

WILLS & TRUSTS NOW!!

YOUR ESTATE PLANNING QUESTIONNAIRE

For WILLS & TRUSTS NOW!! to complete your estate planning documents, we ask that you provide us with information regarding each family member, i.e. each spouse, child, grandchild and great grandchild, if applicable, and other person or charity you wish to include in the distribution of your estate. The individuals and charities to receive distribution from your estate are known as “Beneficiaries” or “Heirs”.

In order to best represent you, we request that you complete Your Estate Planning Questionnaire. The purpose of this questionnaire is to provide WILLS & TRUSTS NOW!! with information about you and your family to be used to complete your estate planning documents and in accordance with your personal intentions. Portions of the information supplied to us will be incorporated directly into your Estate Planning documents. All the information will be helpful, however, as we discuss your estate planning goals and draft your estate planning documents. WILLS & TRUSTS NOW!! will maintain your information in strictest confidence.

Please complete Your Estate Planning Questionnaire to the best of your ability and knowledge. The accuracy of your estate planning is dependent upon the information you provide us.

Please handwrite the requested information as legibly as possible.

Of special importance are your names, the names of your beneficiaries and the other persons or entities, such as a charity, that you wish to include in your estate plan. Please be certain that all information provided on the estate planning questionnaire is correct. If you are unable to provide the information within the allotted space, simply attach additional pages.

If a question does not apply to your situation, just handwrite “N/A” into the space provided. Please do not leave the space blank. By inserting “N/A” we will know that you have considered the question.

We recommend reviewing the Checklist provided on Page 31 of the Estate Planning Questionnaire before proceeding. Having the documents and information listed there before you begin will make the completion of the questionnaire much easier.

Should you have any questions or concerns while you are completing Your Estate Planning Questionnaire, please feel free to contact us at WILLS & TRUSTS NOW!! by Phone at 248-546-2800 or emailing us at ejgudeman@willsandtrustsnow.com.



**Wills & Trusts Now!!
Estate Planning Questionnaire**

PLEASE USE THIS ORGANIZER TO ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS. ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, RETURN YOUR COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR APPOINTMENT VIA MAIL, eMAIL OR FAX.

PERSONAL INFORMATION FOR ESTATE AND TRUST PLANNING

In your own words, please describe your estate planning goals and objectives. In the event of your incapacity or death, what would you like to have to done with your personal and real property? This information is extremely important and will serve as a guide to Wills & Trusts Now!! in the drafting of your estate planning documents:

HUSBAND OR SINGLE INDIVIDUAL'S PERSONAL INFORMATION	
Full Name (First, Middle, Last) (how you sign your name in legal documents)	
Any aliases or AKAs	
Street Address	
City, State, Zip	
County	
Phone Number (home)	
Phone Number (cell)	
Phone Number (work)	
Email Address	
Social Security Number	
Date of Birth	
Citizenship (List all that apply) Provide copy of passport	
Occupation	
Do you own your home or other real estate?	Yes No If Yes, attach the deed(s) to your real estate
Do you have any physical or mental disabilities? Please describe.	
Marital Status: Single Married Divorced Separated Widowed	Please provide copies of pre or post marital agreements or divorce decree(s), if any.

Do you wish to be buried or cremated? Any special wishes? If so, please describe.	
Potential Lawsuits (Plaintiff or Defendant)	

It is okay to communicate with you via your E-mail address

SPOUSE'S PERSONAL INFORMATION	
Full Name (First, Middle, Last) (how spouse signs name in legal documents)	
Any aliases or AKAs	
Street Address	
City, State, Zip	
County	
Phone Number (home)	
Phone Number (cell)	
Phone Number (work)	
Email Address	
Social Security Number	
Date of Birth	
Date of Marriage	
Citizenship (List all that apply)	
Occupation	
Do you own your home or other real estate?	Yes No If Yes, attach deed(s)
Do you have any physical or mental disabilities? Please describe.	
Marital Status: Single Married Divorced Separated Widowed	Please provide copies of pre or post marital agreements or divorce decree(s), if any.
Do you wish to be buried or cremated? Any special wishes? If so, please describe.	
Potential Lawsuits (Plaintiff or Defendant)	

It is okay to communicate with spouse via his or her E-mail address

CHILDREN THAT YOU WOULD LIKE TO PROVIDE FOR

Full Legal Name	Relationship [If child is from current or prior marriage? Born out of wedlock?]*	Age	Birth Date	Special Needs**	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

* Use full legal name. For Relationship, use "JT" if both spouses are the parents, "H" if CLIENT is the parent, "S" if SPOUSE is the parent, "SP" if a single parent.)

