



Walls Law Firm

PROTECTING YOU AND
YOUR MOST PRECIOUS ASSETS

Estate Planning Welcome Packet





Walls Law Firm

1661 INTERNATIONAL DRIVE
SUITE 400
MEMPHIS, TENNESSEE 38120

TELEPHONE: (901) 315-0559; FAX: (901) 466-6981
EMAIL: N.WALLS@YOURPERFECTLAWYER.COM

PREPARING FOR YOUR ESTATE PLANNING SESSION

Dear Prospective Client,

Thank you for scheduling an Estate Planning Session with the Walls Law Firm. I look forward to meeting with you to discuss your estate planning needs. I am confident you will get some valuable information during your Estate Planning Session, and I hope it will be the beginning of a great relationship. For your convenience, I have included a document entitled *Working with the Walls Law Firm* that provides you a brief overview of our estate planning process, estate planning packages, fees, and payment plans.

I have reserved time to meet with you on the date and time selected for your Estate Planning Session. If you have scheduled a phone appointment, I will give you a call at the time of your scheduled appointment at the phone number you provided my office when you scheduled your planning session. If you have scheduled a video appointment, please use the Zoom link that is in your appointment confirmation email to attend the appointment by video conference using Zoom.

In this Welcome Packet, you will find a *Planning Session Agreement* that details the terms and conditions of your planning session. If you have an in office appointment, you will be furnished a copy of the *Planning Session Agreement* to complete upon your arrival for your planning session. If your appointment is by phone or video conference, I will email you a copy of the Planning Session Agreement for you to sign electronically online.

I want your planning session to be meaningful and productive. That requires you to do a little homework to provide me with some basic information about you, your loved ones, and your finances. Before our meeting, I ask that you complete our *Estate Planning Intake Form* and spend some time thinking about three things – the Three P's of Estate Planning:

1. PEOPLE



Who are the Important People in your life? Beginning with yourself, these people may include your family: your spouse, children, or grandchildren. Perhaps your parents, siblings, or dear friends. “Important People” could also include charities or even pets. Spend some time thinking about these “Important People.” Make sure you list all of your Important People in your *Estate Planning Intake*

Form and bring it to your planning session. This is where the planning process truly begins.

2. PROPERTY

What assets do you control? The *Estate Planning Intake Form* has a section in which you are asked to list your assets. Exact dollar values are not necessary, but it is important that we are able to identify the types and ownership of assets during your planning session. Think through your assets in terms of their nature: cash, stocks, real estate, retirement plans. Do you own these assets jointly or individually? Do some of these assets have beneficiaries listed? Do you anticipate receiving any inheritance?



3. PLAN



What would you want to have happen if . . . ? What would you want to happen if you were unable to manage your affairs? Who would you want to make decisions for you? You have already identified the Important People in your life, would you choose one of these people to make your financial, legal, or health care decisions for you? Is there a person you think would be able to follow the direction for distribution in a Will or Trust? Is there

someone in the group of Important People with special needs? Someone who perhaps should not receive a large sum of money without some oversight?

In this Welcome Packet, you will find our *Estate Planning Intake Form* that addresses the Three P's of Estate Planning in more detail. You will need to complete the *Estate Planning Intake Form* in its entirety prior to your planning session.

By completing the attached intake form prior to your planning session, you make it possible for me to design your unique estate plan tailored to meet your needs and achieve your unique goals. The *Estate Planning Intake Form* contains almost all of the information that I will need to complete your estate plan. Although it may be a lot of work up front, I ask that you make every effort to answer every question asked as it will help make your estate planning session more productive. If you do not know the answer to a question, then please indicate that in the intake form.



There is no need at this point to go on a “treasure hunt” to locate stock certificates or insurance policies. Sometimes the thought of having to locate all these original documents actually leads clients to procrastinate the estate planning process. As long as you have an idea of the approximate values, that will be sufficient for the planning session.

You will need to bring your completed *Estate Planning Intake Form* with you to your planning session, along with any other documents or materials, such as current estate plans, court orders, agreements, and/or any other documents or materials containing information that you believe may affect your estate plan. If your estate planning session is by phone or video conference, you will need to email your completed *Estate Planning Intake Form*, and any other documents or materials to me at n.walls@YourPerfectLawyer.com prior to your scheduled planning session.

You should plan for your planning session to last up to one hour. During your planning session, I will:

- Review your *Estate Planning Intake Form* and other relevant documents to gain a thorough understanding of your estate planning needs and goals;
- Talk with you to learn more about your situation, your concerns, and your goals;
- Provide you with legal information relating to what could possibly happen to you, your loved ones, and your assets in the case of your death and disability under your current estate plan;
- Inform you of the strengths and weaknesses of various estate plans;
- Collaborate with you to set realistic goals and develop a estate plan tailored to your unique situation and goals;
- Provide you with an estimated cost of your legal services; and
- Discuss your payment options.



In addition to providing you with legal information, another objective of the planning session is to determine whether or not you and I are a good fit for each other. There are many reasons why I might decide not to represent you, but if I make such a decision, it should never be taken personally. If I decide you are a good fit and you feel likewise, we will discuss your payment options, decide on a payment plan, and execute an Attorney-Client Agreement during your planning session.

Please note that your planning session is confidential, even if you do not retain me.

The fee for your planning session is \$100 and is due at the beginning of your planning session. If you decide to retain me and sign an Attorney-Client Agreement at the end of your planning session, the \$100 planning session fee will be credited towards your estimated attorney fees, ***making the planning session free in effect.***

If you are interested in a payment plan, we will discuss your payment plan options during your planning session.

Please note that I am reserving time to meet with you to the exclusion of current and other prospective clients. Thus, if you need to reschedule or cancel your planning session, I would greatly appreciate you letting my office know as soon as possible. If you have any questions, please feel free to contact my office via call or text at [\(901\) 315-0559](tel:9013150559) or via email at n.walls@YourPerfectLawyer.com.

I look forward to meeting with you!

Wishing you health and prosperity,



Nakeshia Walls McMoore

Nakeshia Walls McMoore, Esq.
Attorney and Counselor at Law

WORKING WITH THE WALLS LAW FIRM



Estate Planning:

Planning to ensure you and your loved ones are protected and provided for in the best way possible.

Planning to ensure that you, your finances, and your loved are protected and adequately provided for can be complicated; however, the Walls Law Firm is here to help make the process as simple and stress free as possible. Our approach is both educational and proactive. We don't just draft documents, we ensure you make informed decisions about life and death, for yourself and the people you love. That is why we begin with an Estate Planning Session. During your Estate Planning Session, we will compassionately address and help you understand your estate planning needs and goals. In addition, we will use our extensive legal knowledge to help you make the best choices for yourself and your loved ones. After determining your individual needs, desires and values, we will tailor your estate plan to best fulfill what is important to you. When you choose the Walls Law Firm, you can have peace of mind knowing you, your loved ones, and assets are protected and will be provided for in the best way possible.

Our Planning Process

Our planning process for each type of estate plan is generally completed in two (2) steps:

1. **Estate Planning Session:** We begin each case with an Estate Planning Session that typically lasts up to 1 hour. During the Estate Planning Session, your intake form will be reviewed, and your estate planning needs will be discussed. Our estate planning attorney will assist you with finding out what the people you love would have to deal with if you were to become incapacitated or pass so that you can decide if the current state of your affairs is okay with you. If the current state of your affairs is not okay with you, we will explain the various strategies that can be implemented to assist you in making things as easy as possible for your loved ones in the event of your death or disability, because no one wants to leave a mess for their loved ones to clean up. Before your Estate Planning Session, you will need to

complete our estate planning intake form. Completing our estate planning intake form will help you to get clear understanding about what you own and what you have to think about when it comes to planning for the well-being and care of your loved ones. If you don't already have your financial house in order, you will after your Estate Planning Session. The decision to engage our services to prepare a specific type of estate plan is also made during the Estate Planning Session. If our services are engaged, then you will be provided an Attorney-Client Agreement and your payment options will be discussed. The Estate Planning Session may be in person in our office, by telephone, or by video conference. You may choose the method that works best for you. The cost of the Estate Planning Session is \$100, if you purchase one of our estate planning services, the cost of the planning session is credited to the cost of your estate planning service. ***This will make your estate planning session free in effect!***

2. **Document Review and Signing Meeting:** The Document Review and Signing Meeting is a meeting that lasts up to ninety minutes where we review your drafted estate planning documents and execute them. Prior to this meeting you will be emailed a draft of your estate planning documents for your review. During the Document Review and Signing Meeting you will review your estate planning document with our attorney and any necessary adjustments and revisions will be made. If you have any questions or concerns about your estate planning documents, they will be discussed during this meeting. After you are content with your estate planning documents, they will be printed, signed, notarized and/or witnessed as needed. This appointment takes place in our office located at 1661 International Drive; Suite 400; Memphis, Tennessee 38120.

Our Estate Planning Services

At the Walls Law Firm, we understand that one estate plan does not work best for everyone. That is why we offer three affordable flat fee estate planning packages thoughtfully designed to provide varying levels of protection for you and your loved ones.

- Health-Care Estate Plan
- Will-Based Estate Plan
- Trust-Based Estate Plan

Our affordable flat fee estate planning packages are designed to serve the needs of a wide range of families. Our estate planning packages are thoughtfully designed to provide varying levels of protection, suited to your unique needs, goals, and budget. As such, the level of customization for planning will be different depending on the level of planning selected. You can have peace of mind knowing that our estate planning packages are carefully designed to ensure that each estate plan is not only legally accurate, but that they also address the physical, psychological, and financial well-being of our clients and their intended beneficiaries.

While we customize each of our estate plans to meet each of our clients' unique needs and goals, there are certain core documents that you can expect from every Walls Law Firm estate

plan. **Whether you choose our Health-Care Estate Plan, Will-Based Estate Plan or a Trust-Based Estate Plan, your estate plan will include the following:**

- **Estate Planning Session** - During your estate planning session, you will spend up to one hour with our estate planning attorney to determine your estate planning needs and goals.
- **Power of Attorney for Finances** – This estate planning document allows someone else to handle your finances. You can choose to give someone the authority to handle your finances immediately or only upon your incapacity. The choice is yours. By completing this document, you are able to avoid the necessity of an expensive conservatorship proceeding to designate someone to be in charge of your finances in the event that you become incapacitated. In addition, you are able to decrease the chances of someone who you would never want being appointed by the court to be in charge of your finances.
- **Health Care Power of Attorney** – This estate planning document allows you to designate someone to make health care decisions on your behalf in the event that you become incapacitated. By completing this document, you are able to avoid the necessity of an expensive conservatorship proceeding to designate someone to be in charge of your health care decisions in the event that you become incapacitated. In addition, you are able to decrease the chances of someone who you would never want being appointed by the court to be in charge of your health care decisions.
- **Living Will** – This estate planning document lets you specify what care you want to or do not want to receive if you are incapacitated. You may specify the care you wish to receive based on your prognosis and your chance of recovery. By completing this document, you are able to reduce your loved ones' conflict and stress by providing them a clear guide specify the medical help you wish to receive during a time that will already be filled with grief and sorrow. In addition, you are able to avoid the necessity of an expensive court proceeding to designate the medical interventions you should receive in the event that you become incapacitated.
- **HIPPA Release** – This estate planning document gives your health care providers permission to share certain medical information with your loved ones. Without this document, your medical providers may refuse to share information about your medical condition with your loved ones.

If you choose our Will-Based Estate Plan, then your estate planning package will include the documents listed above in addition to the following document:

- **Last Will and Testament** – This estate planning document is the foundation of a will-based estate plan. By completing this document, you are able to designate what will happen to your assets upon your death. Five specific bequests are included in this Last Will and Testament. In addition you are able to designate a guardian for your minor or dependent children and pets upon your death. If you purchase a trust-based estate plan, your last will and testament will “pour-over” your assets into your living trust.

If you choose our Trust-Based Estate Plan, then your estate planning package will include the documents listed above in addition to the following documents:

- **Revocable Living Trust** – This estate planning document is designed to avoid the necessity of probate, help you protect your assets, and help you ensure your assets go to who you want them to go to. This Revocable Living Trust includes up to five specific bequests. In addition, by implementing subtrusts, the living trust may offer your beneficiaries the ability to qualify for government assistance and protect your beneficiaries' inheritance in the event that they go through divorce or bankruptcy.
- **Personal Property Memorandum** - This estate planning document allows you to gift specific personal property, such as jewelry and furniture, to specific people upon your death.
- **Certification of Trust** – This document outlines the key terms of your trust so that you do not have to give third parties your entire trust document.
- **Assignment of Personal Property** – By completing this estate planning document, you can transfer all of your personal property to your trust. This is also referred to as funding your trust.
- **Trust Funding Instructions** – This documents provides you detailed information on how to transfer assets to your living trust.

When you purchase one of our estate planning packages, you may also purchase the following optional add on services for a reduced fee:

- **Child Care Plan** – This estate plan service is for people with minor or dependent children. By completing a Child Care Plan, you are able to provide your minor or dependent children comprehensive protection by making the following designation for the benefit of your minor children:
 - Legal Guardian Nominations,
 - Temporary Guardian Nominations
 - Confidential Exclusion of Guardians (if needed)
 - Medical Power of Attorney
 - Instructions to your Guardian
 - Instructions to your caregivers,
- **Estate Plan Funding and Settlement** – In order for your trust-based estate plan to be effective, you will need to transfer ownership of your assets from your name to your living trust. To save money, you may choose to transfer your assets from your name to the name of your trust yourself. When you purchase this service, we will transfer your assets from your name to your living trust for you.
- **Long-Term Care Strategy Development** – When you choose this service, we will assist you with understanding your Medicaid and /or Veterans' Affair Pension benefits.
- **Standalone Trusts-** When you choose this add on, we can assist you with irrevocable living trusts, special needs trusts, or charitable remainder trusts.

- [Business Succession Plan](#) - When you choose this add on estate planning service, we will help you determine how to ensure your business will continue to thrive after your death or incapacity.
- [Real Property Documents](#) (if you own property in Tennessee)
- [Beneficiary Deed](#) – When you choose this add on estate planning service, you receive Quit Claim deed to automatically transfer your real property to a beneficiary or your living trust at your death;
- [Homestead Declaration](#) – When you choose this add on estate planning service, you receive a homestead declaration that provides added protection from creditors.

Our Estate Planning Prices

We offer all of our estate planning services for an all-inclusive affordable flat fee agreed upon in advance. We also offer flexible payment plans. For people with a total estate less than \$5.45 million, the starting prices for our estate planning packages are as follows:

- [Health-Care Estate Plan:](#)
 - Single person - \$500
 - Couple - \$875
- [Will-Based Estate Plan:](#)
 - Single person - \$750
 - Couple - \$1250
- [Trust-Based Estate Plan:](#)
 - Single Person - \$1600
 - Couple - \$2100
- [Child Care Plan](#)
 - Single person - \$500
 - couple - \$600
- [A La Carte Services](#)
 - [Estate Plan Funding and Settlement](#) - \$350 per asset
 - [Long-Term Care Strategy Development:](#)
 - Medicaid only - \$1500
 - Medicaid and VA Pension - \$2000
 - [Real Property Documents:](#)
 - Beneficiary Deed- \$350
 - Homestead Declaration - \$350
 - [Estate Planning Session](#) - \$100
 - [Most common Estate Planning Documents](#)
 - Power of Attorney for Finances - \$350
 - Advanced Healthcare Directive - \$350

- *Includes:*
 - Health Care Power of Attorney
 - Living Will
- HIPPA Release - \$350
- Last Will and Testament - \$350
- Revocable Living Trust - \$850

<i>Our Estate Planning Packages</i>			
	Healthcare	Will Based	Trust Based
Estate Planning Session	Yes	Yes	Yes
Advanced Healthcare Directive <i>(includes Living Will and Power of Attorney for Healthcare)</i>	Yes	Yes	Yes
HIPPA Authorization	Yes	Yes	Yes
Durable Power of Attorney for Finances	Yes	Yes	Yes
Last Will and Testament	No	Yes	Yes
Revocable Living Trust	No	No	Yes
<i>Starting price:</i> single person/ married couple	\$500/ \$875	\$750/ 1250	\$1600/ 2100

Our Payment Plans



In addition to our affordable flat fee estate planning packages, we also offer payment plans. We will discuss your payment plan options with you during your planning session.



Walls Law Firm

1661 INTERNATIONAL DRIVE
SUITE 400
MEMPHIS, TENNESSEE 38120

TELEPHONE: (901) 315-0559; FAX: (901) 466-6981
EMAIL: N.WALLS@YOURPERFECTLAWYER.COM

Planning Session Agreement

Dear Prospective Client,

Thank you for scheduling a planning session with the Walls Law Firm. At the outset of any engagement, I believe it is appropriate to confirm in writing the terms of our engagement and that is the purpose of this Planning Session Agreement. Please read this Planning Session Agreement in full, initial beside each paragraph, and sign and date at the bottom. If you have any questions about this Planning Session Agreement or any of its provisions, do not hesitate to contact my office. Again, I am pleased to have the opportunity to serve you.

This is a Planning Session Agreement between you and Attorney Nakeshia Walls (hereinafter "Attorney"). For good and valuable consideration, the significance of which is hereby acknowledged, the parties agree as follows:

Planning Session Fee. The fee for your planning session is \$100 for the first hour. Any additional time that the Attorney spends on your case will be billed at \$350/hr. Your planning session fee is due at the beginning of your planning session. During your planning session, the Attorney will review your intake form and discuss your case with you. If the Attorney decides to take your case and you retain the attorney during your planning session, the planning session fee will be credited to the overall cost of your legal services, making your planning session free in effect. The Attorney will work with you to see if you qualify for a payment plan for the remainder of the fees due for the Attorney's services if needed. All fees paid to the Attorney are deemed earned upon receipt and nonrefundable.

Duty to be Open and Truthful. You must be open and truthful with the Attorney. It is important that you answer the Attorney's questions fully and accurately because the Attorney will use the information to advise you and prepare your case and paperwork. The Attorney may provide you with an intake form to complete and return. You must answer all questions relevant to your case accurately and truthfully. Answering a question inaccurately may result in additional fees and inadequate legal advice. If a question does not apply to your particular situation, please indicate by writing "N/A", which means "not applicable".

_____ **Confidentiality.** The information disclosed to the Attorney will be held in confidence even if you do not retain the Attorney. The information disclosed to the Attorney are not to be disclosed to third persons other than those to whom disclosure is made in furtherance of the rendition of professional legal services.

_____ **Waiver of Conflict.** You hereby agree that should you not retain the Attorney, no attorney-client relationship has been/ will be established by filling out the intake form and/or meeting with the Attorney or any other member of the Walls Law Firm to conduct a discussion of the facts of your case, obtain legal advice, and/or information. Without this relationship, the Attorney is not conflicted from representing another person in the same legal matter or some other legal matter which may be adverse to your interests.

_____ **Disclaimer of Guarantee.** The Attorney makes no guarantees in connection with the outcome of your case or the ultimate fees, court costs, and expenses to be paid. The Attorney does not know how much time the case will take, because the Attorney does not know what the disputed issues will ultimately be and how long negotiations or trial preparation will last. Your cooperation will help reduce the fees and costs. The Attorney will establish set procedures with you for conferences, telephone calls, and emergencies which will help reduce the fees and costs with your help. The Attorney agrees to provide conscientious, competent, and diligent services and at all times will seek to achieve solutions which are just and reasonable for you. However, because of the uncertainty of legal proceedings, the interpretation and changes in the law and many unknown factors, the Attorney cannot and do not warrant, predict or guarantee results or the final outcome of any case. Nothing in any Agreement between you and the Attorney nor in the Attorney's statements to you will be construed as a promise or guarantee about the outcome of your matter. The Attorney makes no such promises or guarantees. The Attorney's comments about the outcome of your matter are expressions of opinion only.

Signature of Prospective Client:

By signing below, you attest that you have read the above Planning Session Agreement in its entirety and agree to be bound by all of the terms and conditions in this Planning Session Agreement.

Printed Name: _____

Signature: _____

Date: _____

Thank you for completing this Planning Session Agreement. I look forward to meeting with you.

Sincerely,
Nakeshia Walls McMoore
Nakeshia Walls McMoore, Esq.



Walls Law Firm

1661 INTERNATIONAL DRIVE
SUITE 400
MEMPHIS, TENNESSEE 38120

TELEPHONE: (901) 315-0559; FAX: (901) 466-6981
EMAIL: N.WALLS@YOURPERFECTLAWYER.COM

Estate Planning Intake Form

Please note that the Estate Planning Intake Form is Confidential.

Please fill out this Estate Planning Intake Form completely and truthfully. It is important that you answer each question fully and accurately, because I will use the information provided to evaluate the specifics of your estate planning needs and goals during our Estate Planning Session. This intake form will help me gain a thorough understanding of your situation so that I can better advise you on your estate planning needs.

If any of the requested information does not apply to you or is not readily available, please leave those sections blank. Also, the more information you provide me, the better I will be able to assist you. Thus, you should feel free to provide any additional information you would like for me to know.

This Estate Planning Intake Form should be emailed to me before or at the time of your Estate Planning Session at n.walls@YourPerfectLawyer.com.

I look forward to meeting with you!

Sincerely,
Nakeshia Walls McMoore, Esq.

Estate Planning Intake Form

INSTRUCTIONS:

- Please be careful to spell all names correctly.
- If you are unsure of a question, simply leave it blank. Attach extra pages if you need more space.
- If you have prior estate planning documents, such as a Will or Trust, please bring them with you.
- If you are married, BOTH spouses must attend the first meeting if you want a joint estate plan. If for any reason, one spouse is unable to attend, or if you have a problem with this, please call in advance.
- Please bring a copy of the last income tax return you filed.
- **PLEASE COMPLETE THE ENTIRE INTAKE FORM AND BRING IT TO YOUR PLANNING SESSION.**
The more you complete, the better your meeting will be!

Part One: Personal Information

Please provide the following information for you and your spouse (if applicable).

Your Name _____ Legal AKA (if any) _____
Date of Birth ____/____/____ U.S. Citizen? ☐ Y ☐ N Are you retired? ☐ Y ☐ N If not, when? _____
Cell Phone (____)____-____ Personal E-mail _____
Is Your Health? ☐ Good ☐ Fair ☐ Poor (Describe any current problems: _____)
Have you had any major surgeries in the past 10 years? ☐ Y ☐ N Describe: _____
Are you (or your spouse) receiving home care or assisted living care? ☐ Y ☐ N
Were you previously married? ☐ Y ☐ N (If you had a divorce agreement, please bring it)
Occupation (or prior one, if retired): _____
Employer _____ Work Phone (____)____-____
Are you (or your spouse) a military veteran? ☐ Y ☐ N
Are you (or your spouse) a member of AARP? ☐ Y ☐ N

Your Spouse's Name _____ Legal AKA (if any) _____
Date of Birth ____/____/____ U.S. Citizen? ☐ Y ☐ N Are you retired? ☐ Y ☐ N If not, when? _____
Cell Phone (____)____-____ Personal E-mail _____
Is Your Health? ☐ Good ☐ Fair ☐ Poor (Describe any current problems: _____)
Have you had any major surgeries in the past 10 years? ☐ Y ☐ N Describe: _____
Are you (or your spouse) receiving home care or assisted living care? ☐ Y ☐ N
Were you previously married? ☐ Y ☐ N (If you had a divorce agreement, please bring it)
Occupation (or prior one, if retired): _____
Employer _____ Work Phone (____)____-____

Home Address _____
City _____ State _____ Zip _____
County of _____
Home Phone (____)____-____ Fax (____)____-____

Part 2: Important People

Please provide the following information for all of your children and beneficiaries (any other people you would like to provide for and/or protect in your estate plan). Feel free to make additional copies of this page if you have more people you would like to include.

Full Name	Sex (CIRCLE ONE) M F	DOB ____/____/____	Parent (CIRCLE ONE) Ours His Hers	No. of Children
1. _____				
Address _____				
Home Phone (____)____-____ Cell Phone (____)____-____				
E-mail _____ Marital Status _____				
Are you concerned with this person's ability to manage money? ☐ Y ☐ N				
Does this person have a Living Trust? ☐ Y ☐ N If so, was it prepared by us? ☐ Y ☐ N				

Full Name	Sex (CIRCLE ONE) M F	DOB ____/____/____	Parent (CIRCLE ONE) Ours His Hers	No. of Children
2. _____				
Address _____				
Home Phone (____)____-____ Cell Phone (____)____-____				
E-mail _____ Marital Status _____				
Are you concerned with this person's ability to manage money? ☐ Y ☐ N				
Does this person have a Living Trust? ☐ Y ☐ N If so, was it prepared by us? ☐ Y ☐ N				

Full Name	Sex (CIRCLE ONE) M F	DOB ____/____/____	Parent (CIRCLE ONE) Ours His Hers	No. of Children
3. _____				
Address _____				
Home Phone (____)____-____ Cell Phone (____)____-____				
E-mail _____ Marital Status _____				
Are you concerned with this person's ability to manage money? ☐ Y ☐ N				
Does this person have a Living Trust? ☐ Y ☐ N If so, was it prepared by us? ☐ Y ☐ N				

Full Name	Sex (CIRCLE ONE) M F	DOB ____/____/____	Parent (CIRCLE ONE) Ours His Hers	No. of Children
4. _____				
Address _____				
Home Phone (____)____-____ Cell Phone (____)____-____				
E-mail _____ Marital Status _____				
Are you concerned with this person's ability to manage money? ☐ Y ☐ N				
Does this person have a Living Trust? ☐ Y ☐ N If so, was it prepared by us? ☐ Y ☐ N				

Full Name **Sex** **DOB** **Parent** **No. of Children**
5. _____ M F ____ / ____ / ____ Ours His Hers _____
Address _____
Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____
E-mail _____ Marital Status _____

Are you concerned with this person's ability to manage money? ☐ Y ☐ N

Does this person have a Living Trust? ☐ Y ☐ N If so, was it prepared by us? ☐ Y ☐ N

Full Name	Sex (CIRCLE ONE)	DOB	Parent (CIRCLE ONE)	No. of Children
6. _____	M F	____ / ____ / ____	Ours His Hers	_____
Address _____				
Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____				
E-mail _____ Marital Status _____				
Are you concerned with this person's ability to manage money? ☐ Y ☐ N				
Does this person have a Living Trust? ☐ Y ☐ N If so, was it prepared by us? ☐ Y ☐ N				

Do all of your children and beneficiaries get along? ☐ Y ☐ N

Do you have any deceased children? ☐ Y ☐ N

If so, do they have any surviving children and/or grandchildren? ☐ Y ☐ N

Names _____

Do any of your children have step-children? ☐ Y ☐ N If so, which child(ren) and how many?

Age of grandchildren: Youngest _____ Oldest _____

Age of great-grandchildren: Youngest _____ Oldest _____

Do you have any children, grandchildren or great-grandchildren that were born out of wedlock?

☐ Y ☐ N

Do any of your children or beneficiaries have a learning disability or special educational, medical, or physical needs? ☐ Y ☐ N

Do any of your children or beneficiaries have problems with drugs or alcohol? ☐ Y ☐ N

Do any of your children or beneficiaries have problems with bankruptcy or spouses? ☐ Y ☐ N

Do you want to exclude any of your children, grandchildren or any other close relative from receiving any portion of your estate? ☐ Y ☐ N

If so, whom? _____

Do you (or your spouse) have a trust with a previously deceased spouse? ☐ Y ☐ N

For Married Couples Only

Date of Marriage: Month _____ Day _____ Year _____

Do you and your spouse consider all of your assets marital property? ☐ Y ☐ N

Did you or your spouse receive any valuable gifts or inheritances after marriage? ☐ Y ☐ N

Would you consider future inheritances as marital property? ☐ Y ☐ N

Did you or your spouse come into your marriage with any substantial assets? ☐ Y ☐ N

Do you have a pre-marital or post-marital agreement? (If yes, please bring it) ☐ Y ☐ N

YOUR ESTATE PLANNING GOALS

Please identify the reasons you are considering estate planning and/or the areas that you would like to learn more about (select as many as you wish):

Preserve and Maximize Assets

- ☐ By minimizing taxes during your life (income taxes, capital gains taxes, estate taxes on inheritances you expect to receive)
- ☐ By minimizing or eliminating estate taxes upon your death (up to 55% of your assets and life insurance benefits)
- ☐ By avoiding probate and reducing estate administration costs
- ☐ Avoid or limit TennCare and Medicaid claims on your assets should you require long-term care
- ☐ Ensure that a special needs beneficiary has assets that are protected from government seizure while retaining eligibility for needed services
- ☐ Ensure that your family has enough life insurance to provide a comfortable lifestyle no matter what
- ☐ By ensuring that your assets are passed to your descendants and not given away to outsiders, such as spouses, creditors or the government

Protect Yourself and Your Spouse/Partner

- ☐ From malpractice or other creditor claims
- ☐ From conservatorship proceedings (aka “living probate”) if you or your spouse/partner become incapacitated
- ☐ From probate delays and stress upon your death or the death of your spouse/partner
- ☐ From hospital policies requiring life sustaining procedures when you would rather not endure them
- ☐ From healthcare decisions made by people other than those you trust most

Protect Your Children or other Beneficiaries

- ☐ From predators who can discover inheritance amounts and target young or vulnerable beneficiaries
- ☐ From claims of divorced spouses to take half of your child or beneficiary's inheritance
- ☐ From malpractice claims, for beneficiaries in the professions
- ☐ From other creditors' claims (such as car accident plaintiffs)
- ☐ From the stress and delays of the average 16-month process of probate
- ☐ From the financial immaturity resulting in a quick loss of an inheritance
- ☐ From sharing assets with heirs you would rather disinherit
- ☐ From litigation claims by disinherited heirs
- ☐ *For parents only:* from relatives who would be poor, abusive or even dangerous guardians or foster care
- ☐ *For parents only:* from acquaintances/relatives who should not be allowed to be alone with your child.

Take Charge of Your Life ...

- ☐ Get your financial life organized
- ☐ Have clarity about your life purpose, goals and dreams
- ☐ Benefit a charitable organization or activity
- ☐ Support a common family goal through coordinated planning
- ☐ Have a plan to leave the world a better place
- ☐ Leave behind specific intellectual, spiritual, and human assets in addition to your financial assets.
- ☐ *For parents only:* By specifying the values, insights, stories and experiences you want passed on to your children and how you want the money you leave behind used for your children
- ☐ *For special needs beneficiaries only:* By providing instructions, people, and assets to support your special needs beneficiaries above a poverty lifestyle
- ☐ *For business owners only:* By providing for the orderly continuation and transfer of family business interests rather than a distress sale

Part Two: Financial Information

INSTRUCTIONS:

- Please print. Be as specific as you can with regard to account names.
- Account balances will vary, so please just list the approximate balance of each account.
- Watch for REMINDERS regarding papers we would like you to bring in.

Banks, Savings & Loans and Credit Unions

These are accounts not in an IRA. Please list IRA and other retirement accounts separately on page 7.

Name of Institution	Ownership	Account Type (Checking, Savings, CD)	Approx. Balance
1. _____	☐ Individual ☐ Joint	_____	\$ _____
2. _____	☐ Individual ☐ Joint	_____	\$ _____
3. _____	☐ Individual ☐ Joint	_____	\$ _____
4. _____	☐ Individual ☐ Joint	_____	\$ _____
5. _____	☐ Individual ☐ Joint	_____	\$ _____
6. _____	☐ Individual ☐ Joint	_____	\$ _____
Total Value:			\$ _____

Are any of these accounts “POD” (pay on death), “TOD” (transfer on death) or “ITF” (in trust for someone)?

☐ Y ☐ N If yes, which ones? (insert # above) _____

Stocks or Bonds — Not in a Brokerage Account

These include certificates you actually hold; please list Mutual Funds on page 5.

Stock	Ownership	Shares (Number of shares)	Approx. Market Value
1. _____	☐ Individual ☐ Joint	_____	\$ _____
2. _____	☐ Individual ☐ Joint	_____	\$ _____
3. _____	☐ Individual ☐ Joint	_____	\$ _____
4. _____	☐ Individual ☐ Joint	_____	\$ _____
5. _____	☐ Individual ☐ Joint	_____	\$ _____
6. _____	☐ Individual ☐ Joint	_____	\$ _____
Total Value:			\$ _____

Mutual Funds and/or Brokerage Accounts

These are accounts not in an IRA. Please list IRA and other retirement accounts separately on page 7.

Name of Firm of Fund/Account	Ownership	Approx. Market Value
1. _____	☐ Individual ☐ Joint	\$ _____
2. _____	☐ Individual ☐ Joint	\$ _____
3. _____	☐ Individual ☐ Joint	\$ _____
4. _____	☐ Individual ☐ Joint	\$ _____
5. _____	☐ Individual ☐ Joint	\$ _____
6. _____	☐ Individual ☐ Joint	\$ _____
Total Value:		\$ _____

Are any of these accounts "POD" (pay on death), "TOD" (transfer on death) or "ITF" (in trust for someone)?

