

**ESTATE PLANNING INFORMATION**

Name of Plan Member: \_\_\_\_\_

Husband's Name: \_\_\_\_\_

Wife's Name: \_\_\_\_\_

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

**(Include county)**

Phone: \_\_\_\_\_

**(home and work)**

Legal Plan Name: \_\_\_\_\_

SSN of Plan Member: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

**(Of plan member)**

**LIVING TRUST**

If the net value of the estate is 1 million or more than we will draft a living trust or if the amount insurance policies total this amount we draft an insurance trust.

What is the net value of your estate (minus all debt)? \_\_\_\_\_

What is the approximate value of your life insurance policies? \_\_\_\_\_

\_\_\_\_\_

**ASSETS**

How do you want your property/assets to be distributed? Standard is choice A.

- a. All to spouse, then equally to children.
- b. All to spouse, then unequally to children. (explain below)
- c. Other (explain below)

\_\_\_\_\_

\_\_\_\_\_

**EXECUTOR/EXECUTRIX**

Person who will make sure all your wishes named in your Will are carried out. The spouse is **ALWAYS** listed as the first choice, unless otherwise noted. Please list alternate(s).

**Wife's Choices:**

Full Name	Address (include county)	Phone Number	Relationship to You
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1<sup>st</sup> Alternate \_\_\_\_\_

\_\_\_\_\_

2<sup>nd</sup> Alternate \_\_\_\_\_

\_\_\_\_\_

**Husband's Choices:**

Full Name	Address (include county)	Phone Number	Relationship to You
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1<sup>st</sup> Alternate \_\_\_\_\_

\_\_\_\_\_

2<sup>nd</sup> Alternate \_\_\_\_\_

\_\_\_\_\_

**CHILDREN**

Name(s)	Address (if different from Parents)	Natural /Adopted
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TRUST**

If you have minor or incapacitated children, their share will be placed into a trust. At what age do you want the trust to terminate? \_\_\_\_\_ Or would you like the trust to your assets in 3 stages? If so, please indicate below what ages you wish it to be distributed at.

One-third at \_\_\_\_\_ One-third at \_\_\_\_\_

One-third at (the trust terminates at this age also) \_\_\_\_\_

**TRUSTEE**

Who do you want to control the trust assets and distributions to your children from the trust? Please name one trustee and atleast one alternate.

Full Name	Address (include county)	Phone Number	Relationship to You
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1<sup>st</sup> Choice \_\_\_\_\_

\_\_\_\_\_

Alternate \_\_\_\_\_

\_\_\_\_\_

**GUARDIANS**

Who will take care of your kids if they are under 18 years of age. This does not have to be the same as the trustee but they will have to work together for the interest of the children.

Full Name	Address (include county)	Phone Number	Relationship to You
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1<sup>st</sup> Choice \_\_\_\_\_

\_\_\_\_\_

Alternate \_\_\_\_\_

\_\_\_\_\_

**MEDICAL POWER OF ATTORNEY & GUARDIANSHIP**

Please list who you want to delegate the authority to make health care decisions (or removal of life support systems) if you lack the capacity to make a decision on your own and take care of your physical needs as well? List one person and at least one alternate.

**Wife's Choices:**

Full Name	Address (include county)	Phone Number	Relationship to You
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1<sup>st</sup> Choice \_\_\_\_\_

\_\_\_\_\_

Alternate \_\_\_\_\_

\_\_\_\_\_

**Husband's Choices:**

Full Name	Address (include county)	Phone Number	Relationship to You
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1<sup>st</sup> Choice \_\_\_\_\_

\_\_\_\_\_

Alternate \_\_\_\_\_

\_\_\_\_\_

**POWER OF ATTORNEY**

If you become incapacitated, who would you like to have control over your financial assets until you die or regain your capabilities? Please name whom you wish to vest this control and at least one alternate. The spouse is **ALWAYS** listed as the first choice, unless otherwise noted. Please list alternate(s).

**Wife's Choices:**

Full Name	Address (include county)	Phone Number	Relationship to You
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1<sup>st</sup> Alternate \_\_\_\_\_

\_\_\_\_\_

2<sup>nd</sup> Alternate \_\_\_\_\_

Confidential

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**Husband's Choices:**

Full Name      Address (include county)      Phone Number      Relationship to You

1<sup>st</sup> Alternate \_\_\_\_\_

2<sup>nd</sup> Alternate \_\_\_\_\_

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