**** IF YES, PLEASE PROVIDE A COMPLETE DESCRIPTION OF ANY SPECIAL NEEDS IN THE SPACE PROVIDED BELOW.**

ANY OTHER FAMILY MEMBERS INCLUDING GRANDCHILDREN AND IN-LAWS THAT YOU WANT TO INCLUDE IN THE DISTRIBUTION OF YOUR ASSETS

<u>Full Legal Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Birth Date</u>	<u>Special Needs</u>
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

ADDITIONAL GENERAL INFORMATION

1. If you or your children have adopted or do you intend to adopt a child, should the adopted child be treated the same as a natural child? Yes No
2. Do any children have creditor problems, problems managing finances or marital issues that could affect their receiving property outright from your estate? If so, please describe. Attach an additional sheet, if necessary.
3. Do you or your spouse expect a significant inheritance? Yes No . If "Yes" Please explain

ADVISORS

<u>Advisor</u>	<u>Name</u>	<u>Address</u>	<u>Telephone</u>
Attorney			
Accountant			
Financial Advisor			
Life Insurance Agent			
Property & Casualty Agent			

YOUR CONCERNS

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

(H=High Concern, S= Some Concern, L= Low Concern, N/A No Concern or Not Applicable)

Description	Level of Concern	
	CLIENT	SPOUSE
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 or other relatives		
Providing for and protecting parents.		
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 creditors, 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 DESCRIBE BELOW:

IMPORTANT FAMILY QUESTIONS

	Client		Spouse	
	Yes	No	Yes	No
(Please check "Yes" or "No" for your answer)				
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>If so, please furnish a copy</i>				
If married, have you and your spouse signed a pre- or post-marriage contract? <i>If so, 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) previously completed a will, trust, or other estate planning? <i>If so, 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 or insurance policy? <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 financial support to adult children or others?				

NOTES

NOW THAT YOU HAVE PROVIDED THE INFORMATION ABOVE, WE NEED TO KNOW WHAT YOU OWN. MAKING A THOROUGH LISTING OF YOUR PROPERTY IS VERY IMPORTANT. BE SURE TO LIST EVERYTHING AND PLEASE DO NOT THINK THAT JUST BECAUSE IT IS NOT OF A SIGNIFICANT VALUE THAT YOU SHOULD NOT LIST IT.

***INSTRUCTIONS FOR COMPLETING
THE PROPERTY INFORMATION CHECKLIST***

General Headings: This *Property Information* checklist is designed to help you list all the property you own and what it is worth. If you do not own property under a heading, please enter "N/A".

Under certain headings you may own more property than can be listed on this checklist. If so, use **extra sheets** of paper to list your additional property.

Type: Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

"Owner" of Property: How you own your property is **extremely important** for purposes of properly designing and implementing your estate plan. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

OWNER OF PROPERTY	USE
If married, CLIENT's name alone, with no other person	C
If married, SPOUSE's name alone, with no other person	S
If married, joint tenancy with spouse	JTS
Joint tenancy with someone other than a spouse, i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

REAL ESTATE *				
<u>Description*</u>	<u>Address (Street, City, State Zip Code)</u>	<u>Name(s) on Deed</u>	<u>Estimated Value</u>	<u>Loans Secured by Property</u>

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* Any interest in real estate including your family residence, vacation home, time share, vacant land, etc. Please bring any deed, land contract, etc.

MINERAL RIGHTS			
<u>Description</u>	<u>Location</u>	<u>Name(s) on Deed</u>	<u>Estimated Value</u>

MORTGAGES, NOTES, LAND CONTRACTS AND OTHER RECEIVABLES OWED TO YOU	
<u>Name of Debtor</u>	<u>Current Balance Owed to You</u>

PERSONAL LIABILITIES*				
	<u>Description Of Collateral</u>	<u>Creditor(S)</u>	<u>Name(S) That Are You Are Personally Liable on The</u>	<u>Estimate of Total Amount Of Liability</u>
Mortgages				
Other Debts Secured by Lien on Personal Property (i.e. Auto Loans,				
Total Unsecured Debts				

* Please provide detailed list

FURNITURE AND PERSONAL EFFECTS*		
<u>Type or Description</u>	<u>Owner</u>	<u>Estimated Value</u>

	Total	

* Please list separately only major personal property such as jewelry, collectibles, antiques, furs, and all other valuable non-business personal property

AUTOMOBILES, BOATS AND RV'S *				
Description	Year	Owner	Estimated Value	Loan Balance
<u>Make & Model</u>	<u>Year</u>	<u>Owner</u>	<u>Value</u>	<u>Loan Balance</u>
Total				

* For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance.

BANK & SAVINGS ACCOUNTS *				
<u>Name of Institution</u>	<u>Address</u>	<u>Account Number</u>	<u>Account Type**</u>	<u>Value</u>
Total				

** Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM", Mutual Fund "MF"
[Do not include IRAs or 401(k)s here!]

* If account is in your name (or your spouse's name) for the benefit of a minor, please specify and provide minor's name.

SAFE DEPOSIT BOXES		
<u>Financial Institution</u>	<u>Name(s) on Account</u>	<u>Contents</u>

STOCKS AND BONDS, NOT HELD IN A QUALIFIED PLAN*

Stocks, Bonds or Investment Accounts	Type	Account Number	Owner	Value
			Total	

* Please list stocks, bonds and annuities you own. If held in a brokerage account, lump them together under each account. If you need additional lines, please attach separate sheets of paper.

LIFE INSURANCE POLICES AND ANNUITIES *

Insurance Company	Type	Policy Number	Owner	Beneficiary	Face Amount	Loans v. Face Amount	Cash Surrender Value
					Total		

* PLEASE INDICATE THE TYPE OF INSURANCE: TERM, WHOLE LIFE, SPLIT DOLLAR, GROUP LIFE OR ANNUITY. ADDITIONAL INFORMATION: LIFE INSURANCE COMPANY, TYPE FACE AMOUNT (DEATH BENEFIT), WHOSE LIFE IS INSURED, WHO OWNS THE POLICY, THE CURRENT BENEFICIARIES, WHO PAYS THE PREMIUM, AND WHO IS THE LIFE INSURANCE AGENT.

RETIREMENT PLANS *							
Plan Name	Type	Administrator	Owner	Beneficiary	Current Value	Loans	Net Value
Total					<u> </u>	<u> </u>	<u> </u>

* INCLUDE §401(K) PLANS, IRA'S, ROTH IRA'S, §403(B) PLANS, TAX QUALIFIED ANNUITIES AND OTHER QUALIFIED DEFERRED COMPENSATION PROGRAMS.

BUSINESS INTERESTS *						
Type of Entity	Type of Interest	Owner of Investment	Current Value	Loan v. Value	Estimated Value	Buy-Sell Agreement? Yes or No
Total					<u> </u>	

* General and Limited Partnerships, Limited Liability Companies, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Provide a description of the interests, owner of the interest, your % ownership in the interests, and the estimated value of the interests.

ANTICIPATED INHERITANCES, GIFTS OR LAWSUIT JUDGMENTS *			
Description	Inheritances, Gifts or Lawsuits	Expected Date of Receipt	Amount Expected

		Total	

* Please list any gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipate receiving through a judgment in a lawsuit.

ANY OTHER ASSETS YOU OWN		
<u>Description</u>	<u>Expected Date of Receipt</u>	<u>Value</u>
Total		

SUMMARY OF ASSETS AND VALUE			
<u>ASSETS</u>	<u>CLIENT*</u>	<u>SPOUSE*</u>	<u>TOTAL VALUE</u>
Real Property			
Furniture and Personal Effects			
Automobiles, Boats, RV's etc.			
Bank and Savings Accounts			
Stocks and Bonds			
Life Insurance and Annuities			
Retirement Plans			
Business Interests			
Money Owed to You			
Anticipated Inheritance			
Other Assets			
TOTAL			

* Joint Property values enter 1/2 in CLIENT's column and 1/2 in SPOUSE's column.

ESTATE PLAN DESIGN INFORMATION

PERSONS TO ACT FOR YOU:

GUARDIAN FOR MINOR CHILDREN *			
	<u>Name</u>	<u>Address</u>	<u>Relationship</u>
First Choice		Street Address: _____ _____ Email: _____ Ph: _____	_____ Spouse _____ Other
Second Choice		Street Address: _____ _____ Email: _____ Ph: _____	_____ Spouse _____ Other
Third Choice		Street Address: _____ _____ Email: _____ Ph: _____	

* If you have any children under the age of 18, list in order of preference who you wish to be guardian.

CLIENT'S INITIAL TRUSTEE(S) IN THE EVENT OF DEATH*			
	<u>Name</u>	<u>Address</u>	<u>Relationship</u>
First Choice		Street Address: _____ _____ Email: _____ Ph: _____	_____ Spouse _____ Other

Second Choice		Street Address: _____ _____ Email: _____ Ph: _____	_____ Spouse _____ Other
Third Choice		Street Address: _____ _____ Email: _____ Ph: _____	_____ Spouse _____ Other

* Upon the creation of a revocable trust, the Maker/Settlor will be the Trustee of his or her own trust. A trust allows you to continue to jointly control your assets even if you are unavailable due to incapacity or death. **If you were unable to make decisions for yourself, who would you want to make decisions for you regarding your property and assets?**

CLIENT'S SUCCESSOR TRUSTEE, IN THE EVENT OF YOUR DISABILITY			
	<u>Name</u>	<u>Address</u>	<u>Relationship</u>
First Choice		Street Address: _____ _____ Email: _____ Ph: _____	_____ Spouse _____ Other
Second Choice		Street Address: _____ _____ Email: _____ Ph: _____	_____ Spouse _____ Other
Third Choice		Street Address: _____ _____ Email: _____ Ph: _____	

SPOUSE'S SUCCESSOR TRUSTEE, IN THE EVENT OF DEATH *

	Name	Address	Relationship
First Choice		Street Address: _____ _____ Email: _____ Ph: _____	_____ Spouse _____ Other
Second Choice		Street Address: _____ _____ Email: _____ Ph: _____	_____ Spouse _____ Other
Third Choice		Street Address: _____ _____ Email: _____ Ph: _____	

* After your death, who do you want to carry out your instructions for distribution and management of your property on behalf of your beneficiaries?

SPOUSE'S SUCCESSOR TRUSTEE, IN THE EVENT OF DISABILITY*

	Name	Address	Relationship
First Choice		Street Address: _____ _____ Email: _____ Ph: _____	_____ Spouse _____ Other
Second Choice		Street Address: _____ _____ Email: _____ Ph: _____	_____ Spouse _____ Other

Third Choice		Street Address:	

		Email:	

		Ph:	

YOUR CONCERNS

In making distributions during any period the client-trustee is incapacitated, the successor Trustee shall give primary consideration to:	CLIENT	Disabled trustee, then needs of others. Disabled trustee and other spouse, and then needs of others Disabled trustee needs and the needs of others equally. Special needs of children.
In making distributions during any period the spouse-trustee is incapacitated, the successor Trustee shall give primary consideration to:	SPOUSE	Disabled trustee, then needs of others. Disabled trustee and other spouse, and then needs of others Disabled trustee needs and the needs of others equally. Special needs of children.
Do you want to authorize your Trustee to make gifts on your behalf during any period you are incapacitated?	CLIENT:	Yes No
	SPOUSE:	Yes No

Gifting Power Details _____

POWER OF ATTORNEY HUSBAND OR SINGLE INDIVIDUAL'S AGENT*

	Name	Address	Relationship	Special Instructions/Limitations
First Choice		Street Address: _____ _____ Email: _____ Ph: _____	_____ Spouse _____ Other	

Second Choice	Street Address: _____ _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Other
	Email: _____	
Third Choice	Street Address: _____ _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Other
	Email: _____	
	Ph: _____	

* If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?