☐ Y ☐ N If yes, which ones? (insert # above) _____

Would you be willing to sell any of the above stocks or mutual funds if you could avoid capital gains taxes? ☐ Y ☐ N

Would you like more spendable income from your investments? ☐ Y ☐ N

Promissory Notes & Trust Deeds Owed to You

(Where someone is paying you on a note)

REMINDER: If secured, please bring the original or a copy of the recorded Trust Deed ("T.D.").

Name of Debtor	Secured by T.D.?	Due Date	Original Amount	Balance Due
1. _____	☐ Y ☐ N	_____	\$ _____	\$ _____
2. _____	☐ Y ☐ N	_____	\$ _____	\$ _____
3. _____	☐ Y ☐ N	_____	\$ _____	\$ _____
4. _____	☐ Y ☐ N	_____	\$ _____	\$ _____
5. _____	☐ Y ☐ N	_____	\$ _____	\$ _____
Total Value:				\$ _____

Do any of your children owe you money? ☐ Y ☐ N

If yes:	Who?	How Much?	Reduce child's share by amount owed?
_____	_____	\$ _____	☐ Y ☐ N
_____	_____	\$ _____	☐ Y ☐ N

Real Estate

Please list all homes, rental properties, other buildings, land and timeshares in which you have an interest.

REMINDER: Please bring both the GRANT DEED or a recent PROPERTY TAX BILL for each property.

Property Address	Original Cost	Current Value	Debt or Mortgage	Net Value
1. (LIST PRIMARY RESIDENCE HERE)	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$
6.	\$	\$	\$	\$
7.	\$	\$	\$	\$
8.	\$	\$	\$	\$

Net annual cash flow on rental real estate: \$ _____
(If not sure, please bring copy of recent tax return.)

Total Net Value: \$ _____

Which #?

Are you planning on selling any of your real estate soon?	☐ Y ☐ N	_____
Would you consider selling if you could avoid capital gains taxes?	☐ Y ☐ N	_____
Are any properties owned with someone other than your spouse?	☐ Y ☐ N	_____
Are any properties owned by an entity? (such as a Corp., LLC, FLP)	☐ Y ☐ N	_____
Do any of your children (or other relatives) reside on any of your properties?	☐ Y ☐ N	_____

IRA Accounts & Company Retirement Plans (including qualified annuities)

Custodian of Account (Bank, Broker, Employer)	Type (IRA, 401K, etc.)	Account Owner (Husband or Wife)	Primary Beneficiary	Secondary Beneficiary	Approx. Value
1. _____	_____	H or W _____	_____	_____	\$ _____
2. _____	_____	H or W _____	_____	_____	\$ _____
3. _____	_____	H or W _____	_____	_____	\$ _____
4. _____	_____	H or W _____	_____	_____	\$ _____
5. _____	_____	H or W _____	_____	_____	\$ _____
Total Value:					\$ _____

Are you concerned about your future retirement income? ☐ Y ☐ N

Life Insurance

Insured Person	Policy Owner	Primary Beneficiary	Secondary Beneficiary	Company	Cash Value (if any)	Death Benefit
1. _____	_____	_____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	_____	_____	\$ _____	\$ _____
5. _____	_____	_____	_____	_____	\$ _____	\$ _____
Total Value:					\$ _____	

Do you have Long-Term Care Insurance (to cover extended nursing care costs)? ☐ Y ☐ N

Do you have parents or other relatives in assisted living? ☐ Y ☐ N

Non-Qualified Annuities (Not a Retirement Plan) (Please list qualified annuities separately above.)

Name of Insurance Company	Owner	Primary Beneficiary	Secondary Beneficiary	Total Value
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
Total Value:				\$ _____

Limited or General Partnerships

Name of Partnership	Limited or General?	Ownership %	Total Market Value
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
Total Value:			\$ _____

Businesses

Business Name	Is it a Corporation?	Ownership %	Buy-Sell Agreement?	Total Value
1. _____	☐ Y ☐ N	_____	☐ Y ☐ N	\$ _____
2. _____	☐ Y ☐ N	_____	☐ Y ☐ N	\$ _____
Total Value:				\$ _____

Anticipating selling your business(es) anytime soon? ☐ Y ☐ N

Other Assets

Are you expecting any inheritances soon? ☐ Y ☐ N

If so, from whom? _____ Approximately how much? \$ _____

Please list unusually valuable personal items such as art, coins, jewelry, collections, etc.

Please list any other assets not mentioned such as stock options, patents, royalties, etc.

Miscellaneous Information

What are your favorite hobbies? ☐ Antiques ☐ Arts/Crafts ☐ Coin Collecting ☐ Computers
☐ Cooking ☐ Exercise ☐ Fishing ☐ Gardening ☐ Golf ☐ Photography ☐ Puzzles/Games
☐ Reading ☐ Sewing/Knitting ☐ Shopping ☐ Spectator Sports ☐ Tennis ☐ Traveling
☐ Other: _____

What are your spouse's favorite hobbies? ☐ Antiques ☐ Arts/Crafts ☐ Coin Collecting
☐ Computers ☐ Cooking ☐ Exercise ☐ Fishing ☐ Gardening ☐ Golf ☐ Photography
☐ Puzzles/Games ☐ Reading ☐ Sewing/Knitting ☐ Shopping ☐ Spectator Sports ☐ Tennis
☐ Traveling ☐ Other: _____

Do you know of any friends, relatives, neighbors and/or co-workers that may benefit from our services?

Name _____

Address _____

Name _____

Address _____

Are you (or your spouse) a part of any local groups, clubs or organizations? ☐ Y ☐ N

If so, which ones? _____

[illegible]

(901) 315-0559 | www.YourPerfectLawyer.com

ESTATE PLAN PREPARATION **INFORMATION**

Please list individuals you are considering naming for the following roles in the order in which you would prefer for them to act.

If you don't know yet, or are unsure of the order of priority, that's fine (and very common). We will walk you through this process during your Estate Planning Session.

FINANCIAL DECISION MAKERS FOR TRUST AND/OR LAST WILL AND TESTAMENT

Please specify who you would like to list as your successor trustee in your trust and/or personal representative in your Last Will and Testament:

If you are incapacitated, or after your death, whom do you want to make decisions regarding the management and distribution of your assets to your beneficiaries? Name at least two, preferably three. Please list them in the order that you would like them to act.

Name & Relationship _____

Name & Relationship _____

Name & Relationship _____

Name & Relationship _____

FINANCIAL DECISION MAKERS FOR DURABLE POWER OF ATTORNEY FOR FINANCES

Please list who you would you want to make financial decisions for you if you are incapacitated and unable to make financial decisions for yourself.

Financial Agent for (Name): _____

Would you like to name your spouse/partner first? ☐ Yes ☐ No

Name & Relationship _____

Name & Relationship _____

Name & Relationship _____

Name & Relationship _____

Financial Agent Care Agent for (Name): _____

Would you like to name your spouse/partner first? ☐ Yes ☐ No

Name & Relationship _____

Name & Relationship _____

Name & Relationship _____

Name & Relationship _____

GUARDIAN FOR MINOR OR DEPENDENT CHILDREN

If you have minor or dependent children, please specify who you would like to be the long-term guardian for your minor or dependent children:

If you have any children who are under the age of 18 or dependent on you due to a mental incapacity, please list the names of the individuals you know, love and trust to take care of your children if something should happen to you. Please list them in the order that you would like them to act.

Name & Relationship _____

Name & Relationship _____

Name & Relationship _____

Name & Relationship _____

HEALTH CARE DECISION MAKERS

Please list who you would you want to make health care decisions for you if you are incapacitated and unable to make medical decisions for yourself.

Health Care Agent for (Name): _____

Would you like to name your spouse/partner first? ☐ Yes ☐ No

Name & Relationship _____

Name & Relationship _____

Name & Relationship _____

Name & Relationship _____

Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? ☐ Yes ☐ No

Do you want to provide that your organs and tissues should be made available for transplant purposes?
☐ Yes ☐ No

Health Care Agent for (Name): _____

Would you like to name your spouse/partner first? ☐ Yes ☐ No

Name & Relationship _____

Name & Relationship _____

Name & Relationship _____

Name & Relationship _____

Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? ☐ Yes ☐ No

Do you want to provide that your organs and tissues should be made available for transplant purposes?
☐ Yes ☐ No

PLEASE SPECIFY YOUR FINAL WISHES

FINAL WISHES of (Name): _____

At my death, I wish to be (*select one*): ☐ cremated ☐ buried ☐ leave it up to my agent

I would like my ashes disposed/my remains interred as follows:

I have already made arrangements at:

Is there anything you'd like to add about your wishes for your memorial, burial, etc.?

FINAL WISHES of (Name): _____

At my death, I wish to be (*select one*): ☐ cremated ☐ buried ☐ leave it up to my agent

I would like my ashes disposed/my remains interred as follows:

I have already made arrangements at:

Is there anything you'd like to add about your wishes for your memorial, burial, etc.?

GUARDIAN FOR PETS:

If you have any pets, list the names of the individuals you would like to love and care for your pets if something should happen to you.

Name & Relationship _____

Name & Relationship _____

Name & Relationship _____

Name & Relationship _____

☐ Leave it up to the trustee to decide.

☐ I would like to discuss creating a trust for my pets.

CONTACT INFORMATION

Please include the following information for all individuals named as Guardians, Trustees, Agents for Health Care Decisions, Agents for Financial Decisions, and beneficiaries. It is important that you provide all of the requested information, as the people listed in your estate plan may need to be contacted in the event of an emergency.

You may provide this information after the Estate Planning Session.

Full Name _____

Relationship _____

Mailing Address _____

City, State & Zip _____

Home Phone Number(s) _____

Mobile Phone Number(s) _____

Full Name _____

Relationship _____

Mailing Address _____

City, State & Zip _____

Home Phone Number(s) _____

Mobile Phone Number(s) _____

Full Name _____

Relationship _____

Mailing Address _____

City, State & Zip _____

Home Phone Number(s) _____

Mobile Phone Number(s) _____

Full Name _____

Relationship _____

Mailing Address _____

City, State & Zip _____

Home Phone Number(s) _____

Mobile Phone Number(s) _____

CONTACT INFORMATION

(Continued)

Full Name _____

Relationship _____

Mailing Address _____

City, State & Zip _____

Home Phone Number(s) _____

Mobile Phone Number(s) _____

Full Name _____

Relationship _____

Mailing Address _____

City, State & Zip _____

Home Phone Number(s) _____

Mobile Phone Number(s) _____

Full Name _____

Relationship _____

Mailing Address _____

City, State & Zip _____

Home Phone Number(s) _____

Mobile Phone Number(s) _____

Full Name _____

Relationship _____

Mailing Address _____

City, State & Zip _____

Home Phone Number(s) _____

Mobile Phone Number(s) _____