

PLEMMONS LAW GROUP, PLLC

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Estate Planning Questionnaire

Thank you for choosing Plemmons Law Group to help you with your estate planning needs. Before your visit, please fill out the following pages as best you can and bring it with you to our meeting. We look forward to your visit with us.

I. Client Information

Number of Clients

Please check one: Individual Client Married Client Long-Term Partners)

If you are married, what is your date of marriage? _____.

If you are married, do you have a prenuptial agreement? Yes No)

Client 1 Contact Information:
Individual Client or 1st Spouse/Partner

Legal Name:	
Home Address:	
Phone Number:	
Email Address:	

Client 2 Contact Information:
2nd Spouse/Partner

Legal Name:	
Home Address:	
Phone Number:	
Email Address:	

Client 1's Children

Legal Name	With Client 2	From Prev. Relationship	Does he/she have children?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> Y, # ____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> Y, # ____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> Y, # ____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> Y, # ____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> Y, # ____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> Y, # ____

Client 2's Children

(Client 2 may omit if all children are listed above)

Legal Name	With Client 1	From Prev. Relationship	Does he/she have children?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> Y, # ____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> Y, # ____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> Y, # ____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> Y, # ____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> Y, # ____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> Y, # ____

Is there anything else you would like us to know about your family?

II. Financial Agents

Power of Attorney – Who do you choose to help you while you are still living, but for some reason unable to handle your financial affairs? For example, who would you trust to manage your monthly income, speak with your retirement account representative, pay bills, file your taxes, and/or speak with your phone provider and utility companies? Please list up to four (4).

	Client 1	Client 2
1 st Choice:		
2 nd Choice:		
3 rd Choice:		
4 th Choice:		

Agents for your Will or Trust - Upon your death your Executor (if a Will) or your Trustee (if a Trust) will be responsible for winding up your affairs and transferring your estate's assets as you have directed. Who do you trust to perform the wishes you have set out in your Will/Trust? Please list up to four (4).

	Client 1	Client 2
1 st Choice:		
2 nd Choice:		
3 rd Choice:		
4 th Choice:		

III. Healthcare Agents

Healthcare Agents – If you are temporarily or permanently incapacitated, who do you want to talk to your doctors and make medical decisions for you when you cannot do so yourself?

Please list up to four (4) people, with their addresses, phone numbers, and relationship to you.

Client 1 Healthcare Agents:

	Name	Phone	Address	Relationship
1 st Choice				
2 nd Choice				
3 rd Choice				
4 th Choice				

Client 2 Healthcare Agents:

	Name	Phone	Address	Relationship
1 st Choice				
2 nd Choice				
3 rd Choice				
4 th Choice				

IV. Healthcare – End of Life

Advance Care Plan & End of Life Decisions – Healthcare providers have a duty to prolong their patients’ lives. However, in some dire situations you may wish to limit medical intervention. Tennessee through its Advance Care Plan healthcare form permits you to make the following choices regarding medical treatment when you are nearing the end of your life.

**If you are a member of the Catholic Church, there is a “Catholic Advance Care” document approved by the various Dioceses within Tennessee. Please inquire at our consultation and we are happy to prepare one for you.*

Client 1: Please check the box if you would like to limit medical treatment or intervention in this circumstance.

<input type="checkbox"/>	I would like to limit medical intervention if I am <u>permanently unconscious</u> . I am totally unaware of people or surroundings and will likely never wake up.
<input type="checkbox"/>	I would like to limit medical intervention if I am <u>permanently confused</u> . I cannot understand or make decisions, I cannot speak for myself, and I do not recognize my loved ones. (Ex: end-stage dementia/Alzheimer’s).
<input type="checkbox"/>	I would like to limit medical intervention if I am totally <u>dependent on others for all of my daily living activities</u> . I cannot speak for myself, I cannot move by myself, others must feed/bathe/dress/move me, and no rehabilitative treatments will help. (Ex: end-stage Parkinsons).
<input type="checkbox"/>	I would like to limit medical intervention if I am terminally ill and at the <u>end-stage of my illness</u> . I cannot speak for myself, and I have reached the final stages of my illness despite full treatment efforts. (Ex: Cancer which does not respond to additional treatment).

Medical intervention choices: Please check one for each option.

- If I am in one of the above-checked circumstances, I (**DO**) (**DO NOT**) want healthcare workers to use CPR to make my heart beat again.
- If I am in one of the above-checked circumstances, I (**DO**) (**DO NOT**) want healthcare workers to use breathing machines / medications/ other equipment to keep my organs working.
- If I am in one of the above-checked circumstances, I (**DO**) (**DO NOT**) want healthcare workers to use surgery, transfusions, or medications to treat a new illness (but will not affect my terminal illness).
- If I am in one of the above-checked circumstances, I (**DO**) (**DO NOT**) want healthcare workers to use tubes and IVs to artificially deliver nutrition and hydration.

Client 2: Please check the box if you would like to limit medical intervention in this circumstance.

<input type="checkbox"/>	I would like to limit medical intervention if I am <u>permanently unconscious</u> . I am totally unaware of people or surroundings and will likely never wake up.
<input type="checkbox"/>	I would like to limit medical intervention if I am <u>permanently confused</u> . I cannot understand or make decisions, I cannot speak for myself, and I do not recognize my loved ones. (Ex: end-stage dementia/Alzheimer's).
<input type="checkbox"/>	I would like to limit medical intervention if I am totally <u>dependent on others for all of my daily living activities</u> . I cannot speak for myself, I cannot move by myself, others must feed/bathe/dress/move me, and no rehabilitative treatments will help. (Ex: end-stage Parkinsons).
<input type="checkbox"/>	I would like to limit medical intervention if I am terminally ill and at the <u>end-stage of my illness</u> . I cannot speak for myself, and I have reached the final stages of my illness despite full treatment efforts. (Ex: Cancer which does not respond to additional treatment).

Medical intervention choices: Please check one for each option.

- If I am in one of the above-checked circumstances, I (**DO**) (**DO NOT**) want healthcare workers to use CPR to make my heart beat again.
- If I am in one of the above-checked circumstances, I (**DO**) (**DO NOT**) want healthcare workers to use breathing machines / medications/ other equipment to keep my organs working.
- If I am in one of the above-checked circumstances, I (**DO**) (**DO NOT**) want healthcare workers to use surgery, transfusions, or medications to treat a new illness (but will not affect my terminal illness).
- If I am in one of the above-checked circumstances, I (**DO**) (**DO NOT**) want healthcare workers to use tubes and IVs to artificially deliver nutrition and hydration.

V. End-of-Life Instructions

Client 1 Organ donation - I would like to donate (please check one):

No organs) Any organs or tissue) My Entire Body) Specifically_____)

Client 1 Other Instructions (Burial/Cremation/Hospice/Etc.):

Client 2 Organ donation – I would like to donate (please check one):

No organs) Any organs or tissue) My Entire Body) Specifically_____)

Client 2 Other Instructions (Burial/Cremation/Hospice/Etc.):

VI. Other

Please write down anything else you would like to discuss during our consultation meeting:

VII. Financial Assets

A Note on Finances. Trying to think of and list all of your financial assets can be a daunting task, however we ask you to list as much as you can so that we can provide you with the best advice tailored to your personal needs.

Subjects we may discuss in your consultation can include;

- Whether a Will or Revocable Trust is the best estate planning tool for you,
- The pros and cons of each,
- Which types of assets flow into a Will/Trust,
- Which types of assets flow outside of a Will/trust.

If you currently have a Trust, or are interested in creating a Trust, we may also discuss;

- How a Trust avoids the probate court process,
- Whether an individual or joint trust is right for you,
- How a Trust can manage who may live in your home and for how long after you have passed,
- How a Trust can ensure that your beneficiaries receive the proceeds of a co-owned home,
- How a Trust can provide creditor protection to beneficiaries,
- How certain types of Trust can provide protection to the surviving spouse from capital gains taxes,
- How certain types of Trust can manage your beneficiaries' inheritance for them,
- How to amend and maintain your Trust,
- How to ensure assets are set up to flow through your Trust.

By having the “big picture” of your finances, we will be able to give you the best advice possible on these, or any other topics you wish to discuss. Please list your assets to the best of your ability using the following charts.

****DO NOT** list account numbers or social security numbers as they are your private information, and we do not need them to create your estate plan.**

Retirement Assets – Please list retirement accounts by type and name the financial institution where the account is held. If you are married or a couple, state which client is the owner.

Retirement Accounts “Qualified Investments”	Owned by Client 1	Owned by Client 2	Owned by Both Clients
Example: Fidelity IRA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Example: Annuity with Lincoln Financial	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Non-Retirement Assets – Please list your home and any other real estate you own by its address. List bank accounts, CD’s, investment accounts, stocks and bonds you own by the financial institution where the funds are held or if an individual stock, list the corporation’s name. If you are married or a couple, state which client is the owner.

Real Estate & After-Tax Accounts “Non-Qualified Investments”	Owned by Client 1	Owned by Client 2	Owned by Both Clients
Example: United Community Bank (joint account)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Cont.) Real Estate & After-Tax Accounts “Non-Qualified Investments”	Owned by Client 1	Owned by Client 2	Owned by Both Clients
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous Assets – Please list any other assets you would like to include in our estate planning discussion such as life insurance, vehicles, business interests, jewelry, collectibles or special household contents. If you are married or a couple, state which client is the owner.

Other Assets	Owned by Client 1	Owned by Client 2	Owned by Both Clients
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>