

PERSONAL INFORMATION

Husband's Legal Name: _____
(name most often used to title property and accounts)

Also Known As: _____
(other names used to title property and accounts)

Prefer to be called: _____ Birth date: _____ SS#: _____ US Citizen? _____

Home Address: _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

E-mail Address _____ ☐ Okay to communicate with you via my E-mail address?
Date of Marriage _____

Wife's Legal Name: _____
(name most often used to title property and accounts)

Also Known As: _____
(other names used to title property and accounts)

Prefer to be called: _____ Birth date: _____ SS#: _____ US Citizen? _____

Home Address: _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

E-mail Address _____ ☐ Okay to communicate with you via my E-mail address?

ADVISORS

	Telephone
Personal Attorney: _____	_____
Accountant: _____	_____
Financial Advisor: _____	_____
Life Insurance Agent(s): _____	_____
_____	_____
Other: _____	_____

CHILDREN AND/OR OTHER FAMILY MEMBERS

(Use full legal name. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent.)

Name:_____ **Birth Date:**_____

Address:_____ **Parent or Relationship:**_____

Home Number:_____ **Cell Phone:**_____

Name:_____ **Birth Date:**_____

Address:_____ **Parent or Relationship:**_____

Home Number:_____ **Cell Phone:**_____

Name:_____ **Birth Date:**_____

Address:_____ **Parent or Relationship:**_____

Home Number:_____ **Cell Phone:**_____

Name:_____ **Birth Date:**_____

Address:_____ **Parent or Relationship:**_____

Home Number:_____ **Cell Phone:**_____

Name:_____ **Birth Date:**_____

Address:_____ **Parent or Relationship:**_____

Home Number:_____ **Cell Phone:**_____

Name:_____ **Birth Date:**_____

Address:_____ **Parent or Relationship:**_____

Home Number:_____ **Cell Phone:**_____

Name:_____ **Birth Date:**_____

Address:_____ **Parent or Relationship:**_____

Home Number:_____ **Cell Phone:**_____

YOUR CONCERNS

Please rate the following as to how important they are to you:

(**H** high concern, **S** some concerned, **L** low concern, **N/A** no concern or not applicable)

Description

Level of Concern

Husband Wife

Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.

Providing for and protecting a spouse.

Providing for and protecting children.

Providing for and protecting grandchildren.

Disinheriting a family member.

Providing for charities at the time of death.

Plan for the transfer and survival of a family business.

Avoiding or reducing your estate taxes.

Avoiding probate.

Reduce administration costs at time of your death.

Avoiding a conservatorship ("living probate") in case of a disability.

Avoiding will contests or other disputes upon death.

Protecting assets from lawsuits or creditors.

Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.

Plan for a child with disabilities or special needs, such as medical or learning disabilities.

Protecting children's inheritance from the possibility of failed marriages.

Protect children's inheritance in the event of a surviving spouse's remarriage.

Provide that your death shall not be unnecessarily prolonged by artificial means or measures.

Other Concerns (Please list below):

Level of Concern	
Husband	Wife

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you (or your spouse) receiving Social Security, disability, or other governmental benefits? <i>Describe _____</i>		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
If married have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i>		
Have you (or your spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have (you or your spouse) completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
If married, have you lived in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>		
Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

ADDITIONAL RELEVANT INFORMATION

DESIGN INFORMATION

PERSONS TO ACT FOR YOU:

GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference who you wish to be guardian.

Name, Address and Phone Number	Relationship

INITIAL TRUSTEE(S): Usually the Maker will be the Trustee of his or her own trust. Often, both spouses, jointly. This allows you to continue to jointly control your assets as before.

Name and Address	Relationship

DISABILITY TRUSTEE: If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets?

FOR HUSBAND	
Name and Address	Relationship

FOR WIFE	
Name and Address	Relationship

DEATH TRUSTEE: After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries?

FOR HUSBAND

Name and Address

Relationship

FOR WIFE

Name and Address

Relationship

POWER OF ATTORNEY: If you were unable to make financial decisions for yourself, who would you want to make those decisions for you? Indicate if you have multiple first or secondary agents if you would like them to act independently or jointly.

HUSBAND'S AGENT(s)

Name, Address and Phone Number(s)

First Agent(s) or Secondary Agent(s)

WIFE'S AGENT(s)

Name, Address and Phone Number(s)

First Agent(s) or Secondary Agent(s)

LIVING WILL:

HUSBAND'S AGENT(s)

Name, Address and Phone Number(s):

WIFE'S AGENT

Name, Address and Phone Number(s):

HEALTH CARE POWER OF ATTORNEY:

HUSBAND'S AGENT

Name, Address and Phone Number(s):

WIFE'S AGENT

Name, Address and Phone Number(s):

Would you like to be in the Donor Registry? Yes ☐ No ☐ If Yes, fill in items below:

☐ On my death, I make an anatomical gift of my organs, tissues, and eyes for any purpose authorized by law.

-OR-

☐ On my death, I make an anatomical gift of the following specified organ, tissues, or eyes:

☐	Any or all	☐	Liver	☐	Bone/Ligament	☐	Heart valves	☐	Heart	☐	Kidneys
☐	Veins	☐	Skin	☐	Lung	☐	Pancreas	☐	Eyes	☐	Nerves

Other: _____

for any purposes indicated below:

☐ Transplantation ☐ Therapy ☐ Research ☐ Education

Do you want to authorize your Medical Agent to take whatever steps are necessary to keep you in a personal residence rather than nursing home? **Husband:** ☐ Yes ☐ No **Wife:** ☐ Yes ☐ No

Do you want to provide that upon certification by 2 physicians of need for psychological or substance treatment, Agent may arrange for voluntary admission? **Husband:** ☐ Yes ☐ No **Wife:** ☐ Yes ☐ No

In making distributions during any period of time the client is incapacitated, the successor Trustee shall give primary consideration to:

- ☐ Disabled spouse, the needs of others.
- ☐ Disabled spouse and other spouse, and then needs of others
- ☐ Disabled spouse needs and the needs of others equally.

DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS

USE OF PERSONAL PROPERTY MEMORANDUM: Do you want to provide that your personal property will be distributed pursuant to a written list you may prepare later? ☐ Yes ☐ No

Any property not listed on the memorandum should be distributed to:

FOR HUSBAND ☐ Spouse, then children equally. ☐ Children
☐ Spouse, then to balance of trust. ☐ To the balance of the trust.
☐ Spouse, then other named individuals ☐ Other named individuals. List on next line.

FOR WIFE: ☐ Spouse, then children equally. ☐ Children
☐ Spouse, then to balance of trust. ☐ To the balance of the trust.
☐ Spouse, then other named individuals ☐ Other named individuals. List on next line.

SPECIFIC GIFTS: List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities. Indicate whether these gifts are to be made even if the other spouse is alive.

FOR HUSBAND:

Individual or Charity	Amount or Property	Contingent on Wife predeceasing?
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FOR WIFE:

Individual or Charity	Amount or Property	Contingent on Husband predeceasing?
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DESIGN OF MARITAL SHARE:

- ☐ **OUTRIGHT:** We want to leave property outright to the surviving spouse. We recognize that this offers no protection from creditors or predators. Allows surviving spouse to leave property to whomever he or she wants. Also allows a new spouse to possibly make claim on property in case of death or divorce
- ☐ **GENERAL APPOINTMENT TRUST:** All income and principal are available to the surviving spouse upon demand. The surviving spouse is free to do as he or she pleases. This would include the ability to remove all property in the Marital Share from the trust.
- ☐ **ALL INCOME - PRINCIPAL FOR NEEDS:** All income is distributed to surviving spouse; principal is available for his or her needs (health, education and maintenance).
- ☐ **ONLY INCOME:** Only income is distributed to surviving spouse. Principal is not available to the surviving spouse.

DESIGN OF FAMILY SHARE:

- ☐ **ALL INCOME - PRINCIPAL FOR NEEDS:** All income is distributed to surviving spouse; principal is available for needs (health, education and maintenance).
Are descendants permissible beneficiaries of principal? ☐ Yes ☐ No
- ☐ **INCOME AND PRINCIPAL FOR NEEDS:** All income and principal is available for needs. Income may be accumulated and not distributed.
Are descendants permissible beneficiaries of income and/or principal? ☐ Yes ☐ No
- ☐ **ONLY INCOME:** Only income is distributed to surviving spouse. Principal is not available to the surviving spouse.

WHO IS RESPONSIBLE FOR DETERMINING LIFETIME DISTRIBUTIONS: Is surviving spouse the sole trustee with a right to appoint co-trustee (surviving spouse then determines the management and distributions for his or her needs)? Do you wish to name someone to be the co-trustee with the surviving spouse?

- ☐ **LIMITED POWER OF APPOINTMENT:** Do you want the surviving spouse to be able to modify the way property is to be distributed upon his or her death? ☐ Yes ☐ No

If so, to whom may the surviving spouse distribute your property:

- ☐ Your descendants
- ☐ Your descendants and their spouses
- ☐ Your descendants and charities
- ☐ Your descendants, their spouses and charities
- ☐ Anyone, no limitations

DIVISION OF PROPERTY UPON DEATH OF SECOND SPOUSE TO DIE

☐ DIVIDE EQUALLY BETWEEN OUR CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN:

☐ DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES:

HOW AND WHEN TO DISTRIBUTE MY PROPERTY:

☐ **DISTRIBUTE OUTRIGHT TO OUR BENEFICIARIES:** Provides no protection from creditors, predators, or from themselves.

☐ **STRUCTURED TRUST:** You determine how long the property is to remain in trust. During the period of time the property is held in trust it is available to the beneficiary for needs (health, education and maintenance). You may give written instructions to the trustee outlining guidelines to be followed in determining the beneficiary's needs. You may provide for a staggered distribution of principal; i.e. 1/3 at age 30 and balance at age 40. You decide who will manage the property and to carry out your distribution instructions. Does the beneficiary have a right to be a cotrustee and/or choose his or her own cotrustee? You decide how the trust is designed. List your desires:

REMOTE CONTINGENT BENEFICIARY: Who do you want to receive your property in the remote event that no one listed above is alive to receive your property. Determining the remote contingent beneficiary is not so important that it should cause you to delay completion of your entire estate plan. It can always be changed at a later date.

In the remote event no one listed above is alive to receive my property I want my property distributed as follows:

- ☐ To each spouse's heirs-at-law.
- ☐ One-half to Husband's heirs-at-law and one-half to Wife's heirs at law.
- ☐ To the following named individuals and/or charities:

OTHER ITEMS TO INCLUDE OR DISCUSS: Obviously your estate plan should address all your hopes, fears, and wishes. Please list any other items you want included or want to discuss:
