give name and full addresses for a first choice trustee, and for an alternate second choice.

1. Name:

Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

2. Name:

Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

### ***Decision Making***

### **Health Care**

If you were in the hospital and unable to make decisions for yourself, with whom would you want your doctor to consult with about your care (that is, to be your health care advocate)?  
(List in order of priority)

1. Name:

---

Address:

---

City/State:

---

Relationship:

---

Telephone #:

---

2. Name:

---

Address:

---

City/State:

---

Relationship:

---

Telephone #:

---

Do you want to be an organ donor?  Yes  No  Don't know

When health care decisions must be made on your behalf, do you want your agent to take into account your religious preference?  Yes  No

If yes, what religion are you?: \_\_\_\_\_

Do you (wife) want to be buried or cremated?

**Wife:** Buried  Cremated

Do you (wife) have a prepaid funeral or burial?  Yes  No

If yes, describe the arrangements:

Wife: \_\_\_\_\_

---

---

---

---

---

## Legal and Financial

If you were unable to carry out your financial business, who would you want to take care of your legal, business, personal, and financial affairs? (List in order of priority)

1. Name:

Address:

City/State:

Relationship:

Telephone #:

2. Name:

Address:

City/State:

Relationship:

Telephone #:

Do you want these persons (your attorneys-in-fact) to be able to make gifts of your property, if they believed that was necessary for tax reasons or to protect your assets?:

Yes     No     Don't know

If YES, what restrictions, if any, would you place on their authority to make gifts of your property (such as to family members only, certain charities, etc.)?

No restrictions, I trust my attorney-in-fact to make the right decision.

My restrictions are: \_\_\_\_\_