POWER OF ATTORNEY [SPOUSE'S AGENT] *				
	<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Special Instructions/Limitations</u>
First Choice		Street Address: _____ _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	
		Email: _____		
		Ph: _____		
Second Choice		Street Address: _____ _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	
		Email: _____		
		Ph: _____		
Third Choice		Street Address: _____ _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	
		Email: _____		
		Ph: _____		

* If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?

CLIENT'S AGENT FOR HEALTH CARE POWER OF ATTORNEY			
	<u>Name</u>	<u>Address</u>	<u>Relationship</u>
First Choice		Street Address: _____ _____ Email: _____ Ph: _____	_____ Spouse _____ Other
Second Choice		Street Address: _____ _____ Email: _____ Ph: _____	_____ Spouse _____ Other
Third Choice		Street Address: _____ _____ Email: _____ Ph: _____	_____ Spouse _____ Other

SPOUSE'S AGENT FOR HEALTH CARE POWER OF ATTORNEY			
	<u>Name</u>	<u>Address</u>	<u>Relationship</u>
First Choice		Street Address: _____ _____ Email: _____ Ph: _____	_____ Spouse _____ Other
Second Choice		Street Address: _____ _____ Email: _____ Ph: _____	_____ Spouse _____ Other

Third Choice		Street Address:	<input type="checkbox"/> Spouse
			<input type="checkbox"/> Other
		Email: _____	
		Ph: _____	

HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT) AUTHORIZATIONS

HIPAA Name (Relationship)	
HIPAA Name (Relationship)	
HIPAA Name (Relationship)	
HIPAA Name (Relationship)	
HIPAA Name (Relationship)	

LIVING WILL

[LIVING WILLS ARE NOT RECOGNIZED IN MICHIGAN]

A Living Will allows you to designate your preferences for end of life care and organ donation choices if you are in a persistent vegetative state, have a terminal illness when death is imminent or an end-stage condition.

You can indicate whether you would like to receive artificial nutrition and/or hydration and pain medication. This is a highly personal decision and is often very difficult to discuss with your family.

We encourage you to give this some very serious thought, and strongly recommend that you discuss this with your personal physician and your family.

IF MY DEATH FROM A TERMINAL CONDITION IS IMMINENT AND EVEN IF LIFE-SUSTAINING PROCEDURES ARE USED AND THERE IS NO REASONABLE EXPECTATION OF MY RECOVERY: PLEASE MARK YOUR PREFERENCES:	
CLIENT <i>(Select ONLY one of three)</i>	SPOUSE <i>(Select ONLY one of three)</i>
<input type="checkbox"/> Keep me comfortable and allow natural death to occur. I do not want any medical interventions used to try to extend my life. I do not want to receive nutrition and fluids by tube or other medical means.	<input type="checkbox"/> Keep me comfortable and allow natural death to occur. I do not want any medical interventions used to try to extend my life. I do not want to receive nutrition and fluids by tube or other medical means.
<input type="checkbox"/> Keep me comfortable and allow natural death to occur. I do not want medical interventions used to try to extend my life. If I am unable to take nourishment by mouth, however, I want to receive nutrition and fluids by tube or other medical means.	<input type="checkbox"/> Keep me comfortable and allow natural death to occur. I do not want medical interventions used to try to extend my life. If I am unable to take nourishment by mouth, however, I want to receive nutrition and fluids by tube or other medical means.

<input type="checkbox"/> Try to extend my life for as long as possible, using all available interventions that in reasonable medical judgment would prevent or delay my death. If I am unable to take nourishment by mouth, I want to receive nutrition and fluids by tube or other medical means.	<input type="checkbox"/> Try to extend my life for as long as possible, using all available interventions that in reasonable medical judgment would prevent or delay my death. If I am unable to take nourishment by mouth, I want to receive nutrition and fluids by tube or other medical means.
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**IF I AM IN A PERSISTENT VEGETATIVE STATE, THAT IS IF I AM NOT CONSCIOUS AND AM NOT AWARE OF MY ENVIRONMENT NOR ABLE TO INTERACT WITH OTHERS, AND THERE IS NO REASONABLE EXPECTATION OF MY RECOVERY:
PLEASE MARK YOUR PREFERENCES:**

CLIENT <i>(Select ONLY one of three)</i>	SPOUSE <i>(Select ONLY one of three)</i>
<input type="checkbox"/> Keep me comfortable and allow natural death to occur. I do not want any medical interventions used to try to extend my life. I do not want to receive nutrition and fluids by tube or other medical means.	<input type="checkbox"/> Keep me comfortable and allow natural death to occur. I do not want any medical interventions used to try to EXTEND my life. I do not want to receive nutrition and fluids by tube or other medical means.
<input type="checkbox"/> Keep me comfortable and allow natural death to occur. I do not want medical interventions used to try to extend my life. If I am unable to take nourishment by mouth, however, I want to receive nutrition and fluids by tube or other medical means.	<input type="checkbox"/> Keep me comfortable and allow natural death to occur. I do not want medical interventions used to try to extend my life. If I am unable to take nourishment by mouth, however, I want to receive nutrition and fluids by tube or other medical means.
<input type="checkbox"/> Try to extend my life for as long as possible, using all available interventions that in reasonable medical judgment would prevent or delay my death. If I am unable to take nourishment by mouth, I want to receive nutrition and fluids by tube or other medical means.	<input type="checkbox"/> Try to extend my life for as long as possible, using all available interventions that in reasonable medical judgment would prevent or delay my death. If I am unable to take nourishment by mouth, I want to receive nutrition and fluids by tube or other medical means.

**IF I HAVE AN END-STAGE CONDITION, THAT IS A CONDITION CAUSED BY INJURY, DISEASE, OR ILLNESS, AS A RESULT OF WHICH I HAVE SUFFERED SEVERE AND PERMANENT DETERIORATION INDICATED BY INCOMPETENCY AND COMPLETE PHYSICAL DEPENDENCY AND FOR WHICH, TO A REASONABLE DEGREE OF MEDICAL CERTAINTY, TREATMENT OF THE IRREVERSIBLE CONDITION WOULD BE MEDICALLY INEFFECTIVE
PLEASE MARK YOUR PREFERENCES:**

CLIENT <i>(Select ONLY one of three)</i>	SPOUSE <i>(Select ONLY one of three)</i>
<input type="checkbox"/> Keep me comfortable and allow natural death to occur. I do not want any medical interventions used to try to extend my life. I do not want to receive nutrition and fluids by tube or other medical means.	<input type="checkbox"/> Keep me comfortable and allow natural death to occur. I do not want any medical interventions used to try to extend my life. I do not want to receive nutrition and fluids by tube or other medical means.

<input type="checkbox"/> Keep me comfortable and allow natural death to occur. I do not want medical interventions used to try to extend my life. If I am unable to take nourishment by mouth, however, I want to receive nutrition and fluids by tube or other medical means.	<input type="checkbox"/> Keep me comfortable and allow natural death to occur. I do not want medical interventions used to try to extend my life. If I am unable to take nourishment by mouth, however, I want to receive nutrition and fluids by tube or other medical means.
<input type="checkbox"/> Try to extend my life for as long as possible, using all available interventions that in reasonable medical judgment would prevent or delay my death. If I am unable to take nourishment by mouth, I want to receive nutrition and fluids by tube or other medical means.	<input type="checkbox"/> Try to extend my life for as long as possible, using all available interventions that in reasonable medical judgment would prevent or delay my death. If I am unable to take nourishment by mouth, I want to receive nutrition and fluids by tube or other medical means.

OTHER DIRECTIONS – YOU HAVE THE RIGHT TO BE INVOLVED IN ALL DECISIONS ABOUT YOUR MEDICAL CARE, EVEN THOSE NOT DEALING WITH TERMINAL OR END-STAGE CONDITIONS OR PERSISTENT VEGETATIVE STATES. IF YOU HAVE ANY WISHES NOT COVERED IN THE OTHER PARTS OF THIS DOCUMENT, PLEASE INDICATE THOSE WISHES IN THE SPACE PROVIDED HERE:

PERSONAL PROPERTY MEMORANDUM

<p>USE OF PERSONAL PROPERTY MEMORANDUM:</p> <p>Do you want to provide that your personal property will be distributed pursuant to a written list you may prepare later?</p>	<p>CLIENT:</p> <p>SPOUSE:</p>	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No	Yes	No
Yes	No					
Yes	No					

CLIENT	SPOUSE
<p>Any property not listed on the memorandum should be distributed to:</p>	<p>Any property not listed on the memorandum should be distributed to:</p>
<input type="checkbox"/> Spouse, then children equally. <input type="checkbox"/> Children <input type="checkbox"/> Spouse, then to balance of trust. <input type="checkbox"/> To the balance of the trust. <input type="checkbox"/> Spouse, then other named individuals. <input type="checkbox"/> Other named individuals. Named on next line.	<input type="checkbox"/> Spouse, then children equally. <input type="checkbox"/> Children <input type="checkbox"/> Spouse, then to balance of trust. <input type="checkbox"/> To the balance of the trust. <input type="checkbox"/> Spouse, then other named individuals. <input type="checkbox"/> Other named individuals. Named on next line.

**CLIENT
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.**

	Individual or Charity and Address	Amount of Property	Contingent on Spouse Predeceasing
First Choice			
Second Choice			
Third Choice			

**SPOUSE
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.**

	Individual or Charity	Amount of Property	Contingent on Spouse Predeceasing
First Choice			
Second Choice			
Third Choice			

PROVIDING FOR THE SURVIVING SPOUSE UPON DEATH OF FIRST SPOUSE TO DIE

TO SURVIVING SPOUSE WITHOUT TAX PLANNING: We recognize this does not provide any tax planning which may result in our beneficiaries paying significant optional estate taxes.

All to surviving spouse.

_____% to surviving spouse.

Minimum allowed by law to surviving spouse.

DIVIDE INTO MARITAL AND FAMILY TRUSTS:

Designed to maximize estate tax savings. To accomplish this, amount up to the "applicable exclusion amount" will be transferred to the Family Trust and the balance, if any, to the Marital Trust. This is sometimes referred to as "A/B Trust Planning". The Marital Trust is sometimes referred to as the "A Trust" or "QTIP Trust". The Family Trust is sometimes referred to as the "B Trust", "By-Pass Trust" or "Credit Shelter Trust". Also provides protection for surviving spouse from creditors and predators. You decide how much control you want the surviving spouse to have. In the event of remarriage this method of design protects property for your heirs from a new spouse in case of death or divorce.

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).

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INCOME AND PRINCIPAL FOR NEEDS: All income and principal are available for needs. Income may be accumulated and not distributed.

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 a 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? _____

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

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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:

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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 the property is held in trust it is available to the beneficiary for his or her 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 21, 1/2 at age 25 and balance at age 30. You decide who will manage the property and to carry out your distribution instructions. Does the beneficiary have a right to be a co-trustee and/or select his or her own co-trustee? 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 at the time of your death or your beneficiaries' death? 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 later.

In the 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 CLIENT's heirs-at-law and one-half to SPOUSE's heirs at law.

To the following named individuals and/or charities:

Full Name	
Relationship	
Address	
Phone Number (Home)	
Phone Number (Cell)	
Email Address	
Full Name	
Relationship	
Address	
Phone Number (Home)	
Phone Number (Cell)	
Email Address	

MINOR BENEFICIARIES: If a minor child, grandchild or any other minor beneficiary *could* potentially inherit under your Will, you need to decide how he or she should receive the property. A minor cannot hold the title to property or receive money, but there are two options to provide how any property will be held on behalf of the minor until he or she reaches a certain age.

Uniform Gift to Minors Act (“UGMA”): This is a statute which allows the assets to be held by a custodian until the minor reaches age 18. Prior to obtaining the age of majority, the custodian may use or expend the funds for the minor’s benefit without Court approval. At age 18, however, the funds are given outright to the beneficiary. This is perhaps the single biggest drawback of UGMA in that many believe that an 18-year-old should not have unfettered access to large sums of money. On the other hand, UGMA is much simpler than a trust. You may designate the custodian or allow your Personal Representative to select a custodian for you. For the foregoing reasons, UGMA is more appropriate when a minor is inheriting or may inherit a small sum of money.

Testamentary trust for a minor: Unlike UGMA, a testamentary trust can be tailored to your specific needs. Typically, the trust designates an age or triggering event that will cause the trust to terminate and the child to receive the property (i.e., age 25 or graduation from college). You may also specify how the funds are used during the term of the trust. An additional benefit of such a trust is that you can name it as a beneficiary or contingent beneficiary of your non-probate assets (e.g., life insurance, 401k).

If you Select to use a trust, you will have to designate a trustee (and successor trustee) of the trust. A separate tax return must be filed for the trust each year and often an accountant will be necessary. The administrative fees and costs of a trust may be significant, so it is not advisable for a small inheritance

If you have more than one child to provide for, we need to know whether you would like separate trusts for each child or one joint trust for all your children. If you Select separate trusts, the property will be divided into separate trusts for each child. The trustee will use only that child’s trust for their benefit during their life and will distribute the property remaining in their own trust at the age (or event) you indicate. The separate trust option emphasizes the equality of inheritances.

If you put the property into a joint trust, the trustee will have the discretion to use all the combined property for the child that needs it the most. There is no requirement of equality during the term of the trust. When the trust eventually terminates, the proceeds are then divided equally. This joint trust allows the trustee to act much more like a parent in that the funds are used where they are needed the most rather than a requirement for equal distribution. Only after all the children have reached the designated age will there be an equal distribution.

If you want the minor child’s share distributed under UGMA please complete:

PRIMARY CUSTODIAN	
Full Name	
Relationship	
Address	
Phone Number (Home)	
Phone Number (Cell)	
Email Address	
SUCCESSOR CUSTODIAN	
Full Name	
Relationship	
Address	
Phone Number (Home)	
Phone Number (Cell)	

Email Address	
ACCOUNT DETAILS	
UGMA Age (18 .)	
UGMA Age (18 .)	

If you want the minor child's share (or any other person's share) distributed under a testamentary trust, please fill out the following:

PRIMARY TRUSTEE	
Full Name	
Relationship	
Address	
Phone Number (Home)	
Phone Number (Cell)	
Email Address	
SUCCESSOR TRUSTEE	
Full Name	
Relationship	
Address	
Phone Number (Home)	
Phone Number (Cell)	
Email Address	

PETS		
Do you have any pets?	___ Yes	___ No
How you would like your pets to be provided for in the event of your death?		
Pet Name:	Treatment	

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:

Please check all documents that are relevant to either you and/or your spouse, if applicable, and provide us with a copy of the applicable documents, if possible.

A partial checklist is provided below:

WILLS & TRUSTS NOW!!
ESTATE PLANNING CHECKLIST

Try to get the information and documents listed below before you begin your Estate Planning Questionnaire:

1. Existing wills and trusts, if any.
2. Existing Powers of Attorney, Health Care Powers of Attorney, Medical Releases.
3. Contact information of the persons you want notified in the event something should happen and you become incapacitated or your death.
4. Deeds
5. Birth certificates
6. Social security numbers for you, your spouse and family members.
7. Marriage certificate(s)
8. Divorce Judgment and Property Settlements
9. Prenuptial & Postnuptial agreements
10. Previous three (3) years' income tax returns for federal state and local
11. All bank account information for checking and savings
12. Location of all safety deposit boxes
13. Retirement plans, such as pension plans, profit-sharing plans, §401(k) and §403(b) plans, IRA's, Roth IRA's, SEP's, §457 Plans. Etc.
14. Employee benefit plan information from your employer for retirement, health and disability. Be sure to include supplemental programs from providers and insurers such as AFLAC.
15. Investment accounts for stocks, bonds, mutual funds, gold and silver.
16. Addresses and property titles/deeds and mortgages for your real estate. These can be easily downloaded from the internet at minimal cost. If you need help Wills & Trusts Now!! will help you.
17. Life, auto, health, and disability insurance policies (please include premium amounts and due dates)
18. Debts owed e.g., car loans, credit cards, charge accounts and personal loans
19. Any business agreements involving corporations, partnerships, or sole proprietorships and list the location and names of each, such as operating agreements, buy-sell agreements, etc.