



Client Focused  
&  
Dedicated for Life



200 East Main Street, Palmyra, PA 17078  
717-723-3753 and [www.infinityfinancial.group](http://www.infinityfinancial.group)  
[717-838-3168 and www.tnsfg.com](http://www.tnsfg.com)



Let us introduce you to:

**Peggy M. Morcom, Esquire**  
**Morcom Law**  
**226 West Chocolate Avenue**  
**Hershey, PA 17033**  
**717-298-1907**  
**[pmorcom@morcomlaw.com](mailto:pmorcom@morcomlaw.com)**

Peggy M. Morcom pursued her undergraduate studies at Shippensburg University of Pennsylvania where she received a Bachelor's Degree in Political Science in 1990. She completed her legal education at Widener University School of Law, earning her Juris Doctorate in 2003.

Ms. Morcom was admitted to the Pennsylvania Bar in 2004. She is also admitted to practice before the United States District Courts of the Western, Middle, and Eastern Districts of Pennsylvania. Her professional affiliations include the Pennsylvania Bar Association and Lebanon County Bar Association. She is currently the editor of the Case Law Summary Section of the Pennsylvania Bar Association – Civil Litigation Section Newsletter.

She is also actively involved in the Lebanon Valley Chamber of Commerce. She is a member of the Board of Directors for the American Heart Association; Pillows of Love; and Leadership Lebanon Valley.

Ms. Morcom resides in Annville with her husband and three sons.

Ms. Morcom lends her expertise in the areas of Labor and Employment Law, Unemployment Compensation, Municipal and School Law and General Liability. She also assists clients with Estate Planning and Administration.

*\*Securities offered through J.W. Cole Financial, Inc. (JWC) Member FINRA/SIPC.  
Advisory services offered through J.W. Cole Advisors, Inc. (JWCA)  
Infinity Financial Group, LLC and JWC/JWCA are separate and unaffiliated entities.*



### **Estate Planning Document Process**

Last Will and Testament, General Power of Attorney, and  
Durable Health Care Power Of Attorney  
& Health Care Treatment Instructions (Living Will)

- ❖ You will be given General Information Forms to complete for all parties involved, as required by Attorney Peggy Morcom, who will prepare your estate planning documents. Attorney Morcom's Estate Document fee is **\$450.00 (per couple) or \$350.00 (individual)** for preparation of all 3 documents—Plus **Notary fees of \$5/signature**. Please return the completed information forms to Heather Richardson at [HRichardson@infinityfinancial.group](mailto:HRichardson@infinityfinancial.group) or [HRichardson@tnsfg.com](mailto:HRichardson@tnsfg.com)
- ❖ Infinity Financial Group, LLC will provide the documents to Attorney Morcom, who will prepare a *draft* version of your estate planning documents within thirty (30) days. Attorney Morcom will provide them in electronic format for your review and modifications, if necessary.
- ❖ Soon after you receive your *draft* estate planning documents, you should schedule a phone call or conference between you and Attorney Morcom to review the documents in detail, discuss modifications, and ensure you understand the legal options and ramifications. She will also address all questions at that time.
- ❖ Based on your discussion with Attorney Morcom, she will finalize the documents.
- ❖ Attorney Morcom will meet with you wherever it is convenient to deliver your original documents and they will invoice you directly for services provided. Payment is required for you to receive your original executed documents.
- ❖ If you have questions or concerns, please contact Attorney Morcom's office.

*\*\*\*The timeline is approximately 4-6 weeks from the time you provide completed documents to our office until delivery of the final documents\*\*\**

\*Securities offered through J.W. Cole Financial, Inc. (JWC) Member FINRA/SIPC.  
Advisory services offered through J.W. Cole Advisors, Inc. (JWCA)  
Infinity Financial Group, LLC and JWC/JWCA are separate and unaffiliated entities.

**DURABLE HEALTH CARE POWER OF ATTORNEY**

**&**

**HEALTH CARE TREATMENT INSTRUCTIONS  
(LIVING WILL)**

**Client Name:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_\_

**Spouse:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_\_

**Address:** \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Telephone Number(s):** Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Spouse Cell: \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Spouse E-mail:** \_\_\_\_\_

---

**Agent Name:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_\_

**Address:** \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to Testator: \_\_\_\_\_

Telephone Number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Alt. Agent:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_\_

**Address:** \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to Testator: \_\_\_\_\_

Telephone Number(s): Home: \_\_\_\_\_

Cell: \_\_\_\_\_

---

NAME/TESTATOR: \_\_\_\_\_

**PART I – DURABLE HEALTH CARE POWER OF ATTORNEY**

- 1) \_\_\_\_\_ To authorize, withhold or withdraw medical care and surgical procedures.
- 2) \_\_\_\_\_ To authorize, withhold or withdraw nutrition (food) or hydration (water) medically supplied by tube through my nose, stomach, intestines, arteries or veins.
- 3) \_\_\_\_\_ To authorize my admission to or discharge from a medical, nursing, residential or similar facility and to make agreements for my care and health insurance for my care, including hospice and/or palliative care (care meant to reduce the intensity of a disease or condition).
- 4) \_\_\_\_\_ To hire and fire medical, social service and other support personnel responsible for my care.
- 5) \_\_\_\_\_ To take any legal action necessary to do what I have directed.
- 6) \_\_\_\_\_ To request that a physician responsible for my care issue a do-not-resuscitate (DNR) order, including an out-of-hospital DNR order, and sign any required documents and consents.

