

HOGGE & ASSOCIATES

ATTORNEYS AT LAW

ESTATE PLANNING DATAPACK

Dear Prospective Client:

I understand that you are interested in having us prepare a Will for you. If you expect that your estate will simply involve residential real estate, passage of most of your estate from husband to wife (or vice versa) or from you to your children, and distribution of some of the assets of the estate to your surviving spouse or any children you may have, with everything going to your children in the event both of you and your spouse die, then our fee for preparation of Will to accomplish that will be quite nominal.

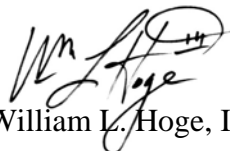
If your estate will involve establishing trust funds, life estates, fiduciary interests, business and/or investment concerns, etc., then your estate is going to be a bit more complicated and will require more research and preparation.

By completing the attached questionnaire, you can provide us with the information we need to begin preparing your Last Will and Testament as well as your Living Will and, perhaps, a Durable Power of Attorney. Please be as complete and accurate as possible. If you need more space for any answers, please continue your response on the back of this form. All this information will, of course, be kept confidential.

After you have completed this Datapack, you need to contact our offices to set up an appointment to discuss your needs. It would be helpful if you will fax, mail or hand-deliver your completed Datapack to us prior to the time of your first appointment. At your first appointment, we will discuss the fee that will be involved in handling your particular situation.

Thank you for allowing us this opportunity to be of service to you.

Very truly yours,



William L. Hoge, III

Suite 506, Republic Plaza
200 South Seventh Street
Louisville, Kentucky 40202-2721

E-mail: BillHoge@usa.net
Website: www.DivorceInKentucky.com
Facsimile: (502) 583-1223
Telephone: (502) 583-2005

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ESTATE PLANNING DATA PACK

{ Please Print }

If you are married and your spouse also wishes for us to prepare a will for him or her, please ask us for two copies of this form or simply photocopy an extra copy for your spouse before completing this questionnaire.

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Today's Date: _____

YOUR FULL NAME: _____

PRESENT ADDRESS: _____

{City} {State} {Zip}

RESIDENT OF: State -- _____ County -- _____

YOUR DATE OF BIRTH: _____

HOME TELEPHONE: _____ BUSINESS TELEPHONE: _____

CELL TELEPHONE: _____ E-MAIL ADDRESS: _____

GENERAL ESTATE PLANNING INFORMATION

Have you ever had a Will prepared before? If so, please provide us with a photocopy of such Will.
No _____ Yes _____ (attach copy)

Are you married at the present time? _____

If so, your spouse's name? _____

How long have you been married? _____

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Have you had any prior marriages? If so, please indicate how the prior marriage ended (divorce, death, etc.).

YOUR CHILDREN

Please identify any of your living children (whether minors or adults and whether your natural children or adopted):

<u>Name of Child</u>	<u>Date of Birth</u>	<u>Present Age</u>	<u>Does Child Live With You?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please identify any of your children who are presently deceased (whether your natural children or adopted), indicating the child's age at death and whether that child had any natural or adopted children:

<u>Name of Child</u>	<u>Date of Birth</u>	<u>Age at Death</u>	<u>Does Child Have Any Heirs?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you wish to name a **guardian** for your minor children?
If "yes", please name below and also identify someone to serve as an *alternate* if your first choice is not available or is unable to serve.

Yes No N/A

Name of guardian: _____

Relationship to you: _____

Address: _____

Name of *alternate* guardian: _____

Relationship to you: _____

Address: _____

Do any of your children have any *special needs* of which we should be aware in drafting your Will?

SPECIFIC BEQUESTS

Do you wish to make any special bequests (gifts to any persons or organizations other than the "residue" of your estate)?¹ Instead of naming an alternate beneficiary, you have the option of having the gift revert to your residuary estate for distribution among your general beneficiaries.

SPECIAL BENEFICIARY	OVER 21?	ALTERNATE BENEFICIARY	OVER 21?	DESCRIPTION OF GIFT

(IF YOU NEED MORE SPACE FOR SPECIFIC BEQUESTS, PLEASE USE AN ADDITIONAL SHEET OF PAPER)

RESIDUARY ESTATE

(Everything Not Disposed of by "Special Bequest")

The rest (or residue) of your estate will be distributed among your heirs in accordance with the wishes you express here. Traditionally, most simple estates pass from the deceased spouse to the surviving spouse and, in the event that the other spouse has already died, the residuary estate goes to the children and/or, if any of the children are deceased, that child's share goes to his or her offspring.

In such a case, if you were to die, the bulk of your estate would pass to your wife or husband. If your spouse died before you, the residue of the estate would go to your surviving children or your grandchildren (in the event any of your children die before you).

Please indicate below to whom you want to inherit the bulk of your estate (other than any Special Bequests indicated above).

The **"residue"** of your estate or **"residuary estate"** is all of your real and personal property not otherwise disposed of by means of your estate. In other words, if your only "specific bequest" was \$1,000 left to a church or charity, everything else would be considered your "residuary estate". You might want to use a "specific bequest" to leave a favorite collectible to a certain person; the residue (or rest) of your estate would be divided according to the conditions for the disposition of your residuary estate found later in your Will.

RESIDUARY BENEFICIARY	OVER 21?	WHAT PERCENTAGE OF RESIDUARY ESTATE?

If any of the beneficiaries or alternate beneficiaries do not survive you, the bequest would customarily go to that person or organization's heirs or successors. Is that in accordance with your wishes?

In the unlikely event that NONE of the beneficiaries or alternate beneficiaries and none of their children survive you, to whom or to what organization do you want the residue of your estate to go?

BEQUESTS TO MINORS

Are any of the beneficiaries to these bequests still minors (under 21)? _____

If so, you must decide how these gifts should go to these minors? You have two options:

- (1) The Uniform Transfer to Minors Act ("UMTA") permits you to name a "custodian" and an "alternate custodian" for these gifts, to hold and maintain these assets until the child reaches the age of 21. The UMTA is the generally preferred vehicle to transfer an asset to a child.

OR

- (2) Establishment of a trust, which would complicate the creation of your Will. Under a trust, you have the opportunity to direct that the asset be administered by a custodian until the child reaches what you determine to be an appropriate age for maturity to handle such an asset. Generally, a trust would only be established in a situation where the asset bequeathed to a child is truly substantial.

Do you want to use the UMTA to transfer any gifts to minors? _____

If so, please name a "Custodian". _____

Please name an "Alternate Custodian". _____

Do you want to incur the additional expense of establishing a more complicated Trust for the benefit of these minor children and for the administration of these assets? _____

If so, please name a "Custodian". _____

Please name an "Alternate Custodian". _____

At what age shall the assets be transferred to each child? _____

WE WILL REQUEST ADDITIONAL INFORMATION FROM YOU IF YOU DECIDE TO DRAW UP TRUST DOCUMENTS FOR THE TRANSFER OF ASSETS TO MINORS.

ADMINISTRATION OF YOUR ESTATE

Who would you like to appoint as your Personal Representative (also known as the "Executor", "Executrix" or "Administrator" of your estate)?

_____ Relationship to you: _____

In case that person is no longer living or for some other reason cannot serve as your Personal Representative, please name an Alternate Personal Representative.

_____ Relationship to you: _____

PAYMENT OF DEBTS OWED TO YOU

At the time of your death, certain individuals may owe you money (personal loans made by you, etc.). Please indicate here whether you wish to "forgive" any such debts.

If you do NOT wish to forgive such debts, please describe any such debts of which you are now aware:

NAME AND ADDRESS OF PERSON(S) OWING YOU MONEY	DATE DEBT WAS INCURRED	ORIGINAL AMOUNT OF AND REASON FOR DEBT

PAYMENT OF YOUR DEBTS AND DEBTS OF YOUR ESTATE

At the time of your death, you will no doubt have certain debts. In addition, by virtue of your death, your estate will incur certain other debts (funeral and burial expenses, etc.) You have at least two options for handling the payment of these debts.

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These debts would customarily be paid from the residue of your estate, leaving the rest to be divided according to your directions among your residuary beneficiaries or their alternates.

Warning: In the case of an outstanding mortgage on your home or other large debt, the payment of such a debt from the residue of your estate would certainly diminish it greatly. In addition, your spouse or other beneficiary might be forced to sell your home in order to pay off the mortgage. We recommend the purchase of insurance which would pay off any substantial outstanding loans in the event of your death or the death of your spouse.

As an alternative, you can determine now to have your Personal Representative pay any bills from a particular asset, such as from your checking account or the sale of some asset, thus leaving the bulk of your estate intact for distribution to your heirs.

- Pay my debts prior to the distribution of my residuary estate to my beneficiaries.
- OR** Pay my debts and expenses from a particular asset (Identify: _____).

How do you want your Personal Representative to handle the payment of estate and inheritance taxes?

- Pay estate and inheritance taxes from a designated asset (Identify: _____).
- Pay estate and inheritance taxes from my residuary estate.
- Pay estate and inheritance taxes from all of my property.

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DURABLE GENERAL POWER OF ATTORNEY

Do you wish for us to draft for you a "Durable General Power of Attorney", which will remain in effect even if you are incapacitated, have a terminal condition, are non-responsive or otherwise unable to make your own decisions?

A "Durable General Power of Attorney" usually authorizes an individual to manage your financial affairs, access accounts you may have, interact with financial institutions on your behalf, access your safe deposit box, buy or sell real property or personal assets, conduct securities transactions, borrow money to pay your expenses, negotiate with others on your behalf, file tax returns, enter into contracts on your behalf, engage the services of professionals for your benefit and to generally incur obligations in your name.

