

WILL/ESTATE PLANNING QUESTIONNAIRE (COUPLE)

This form is extremely important. Your accuracy and completeness in responding will help The Higgins Firm represent you. Please complete this information packet, to the best of your ability.

A. Client 1 Data

Full Name: _____

Street Address: _____

City: _____ State: _____ County: _____ Zip: _____

Phone: _____ E-Mail: _____

Date of Birth: _____ U.S. Citizen? Yes No

Client 2 Data

Full Name: _____

Street Address: _____

City: _____ State: _____ County: _____ Zip: _____

Phone: _____ E-Mail: _____

Date of Birth: _____ U.S. Citizen? Yes No

B. Distribution of your assets - Please express *in your own words* how you would like your property and assets to be distributed. **Include how you would like your assets to be distributed if your spouse or partner passes away before you.** You may designate percentages, and/or dollar amounts, if desired. (*Ex: "I want to leave everything I own to my daughter Mary Smith" or "I wish to give my estate to my two children John and Mary, with each child to receive an equal portion"*) We will translate your wishes into legal language.

C. Beneficiaries of your Estate – For each person (or organization) named in your distribution intentions above, please provide the information below:

1. Full Name: _____

Relationship: _____

Address: _____

If the beneficiary listed above passes away before you, check the box below to indicate how you would like to distribute their share of your estate?

To their children Equally to all other beneficiaries Some other way (explain):

2. Full Name: _____

Relationship: _____

Address: _____

If the beneficiary listed above passes away before you, check the box below to indicate how you would like to distribute their share of your estate?

To their children Equally to all other beneficiaries Some other way (explain):

3. Full Name: _____

Relationship: _____

Address: _____

If the beneficiary listed above passes away before you, check the box below to indicate how you would like to distribute their share of your estate?

To their children Equally to all other beneficiaries Some other way (explain):

4. Full Name: _____

Relationship: _____

Address: _____

If the beneficiary listed above passes away before you, check the box below to indicate how you would like to distribute their share of your estate?

To their children

Equally to all other beneficiaries

Some other way (explain):

5. Full Name: _____

Relationship: _____

Address: _____

If the beneficiary listed above passes away before you, check the box below to indicate how you would like to distribute their share of your estate?

To their children

Equally to all other beneficiaries

Some other way (explain):

Have you intentionally left a child or other close family member out of your Will? If so, provide the full name(s) and relationship to you of any family member(s) you wish to disinherit and a brief explanation.

ESTATE PLANNING FIDUCIARIES

An **Executor (personal representative)** manages your assets after your death, coordinates with the probate court, and distributes your estate according to your Will. Name the Executor for each of your Wills below, and choose successors in case your first choice is unable to serve.

POSITION	CLIENT 1	CLIENT 2
Will: Executor(s)	_____	_____
1 st Successor(s)	_____	_____
2 nd Successor(s)	_____	_____

A **General Durable Power of Attorney** authorizes someone to act on your behalf for *financial (and other non-medical)* decisions *during your lifetime* as your Attorney-in-Fact. If you wish to execute a POA, name the Attorney-in-Fact for each of your POAs below, and choose successors if your first choice is unable to serve.

POSITION	CLIENT 1	CLIENT 2
POA: Attorney-in-Fact	_____	_____
1 st Successor(s)	_____	_____
2 nd Successor(s)	_____	_____

A **Health Care Power of Attorney** authorizes someone to act on your behalf for *medical* decisions *during your lifetime* as your Health Care Agent. If you wish to execute a health care POA, name the Health Care Agent for each of your medical POAs below, and choose successors if your first choice is unable to serve.

POSITION	CLIENT 1	CLIENT 2
Health Care Agent	_____	_____
1 st Successor(s)	_____	_____
2 nd Successor(s)	_____	_____

A **Living Will**, also called an “Advance Directive for Medical/Surgical Treatment,” allows you to specify in advance whether or for how long you would like life support and artificial nutrition and hydration continued under certain circumstances. Do you want a living will?

Client 1: Yes No Client 2: Yes No

MINOR CHILDREN PROVISIONS

(Complete this page if you have minor children.)

A. Guardian. If your children are under the age of 18 at the time of your death, name the person(s) you wish to act as Guardian of those children, their relationship to you, and address:

Full Name(s): _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

If the person(s) named above does not survive you or otherwise cannot serve, name the alternate person(s) you wish to act as Guardian:

Full Name(s): _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

B. Trusts. If any person taking under your Will is a Minor at the time the Will is probated, do you want to make a provision that the funds given to that Minor Child shall be placed in a trust, instead of being given outright? YES NO If yes, complete the questions below:

Name the person(s) or institution you wish to act as Trustee, their relationship to you, and address:

Full Name(s): _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

If the person(s) named above does not survive you or otherwise cannot serve, then name the alternate(s) you wish to act as Trustee:

Full Name(s): _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

As your children become older, you may wish to distribute the remaining contents of the Trust to them outright, either all at once or gradually over time. Indicate below the age at which you want your children to receive an outright distribution and the percentage of the remaining trust you wish them to receive. *{Example: distribute 50% of the Trust to my children outright when they turn 25 and the remainder when they turn 30}*

Congratulations!

After you submit this form, *a representative from the Higgins Firm will contact you* to schedule an in-person or phone consultation with one of our estate planning attorneys. During that consultation, you and the attorney will go over any remaining questions and discuss the legal services we will provide.

Please send the completed form by e-mail to: estateplanning@higginsfirm.com

Or send it by mail to: The Higgins Estate Group
525 4th Ave. South
Nashville, TN 37210