NAME/TESTATOR: \_\_\_\_\_

**PART II – HEALTH CARE TREATMENT INSTRUCTIONS (LIVING WILL)**

In the event of an **end-stage medical condition or permanent unconsciousness...**

- 1) \_\_\_\_\_ direct that I be given health care treatment to relieve pain or provide comfort even if such treatment might shorten my life, suppress my appetite or my breathing, or be habit forming.
- 2) \_\_\_\_\_ direct that all life prolonging procedures be withheld or withdrawn.
- 3) \_\_\_\_\_ specifically do not want any of the following as life prolonging procedure: heart-lung resuscitation (CPR); mechanical ventilator (breathing machine); dialysis (kidney machine); surgery; chemotherapy; radiation treatment; or antibiotics.
- 4) \_\_\_\_\_ I authorize the withdrawal or withholding of tube feeding or any other artificial or invasive form of nutrition (food) and/or hydration (water).

**ORGAN/TISSUE DONATION:** \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Transplant

\_\_\_\_\_ Medical study or education

The **Organ Donor information from your driver's license should match this Living Will.**

Limitations:

---

---

---

## **GENERAL INFORMATION**

**Please provide the following information prior to the conference with counsel:**

**Client Name:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_\_

**Spouse:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_\_

**Address:** \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Telephone Number(s):** Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Spouse Cell: \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Spouse E-mail:** \_\_\_\_\_

---

**Executor/rix:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Relationship to Testator: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Alt. Executor/rix:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Relationship to Testator: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Beneficiaries:**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Relationship to Testator: \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Relationship to Testator: \_\_\_\_\_

**Alternate Beneficiaries:**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Relationship to Testator: \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Relationship to Testator: \_\_\_\_\_

---

**Child(ren):**

Child Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_\_

Child Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_\_

Child Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_\_

Child Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_\_

Child Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_\_

**Guardian:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Relationship to Testator: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Alternate Guardian:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Relationship to Testator: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Trust Provision:**

\_\_\_\_\_ Age 25  
\_\_\_\_\_ Age 21  
\_\_\_\_\_ Other: \_\_\_\_\_

**Trustee:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Relationship to Testator: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Alternate Trustee:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Relationship to Testator: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Specific Bequest(s): (if applicable)**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_



**GENERAL POWER OF ATTORNEY  
INFORMATION NEEDED**

**Client Name:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_\_

**Spouse:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_\_

**Address:** \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Telephone Number(s):** Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Spouse Cell: \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Spouse E-mail:** \_\_\_\_\_

---

**Agent Name:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_\_

**Address:** \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Alternate Agent:** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_\_

**Address:** \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Specifics (Check all applicable for which you intend to give power to Agent):**

*\*All will be discussed in detail with counsel\**

**1. Real Property and Tangible Personal Property.**

- a) \_\_\_\_\_ To engage in real property transactions.
- b) \_\_\_\_\_ To engage in tangible personal property transactions.

**2. Banking and General Financial Powers.**

- a) \_\_\_\_\_ To engage in stock, bond and other security transactions.
- b) \_\_\_\_\_ To engage in commodity and option transactions.
- c) \_\_\_\_\_ To engage in banking and financial transactions.
- d) \_\_\_\_\_ To borrow money.
- e) \_\_\_\_\_ To enter safe deposit boxes.
- f) \_\_\_\_\_ To engage in insurance transactions.
- g) \_\_\_\_\_ To engage in retirement plan transactions.
- h) \_\_\_\_\_ To handle interest in estates and trusts.
- i) \_\_\_\_\_ To receive government benefits.
- j) \_\_\_\_\_ To create a trust for my benefit.
- k) \_\_\_\_\_ To make additions to an existing trust for my benefit.
- l) \_\_\_\_\_ To disclaim any interest in property.
- m) \_\_\_\_\_ To renounce fiduciary positions.
- n) \_\_\_\_\_ To withdraw and receive the income or corpus of a trust.
- o) \_\_\_\_\_ To claim an elective share of the estate of my deceased spouse.

**3. Claims and Lawsuits.**

- \_\_\_\_\_ To pursue claims and litigation.

**4. Tax Matters.**

- \_\_\_\_\_ To pursue tax matters.

5. Specific Personal and Medical Powers.

- a) \_\_\_\_\_ To authorize my admission to a medical, nursing, residential or similar facility and to enter into agreements for my care.
- b) \_\_\_\_\_ To authorize medical surgical procedures, subjects and subordinate to the terms of any existing Medical Power of Attorney.

6. Power to Delegate.

\_\_\_\_\_ To delegate any or all of the powers granted hereunder to any person or person whom my Agent may select.

7. Power Regarding Investments.

\_\_\_\_\_ To invest in any form of property as permitted in the preceding specific powers, keeping such cash reserves as, in my Agent's discretion, are necessary or desirable to meet conditions as they may exist from time to time. In the exercise of this power, my Agent shall not be limited to so-called "legal investment," but may invest in any variety of real or personal property as in my Agent's discretion may appear to be good and safe investments, and my Agent shall not be liable to me for any error of judgment in the making or continuing of any investment.

8. Power Concerning Gifts.

\_\_\_\_\_ To make unlimited gifts to any person (including my Agent) and in such amounts as my Agent may decide.