



THE BLACKBURN LAW FIRM, PLLC

8429 Industrial Drive / P. O. Box 70
Olive Branch, MS 38654
Phone: 662-895-6116 / Fax: 662-895-6121
Email: info@blackburnlawfirm.com

****** Once you have completed this, please fax ****
or email it to our office and request that
we contact you for an appointment.**

ESTATE PLANNING INFORMATION SHEET - MISSISSIPPI

Tentative signing date: _____ **Referred by:** _____

What is the best way to contact you? _____ **Email** _____ **US Mail** _____ **Phone no:** _____

Client:

Client's full name: _____

Client's address: _____

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

Client's home phone: _____ work: _____ cell: _____

Client's date of birth: _____ Client's Social Security #: _____

Client's email address: _____

Spouse:

Spouse's full name: _____

Spouse's home phone: _____ work: _____ cell: _____

Spouse's date of birth: _____ Spouse's Social Security #: _____

Spouse's email address: _____

Children:

Children's full names and date of births:

circle one:

1. _____ DOB: _____ Biological / Adopted / Stepchild

Is child from this marriage? _____ If no, name parents: _____

2. _____ DOB: _____ Biological / Adopted / Stepchild

Is child from this marriage? _____ If no, name parents: _____

3. _____ DOB: _____ Biological / Adopted / Stepchild

Is child from this marriage? _____ If no, name parents: _____

4. _____ DOB: _____ Biological / Adopted / Stepchild

Is child from this marriage? _____ If no, name parents: _____

5. _____ DOB: _____ Biological / Adopted / Stepchild

Is child from this marriage? _____ If no, name parents: _____

Do you want Adopted children to be treated the same as natural children? _____

Do you want Step-children to be treated the same as natural children? _____

ADVANCED HEALTH CARE DIRECTIVE

1. Do you want to be on life support in the event that you have an incurable and irreversible condition that will result in your death within a relatively short time or you become unconscious and, to a reasonable degree of medical certainty, you will not regain consciousness? (Yes or No) Client: _____ Spouse: _____

2. Regardless of your choice regarding life support, do you want artificial nutrition and hydration provided? (Yes or No) Client: _____ Spouse: _____

ADVANCED HEALTH CARE DIRECTIVE (continued)

Name, address, phone number and relationship of your Attorney in fact (person that would make health care decisions for you in the event you were unable) - list two choices in case your first choice is unavailable:

Client:

FIRST CHOICE:

Spouse:

Name: _____

Name: _____

Address: _____

Address: _____

Home phone: _____

Home phone: _____

Relationship to Client: _____

Relationship to Spouse: _____

SECOND CHOICE:

Name: _____

Name: _____

Address: _____

Address: _____

Home phone: _____

Home phone: _____

Relationship to Client: _____

Relationship to Spouse: _____

DURABLE POWER OF ATTORNEY

Name, address, phone number and relationship of your Attorney in fact (person that you would like to handle your business affairs in the event you were unable) - list two choices in case your first choice is unavailable:

Client:

FIRST CHOICE:

Spouse:

Name: _____

Name: _____

Address: _____

Address: _____

Home phone: _____

Home phone: _____

Relationship to Client: _____

Relationship to Spouse: _____

DURABLE POWER OF ATTORNEY (continued)

SECOND CHOICE:

Name: _____

Name: _____

Address: _____

Address: _____

Home phone: _____

Home phone: _____

Relationship to Client: _____

Relationship to Spouse: _____

LAST WILL AND TESTAMENT

BENEFICIARIES - CLIENT:

How do you want your estate distributed upon your death: (check one)

_____ **all to spouse and if spouse dies to your children equally**

*If one of your children dies before you, how do you want the child's share distributed?

_____ deceased child's share goes to that child's children, your grandchildren (per stirpes)

_____ deceased child's share is divided among your remaining living children with nothing going to your grandchildren (per capita)

_____ **to the following beneficiaries:**

<u>Name of Beneficiary</u>	<u>Relationship</u>	<u>Percentage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ALTERNATE BENEFICIARIES:

Who do you want to receive your estate if you outlive the beneficiaries named above:

<u>Name of Beneficiary</u>	<u>Relationship</u>	<u>Percentage</u>
_____	_____	_____
_____	_____	_____

LAST WILL AND TESTAMENT (continued)

BENEFICIARIES - SPOUSE:

How do you want your estate distributed upon your death: (check one)

_____ **all to spouse and if spouse dies to your children equally**

*If one of your children dies before you, how do you want the child's share distributed?

_____ deceased child's share goes to that child's children, your grandchildren (per stirpes)

_____ deceased child's share is divided among your remaining living children with nothing going to your grandchildren (per capita)

_____ **to the following beneficiaries:**

<u>Name of Beneficiary</u>	<u>Relationship</u>	<u>Percentage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ALTERNATE BENEFICIARIES:

Who do you want to receive your estate if you outlive the beneficiaries named above:

<u>Name of Beneficiary</u>	<u>Relationship</u>	<u>Percentage</u>
_____	_____	_____
_____	_____	_____

Executor: Give name and relationship of **Executor** of your estate (person who will manage your estate and carry out your wishes after your death) - list at least two choices in case your first choice is unavailable:

Client:

Spouse:

FIRST CHOICE:

Name: _____

Name: _____

Relationship to Client: _____

Relationship to Spouse: _____

SECOND CHOICE:

Name: _____

Name: _____

Relationship to Client: _____

Relationship to Spouse: _____

THIRD CHOICE:

Name: _____

Name: _____

Relationship to Client: _____

Relationship to Spouse: _____

LAST WILL AND TESTAMENT (continued)

MINORS OR DISABLED CHILDREN: If you leave your money to minors or disabled children without further instructions, the money will be placed in a guardianship account. A better alternative to a guardianship is to establish a trust for minors or disabled children. A trust allows the money to be managed by someone you trust until the child reaches any age you choose. The person who manages the trust is called the Trustee.

DISABLED:

Are any of your beneficiaries disabled? _____ If a beneficiary is receiving or may be eligible to receive government benefits, your Will should include a "special needs trust" to protect the person's government benefits.

Give name and relationship of disabled beneficiary: _____

MINORS:

Do you want a trust established in your Will for minor beneficiaries? _____

If yes, at what age do you want your children to be given their distribution under this Will:

_____ All at age 21

_____ All at age _____

_____ 1/3 at age 25, 1/2 at age 30, remainder at age 35

_____ Other: _____

TRUSTEE: If you are establishing a trust, give the name and relationship of a Trustee (a person or bank who will manage the money in a trust). Trustee can be an individual or a corporation or both. If you are naming an individual, you should name at least two choices:

Client choices for Trustee:		Spouse choices Trustee:	
1. _____ Name	_____ Relationship	1. _____ Name	_____ Relationship
2. _____ Name	_____ Relationship	2. _____ Name	_____ Relationship
3. _____ Name	_____ Relationship	3. _____ Name	_____ Relationship

GUARDIAN: A Guardian will be responsible for the care of any of your minor or disabled children. Give the name and relationship of a **Guardian** for your minor children (children under the age of 21) - list at least two choices in case your first choice is unavailable:

FIRST CHOICE: Name: _____ Relationship to Client: _____

SECOND CHOICE: Name: _____ Relationship to Client: _____

THIRD CHOICE: Name: _____ Relationship to Client: _____