PERSONAL INFORMATION

Legal Full 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.)

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: ____________

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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**
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.	
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.	
Presenting 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.	
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	
Other Concerns (Please list below):	

IMPORTANT FAMILY OUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you receiving Social Security, disability, or other governmental benefits? *Describe* _____		
Are you making payments pursuant to a divorce or property settlement order? *Please furnish a copy*		
Have you been widowed*? If a federal estate tax return or a state death tax return was filed, please furnish a copy*		
Have you ever filed federal or state gift tax returns? *Please furnish copies of these returns*		
Have you completed previous will, trust, or estate planning? *Please furnish copies of these documents*		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? *If so, please explain below.*		
Are there any other charitable organizations you wish to make provisions for at the time of your death? *If so, please explain below.*		
Are you currently the beneficiary of anyone else's trust? *If so, please explain below.*		
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.

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?

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?

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.

Name, Address and Phone Number(s)	First Agent(s) or Secondary Agent(s)

LIVING WILL:

Name, Address and Phone Number(s):

HEALTH CARE POWER OF ATTORNEY:

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 ☐ Veins ☐ Liver ☐ Skin ☐ Bone/Ligament ☐ Lung ☐ Heart valves ☐ Pancreas ☐ Heart ☐ Eyes ☐ Kidneys ☐ 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? ☐ 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? ☐ Yes ☐ No

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

☐ Disabled individual only

☐ Disabled individual first, and then the needs of others

☐ Disabled individual, 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:

☐ Children

☐ To the balance of the trust.

☐ 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.

Individual or Charity	**Amount or Property**	**Contingent on Wife predeceasing?**

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 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: