

ESTATE Tips to Prepare for our 1st Meeting

Meeting with an attorney for the first time can be intimidating.
At **PURPOSE** Law Firm we want to make your experience as comfortable as possible.

By completing this paperwork, we will be well on our way to designing the ESTATE plan that will protect your family and assets and keep them out of Court and out of conflict.

Please tell us how you heard about us:

Referred By _____

Please tell us what you think you might want/need for your ESTATE planning:

Will

Trust

Deed Work

Ancillary Documents

HAPPY KIDS

Special Needs Trust

Pet Trust

I have no idea

Please tell us what you think the estimated value of your entire ESTATE is:

Estimated Value of **ESTATE** _____

Multiply the estimated value by 0.06 (this is how much probate could cost your family)

Potential Probate Costs _____

Now let's get some personal information. Don't worry, we will not keep this information, unless you choose to move forward with us.

Address: _____

County: _____ Land Line Phone: _____

If you are married, there is room for each of you to put your own information. If you are single, then you are client #1.

Client #1 Legal Name: _____

Other Names used: _____

Cell Phone: _____

E-Mail: _____

Date of Birth: _____

US citizen? Yes No. If no, what nationality: _____

Client #2 Legal Name: _____

Other Names used: _____

Cell Phone: _____

E-Mail: _____

Date of Birth: _____

US citizen? Yes No. If no, what nationality: _____

Now let's take a look at your Human Assets, your kids. If you have adopted children, include them as well because they will legally inherit from you.

CHILDREN OF THIS MARRIAGE: (<i>full name = first, middle, last</i>)	AGE	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHILDREN FROM <u>PRIOR</u> Marriage/Relationship:	C1	C2	AGE	DOB
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

- Any deceased children?
If yes, name: _____
If yes, survived by issue?
If yes, name: _____
- Do any of your beneficiaries have a learning disability, special educational, medical or physical needs?
- Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money?
- Do you wish to disinherit any of your children, grandchildren or any other close relative?
If yes, name/dob: _____
- If a beneficiary dies prior to the second spouse's death, do you want the assets to go to that beneficiary's children?

Please consider who you want to inherit your ESTATE. How do you want your ESTATE distributed among your beneficiaries after your death?

Please state any specific concerns that you have regarding the distribution of your ESTATE:

Now it's time to think about who you want take care of you (*in the case of your incapacity*) and your ESTATE (*after your death*):

WILL: Executors: These are the people who will handle filing your will with the probate court and handling any assets that have to go through probate. (*Indiana requires in-state executors*).

TRUST: Successor Trustees: These are the people who will serve as Trustee of your trust IF you cannot serve or are deceased. They will be in charge of handling your trust assets pursuant to the instructions you have left in your trust.

GUARDIANS: These are the people who you want to raise your children. This does not establish legal guardianship for the people you name, but it does let the Court know your wishes.

FINAL DISTRIBUTIONS: These are the people who will handle your funeral arrangements.

OTHER FIDUCIARY DETAILS (*these people only act in the case of your incapacity*):

Durable Power of Attorney: These are the agents who can make legal and financial decisions on your behalf in the case of your incapacity. [**Springing YES NO**]

Health Care Power of Attorney: These are the agents who can make health care decisions on your behalf in the case of your incapacity.

HIPAA Waiver: These are the people who can receive your medical info and talk to the doctors.

If you are married, you and your spouse will be each other's first everything. Beyond that we ask you to try to name three more people for each job. If you only name one and that person dies before you, you will either have to redo your ESTATE plan or the Court will decide, which can drain your ESTATE of its assets.

Simply put the person's name in the following boxes, we will get their info in the next step:

Client #1	Choice 1	Choice 2	Choice 3
Trustees			
Executors			
Guardians			
Durable POA			
Medical POA			
Final Distributions			

Your Medical POA will already have authority to speak with your doctors. Do you have any other people you want to be able to speak with the doctors?

Client #2	Choice 1	Choice 2	Choice 3
Trustees			
Executors			
Guardians			
Durable POA			
Medical POA			
Final Distributions			

Your Medical POA will already have authority to speak with your doctors. Do you have any other people you want to be able to speak with the doctors?

Now let's get their info. Please complete the following for the people you are giving a job to.

Name	
Address	
Phone #	
Relationship	

Name	
Address	
Phone #	
Relationship	

Name	
Address	
Phone #	
Relationship	

Name	
Address	
Phone #	
Relationship	

Name	
Address	
Phone #	
Relationship	