NAME YOUR **ATTORNEY-IN-FACT**:

Name: _____ Relationship to you: _____

Address: _____

Daytime Phone: (_____) _____ Evening Phone: (_____) _____

NAME AN **ALTERNATE** FOR YOUR **ATTORNEY-IN-FACT**:

Alternate's Name: _____ Relationship to you: _____

Address: _____

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Daytime Phone: (_____) _____ Evening Phone: (_____) _____

LIST THE TYPES OF AUTHORITY YOU WANT TO GIVE TO YOUR ATTORNEY-IN-FACT:

- | | | |
|---|--|---|
| <input type="checkbox"/> Consent to medical and/or surgical procedures on my behalf | (including the purchase and sale of property, mortgaging same, leasing property, executing deeds, paying taxes and other obligations secured by my property, receipt of rents owed to me, etc. | <input type="checkbox"/> Pay taxes owed by me |
| <input type="checkbox"/> Conduct transactions with banks and other financial institutions | | <input type="checkbox"/> Sign, acknowledge, record or deliver legal documents necessary for the execution of any duties assigned to my Attorney-in-Fact |
| <input type="checkbox"/> Access my safe deposit box | | <input type="checkbox"/> Engage the services of qualified professionals for the benefit of me, my estate or any of my dependents |
| <input type="checkbox"/> Sell and buy items of personal property for my benefit | <input type="checkbox"/> Mediate, arbitrate, negotiate, settle, litigate, deposit, liquidate, reinvest payments of cash, property, rights or benefits due to me | <input type="checkbox"/> Generally incur obligations for the maintenance, support, health, welfare, comfort and well-being of me and/or my family and to satisfy such obligations from the assets in my personal estate |
| <input type="checkbox"/> Use and/or establish credit card accounts in my name | | |
| <input type="checkbox"/> Repay bills, debts and other obligations owed by me | <input type="checkbox"/> Serve as my Representative Payee for the purposes of receiving Social Security benefits to which I am entitled | |
| <input type="checkbox"/> Exercise security rights (brokerage accounts; transfer of stocks, bonds, etc.) | | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Borrow money for my benefit or the benefit of any of my dependents | <input type="checkbox"/> Prepare, sign and file tax returns on my behalf | |
| <input type="checkbox"/> Conduct real estate transactions | | |

LIVING WILL DIRECTIVE

Do you want us to draw up a **Living Will** as a directive to your family and health care professionals explaining your preferences in the event you become so ill that you cannot direct your medical care? If you want to be able to communicate to your doctors your wishes in the event you become terminally ill or comatose, please complete the following.

If you are close to death from a terminal condition or in a permanent coma, your family and your doctors will have many critical decisions to make, including administering life-prolonging procedures, including artificial respiration, resuscitation, dialysis, artificially-administered food and water, organ donation, etc.

Because you might not be able to express your wishes to your family and healthcare providers, we recommend that you name someone you trust to act as your **healthcare surrogate**:

NAME: _____

RELATIONSHIP TO YOU: _____

HOME ADDRESS: _____

DAYTIME PHONE: (_____) _____ EVENING PHONE: (_____) _____

In the event the above-named person is unable or unwilling to serve as your healthcare surrogate, you should name an **alternate healthcare surrogate**:

ALTERNATE SURROGATES' NAME: _____

RELATIONSHIP TO YOU: _____

HOME ADDRESS: _____

DAYTIME PHONE: (_____) _____ EVENING PHONE: (_____) _____

It is **your** obligation to provide your surrogate and alternate surrogate with a copy of your healthcare directive and to discuss with each of them your specific wishes in the event you become incapacitated.

Life-Prolonging Treatment:

Do you wish for life-prolonging treatment be withdrawn or withheld if you no longer have the ability or capacity to make decisions for yourself, if you have a terminal condition or if you become permanently unconscious?

Yes; withhold life-prolonging treatment and allow me to die without intervention

No; provide me with all available life-prolonging treatments

Administration of Nourishment and/or Fluids:

Do you wish for nourishment in the form of artificially provided food, water, liquids, etc. to be withdrawn or withheld if you no longer have the ability or capacity to make decisions for yourself, if you have a terminal condition or if you become permanently unconscious?

Yes; withhold the administration of nourishment and/or fluids

No; provide me with all available nourishment and/or fluids to prolong my life

Authority for Surrogate to Make Determination of Best Interest:

If you no longer have the ability or capacity to make decisions for yourself, if you have a terminal condition or if you become permanently unconscious, do you wish for your healthcare surrogate to make the decision on your behalf to withhold or withdraw artificially provided nourishment or fluids or other treatment if your surrogate determines that doing so is in your best interest.

Yes; my surrogate is authorized to make these decisions for me

No; my surrogate is not authorized to make any decisions about the withholding or withdrawal of treatment, nutrition or hydration.

Organ/Tissue Donation:

Do you authorize the donation of all or any part of your body (organs, tissue, etc.) upon your death for the purpose of donation for transplantation, therapy, medical research, medical education, etc.?

Yes

No

Have you executed the organ donation authorization on the back of your drivers license?

Yes

No

ATTORNEY'S NOTES

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Please return completed Datapack to:

Hoge & Associates
Suite 506, Republic Plaza 200 South Seventh Street
Louisville, Kentucky 40202
Phone: (502) 583-2005 Fax: (502) 583-1223