

# FORM IS ON PAGE 2

Its time to consider **ADDing Value** to your life if you or a loved one are:

- Newly married
- Expecting a child
- Newly divorced or widowed
- Turning 18 years old
- Buying a home
- Retiring
- Updating your financial plan
- Dealing with special concerns
- Considering Medicaid or Veteran Benefits
- Helping your parents plan ahead

**Alive and well:** Your Personalized Estate Plan increases the quality of your life by:

- ◆ Cost-effectively coordinating your estate, financial, and insurance needs.
- ◆ Enabling friends and family to carry out your wishes regarding future death or disability.
- ◆ Planning for the educational and financial needs of your children and spouse.
- ◆ Opening up the lines of communication between you and your loved ones regarding these important decisions.
- ◆ Starting to plan as a family to help your parents stay active and independent.

**Disabled or traveling:** Your plan helps to provide you with the highest standard of medical care, and secures continued control of your assets and property.

**Deceased:** Your plan also ensures faster and easier disposition of your estate. It allows your loved ones to efficiently deal with legal and probate issues, so that they can focus on the more important concerns at hand.

**Hehr & Hehr Co., L.P.A.**  
*Helping you protect and Provide  
for the Ones you Love*

Are you considering future issues of Medicaid Benefits, Veteran Benefits, Social Security Benefits, Asset Protection or Trust Planning?

These personalized Estate Documents are the solid base on which we build:

- ◆ **Will:** This document allows you to specify what will be done with your property, and names your estate executor. It can also name guardians for your minor children.
- ◆ **Living Will:** This contains your decisions regarding life sustaining medical treatment, and provides your healthcare Power of Attorney with guidelines on which to act.
- ◆ **Healthcare Power of Attorney:** Here you name an individual who will make medical decisions on your behalf, when you yourself are no longer able to do so.
- ◆ **Financial Power of Attorney:** This names an individual to make financial decisions on your behalf, including paying bills.
- ◆ **HIPAA:** This authorizes named individuals to be given access to your medical information. No matter the relationship (parent-child, even husband-wife), medical offices and hospitals generally require this document - even in emergencies.

Contact us for Planning details!

**Hehr & Hehr Co., L.P.A.**

*Business & Estate Planning*

**AGHehr.com ◆ (440) 449-3266**

4401 Rockside Road, #200  
Independence, OH 44131

899 SOM Center Road  
Mayfield Village, OH 44143

## **\$300 PERSONALIZED ESTATE PLAN**



Help us **ADD Value** to all the stages of your life!

Securing your future while you're **Alive**

Ensuring quality care if you become **Disabled**

Benefiting your loved ones at the time of your **Death**



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for the Ones you Love*

Hehr & Hehr is a proactive law firm focused on helping you and your loved ones plan for a better tomorrow. Working together with you and your financial advisors, we will develop a comprehensive plan to help you reach your dreams - and eliminate your nightmares.

See our website to start your plan and for more details!

**AGHehr.com**

**PERSONAL INFORMATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PHONE (     )            -

EMAIL \_\_\_\_\_

DATE OF MARRIAGE \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

**WILL PLANNING INFORMATION**

**WILL EXECUTOR AND ALTERNATES:**

1. NAME \_\_\_\_\_

PHONE (     )            -

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

*Alternates:*

2. NAME \_\_\_\_\_

PHONE (     )            -

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

3. NAME \_\_\_\_\_

PHONE (     )            -

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

**INFORMATION ON BENEFICIARIES:**

1. NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PORTION RECEIVED \_\_\_\_\_%

2. NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PORTION RECEIVED \_\_\_\_\_%

3. NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PORTION RECEIVED \_\_\_\_\_%

4. NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PORTION RECEIVED \_\_\_\_\_%

**ANY SPECIAL GIFTS INTENDED:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GUARDIANS FOR MINOR CHILDREN**

1. NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

1. NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

**NOTES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**POWER OF ATTORNEY INFORMATION**

**FINANCIAL POWER OF ATTORNEY:**

CHECK IF SAME AS EXECUTOR

1. NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE (     )            -

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

*Alternate:*

2. NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE (     )            -

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

**HEALTHCARE POWER OF ATTORNEY:**

CHECK IF SAME AS EXECUTOR

1. NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE (     )            -

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

*Alternate:*

2. NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE (     )            -

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

**AS A VALUED CLIENT, MINOR CHANGES CAN BE MADE FOR UP TO A YEAR AT NO ADDITIONAL CHARGE**