

ESTATE PLANNING INFORMATION FORM

This Estate Planning Information Form should be filled out as completely as possible and forwarded to Zach Starnes of The Cole Law Firm, LLC for review prior to a personal conference. If convenient, return the completed form by e-mail to zach@carlcolelaw.com. Alternatively, you may return the completed form by (a) delivering it to the offices of The Cole Law Firm, located at 401 Lee Street, Suite 301, Decatur, Alabama 35601; (b) mailing it to The Cole Law Firm, ATTN: Zachary H. Starnes, Post Office Box 2064, Decatur, Alabama 35602-2064; or (c) faxing it to The Cole Law Firm, ATTN: Zachary H. Starnes at 256.353.0552.

If you have any questions regarding these instructions, or anything in this form, please contact Zach Starnes by e-mail (zach@carlcolelaw.com) or telephone (256.353.0550).

Please fill out the information below for each spouse.

	Husband	Wife
Full Legal Name		
CONTACT / PERSONAL INFORMATION		
Home Address		
City, State, Zip		
Telephone		
E-mail		
Birth Date		

Please list your children in order of birth, indicating if he/she is from a prior marriage.

	Name	Address	Date of Birth
1			
2			
3			
4			
5			

ESTATE INFORMATION

Personal Representative / Executor

The personal representative is the person who will be responsible for probating your Will and overseeing the payment of your debts and the collection and eventual distribution of your assets according to your Will. Who do you want to be the personal representative of your estate? If he/she cannot serve, who would you like to act as an alternate?

	Husband	Wife
Personal Representative		
- Relationship to You		
Alternate PR		
- Relationship to You		

Guardian for Minor Children

A guardian is an adult appointed by the Probate Court to make lifestyle, health care, and welfare decisions for a minor child who no longer has a living parent. This individual has the same powers and responsibilities that the minor child's parent(s) would have when it come to the minor child's support, health care, education, and maintenance until the minor child reaches the age of 19. If you have minor children (under age 19), who would you want to serve as guardian(s) in the event of your deaths? What about a successor guardian(s) if the first does not or cannot act? Would you prefer to name a married couple to serve jointly or would you rather name only one individual (regardless of whether he/she is married)?

	Husband & Wife
Guardian(s)	
- Relationship to You	
- Home Address	
- City, State, Zip	
Alternate Guardian(s)	
- Relationship to You	
- Home Address	
- City, State, Zip	

Trusts and Trustees

If you have a minor child, any assets passing to this child under your Will(s) will be held in trust for the child's benefit until the child reaches the age of 19 (at a minimum, see below). A trustee will have control over any such assets and will be given broad discretion to use those assets to provide for the health, education, and welfare of the child. Who would you want to serve as trustee?

	Husband & Wife
Trustee(s)	
- Relationship to You	
Alternate Trustee(s)	
- Relationship to You	

Distribution of Assets

Describe your basic plan for the distribution of your assets at your deaths. Issues you may want to consider include (1) whether you wish to provide cash gifts (or gifts of other specific property) to specific individuals or entities; (2) whether you wish to exclude any immediate heir (generally your spouse, children, or children of a deceased child); and (3) whether you want assets passing to a minor child to be distributed to the child outright when he/she turns 19 or whether you would prefer the assets remain in a trust under the control of a trustee until the child reaches an older age (for example, you could direct that any assets be held in trust for a child until the child reaches 25 years of age or you could specify that one-half of the trust's assets be distributed to the child at age 25 and the balance at age 30). Please include the names and percentage share or amount of property to be given to each individual or entity.

Husband

Wife

Advance Directive / Living Will

Under Alabama law, you may make a written declaration (often referred to as a “living will”) instructing your doctor to provide, withhold, or withdraw life-sustaining treatment in certain scenarios involving a terminal condition or permanent unconsciousness. Please indicate below what your wishes are by circling YES or NO as to each scenario.

If you are determined to be terminally ill or injured such that two doctors agree that your death is imminent or that your condition is hopeless unless you are artificially supported through the use of certain “life-sustaining treatment” that will serve only to prolong the dying process but will not cure you:

1. Do you want to receive medical treatments, procedures, or intervention (such as assisted ventilation, surgical procedures, or the administration of drugs or antibiotics) that will serve only to prolong the dying process but will not cure you?

Husband	YES	NO	Wife	YES	NO
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2. Do you want to receive medical treatment consisting of the administration of food and water through a tube or intravenous line that will serve only to prolong the dying process but will not cure you?

Husband	YES	NO	Wife	YES	NO
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If you are in a condition of permanent unconsciousness such that two doctors agree (i) you no longer have cognitive thought, sensation, purposeful action, or awareness of self or environment, (ii) this condition will last permanently and without improvement, and (iii) this condition has existed for a period of time sufficient to make such a diagnosis:

1. Do you want to receive medical treatments, procedures, or intervention (such as assisted ventilation, surgical procedures, or the administration of drugs or antibiotics) that will serve only to maintain you in the condition of permanent unconsciousness but will not cure you?

Husband	YES	NO	Wife	YES	NO
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2. Do you want to receive medical treatment consisting of the administration of food and water through a tube or intravenous line that will serve only to maintain you in the condition of permanent unconsciousness but will not cure you?

Husband	YES	NO	Wife	YES	NO
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Do you want your health care proxy (see Page 5) to be authorized to override your wishes?

Husband	YES	NO	Wife	YES	NO
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Financial Representation

Who would you like to make financial decisions, manage your property, and otherwise assist with your finances in the event you become incapacitated in the future due to illness or injury and are no longer capable of effectively managing your finances?

	Husband	Wife
Agent		
- Relationship to You		
- Home Address		
- City, State, Zip		
- Phone Number		
Alternate		
- Relationship to You		
- Home Address		
- City, State, Zip		
- Phone Number		

Healthcare Representation

Who would you like to make health care decisions in the event you become incapacitated in the future due to illness or injury and are no longer capable of making such decisions?

	Husband	Wife
Proxy		
- Relationship to You		
- Home Address		
- City, State, Zip		
- Phone Number		
Alternate		
- Relationship to You		
- Home Address		
- City, State, Zip		
- Phone Number		