

ESTATE PLANNING INFORMATION



*(PLEASE TYPE OR PRINT LEGIBLY.)*

NAME OF PLAN MEMBER: \_\_\_\_\_

HUSBAND'S NAME: \_\_\_\_\_

WIFE'S NAME: \_\_\_\_\_

ADDRESS:  
(INCLUDE COUNTY) \_\_\_\_\_

PHONE:  
(HOME AND WORK) \_\_\_\_\_

LEGAL PLAN NAME:  
(ARAG OR HYATT) \_\_\_\_\_

SSN OF PLAN MEMBER: \_\_\_\_\_

NAME OF EMPLOYER:  
(OF PLAN MEMBER) \_\_\_\_\_

LIVING TRUST

IF THE NET VALUE OF YOUR ESTATE IS 1.5 MILLION OR MORE, AND YOUR LEGAL PLAN COVERS IT, THEN WE CAN DRAFT A LIVING TRUST OR IF THE VALUE OF YOUR INSURANCE POLICIES TOTALS 1.5 MILLION OR MORE, WE CAN 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? \_\_\_\_\_

\_\_\_\_\_

CHILDREN

NAME(S)      ADDRESS (IF DIFFERENT FROM YOURS)      NATURAL/ADOPTED/STEP

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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)

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## SPECIFIC BEQUESTS

PLEASE LIST ANY SPECIFIC BEQUESTS THAT YOU MAY HAVE, INCLUDING THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE BENEFICIARY AND THE PROPERTY THAT YOU WISH TO LEAVE TO THAT PERSON.

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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 DISTRIBUTED IN 3 STAGES? IF SO, PLEASE INDICATE BELOW WHAT AGES YOU WISH THE ASSETS TO BE DISTRIBUTED.

ONE-THIRD AT \_\_\_\_\_ ONE-THIRD AT \_\_\_\_\_

ONE-THIRD AT (TRUST ALSO TERMINATES AT THIS AGE) \_\_\_\_\_

**TRUSTEE**

WHO DO YOU WANT TO CONTROL THE TRUST ASSETS AND DISTRIBUTIONS FROM THE TRUST TO YOUR CHILDREN? PLEASE NAME ONE TRUSTEE AND AT LEAST ONE ALTERNATE.

NAME    ADDRESS (INCLUDE COUNTY)    PHONE NO.                      RELATIONSHIP TO YOU

1<sup>ST</sup> CHOICE \_\_\_\_\_

\_\_\_\_\_

ALTERNATE \_\_\_\_\_

\_\_\_\_\_

**EXECUTOR/EXECUTRIX**

THIS IS THE PERSON WHO WILL MAKE SURE ALL OF THE PROVISIONS OF YOUR WILL ARE CARRIED OUT. YOUR SPOUSE IS **ALWAYS** LISTED AS THE FIRST CHOICE, UNLESS OTHERWISE NOTED. PLEASE LIST ALTERNATE(S).

**HUSBAND'S CHOICES:**

NAME    ADDRESS (INCLUDE COUNTY)    PHONE NO.                      RELATIONSHIP TO YOU

1<sup>ST</sup> ALTERNATE \_\_\_\_\_

\_\_\_\_\_

2<sup>ND</sup> ALTERNATE \_\_\_\_\_

\_\_\_\_\_

**WIFE'S CHOICES:**

NAME    ADDRESS (INCLUDE COUNTY)    PHONE NO.                      RELATIONSHIP TO YOU

1<sup>ST</sup> ALTERNATE \_\_\_\_\_

\_\_\_\_\_

2<sup>ND</sup> ALTERNATE \_\_\_\_\_

\_\_\_\_\_

**GUARDIANS**

WHO WILL TAKE CARE OF YOUR CHILDREN IF THEY ARE UNDER 18 YEARS OF AGE? THIS DOES NOT HAVE TO BE THE SAME PERSON AS THE TRUSTEE, BUT THEY WILL HAVE TO WORK TOGETHER FOR THE INTEREST OF THE CHILDREN. (NOTE: BY LAW, A SURVIVING PARENT IS THE GUARDIAN IF ONE PARENT IS DECEASED.)

NAME    ADDRESS (INCLUDE COUNTY)    PHONE NO.                      RELATIONSHIP TO YOU

1<sup>ST</sup> CHOICE \_\_\_\_\_

\_\_\_\_\_

ALTERNATE \_\_\_\_\_

\_\_\_\_\_

**FUNERAL ARRANGEMENTS**

SPECIFIC FUNERAL ARRANGEMENTS CAN BE INCLUDED IN YOUR WILL. IF YOU WANT TO INCLUDE SPECIFIC ARRANGEMENTS, PLEASE LIST:

**HUSBAND:** \_\_\_\_\_

\_\_\_\_\_

**WIFE:** \_\_\_\_\_

\_\_\_\_\_

**POWER OF ATTORNEY**

IF YOU BECOME INCAPACITATED, WHO WOULD YOU LIKE TO HAVE CONTROL OVER YOUR FINANCIAL DECISIONS AND ASSETS UNTIL YOU DIE OR REGAIN YOUR CAPABILITIES? PLEASE NAME THE PERSON 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).

**HUSBAND'S CHOICES:**

NAME    ADDRESS (INCLUDE COUNTY)    PHONE NO.                      RELATIONSHIP TO YOU

1<sup>ST</sup> ALTERNATE \_\_\_\_\_

\_\_\_\_\_

2<sup>ND</sup> ALTERNATE \_\_\_\_\_

\_\_\_\_\_

**WIFE'S CHOICES:**

NAME ADDRESS (INCLUDE COUNTY) PHONE NO. RELATIONSHIP TO YOU

1<sup>ST</sup> ALTERNATE \_\_\_\_\_

2<sup>ND</sup> ALTERNATE \_\_\_\_\_

**MEDICAL POWER OF ATTORNEY**

PLEASE LIST THE PERSON TO WHOM YOU WANT TO DELEGATE THE AUTHORITY TO MAKE HEALTH CARE DECISIONS FOR YOU (OR REMOVAL OF LIFE SUPPORT SYSTEMS) IF YOU LACK THE CAPACITY TO MAKE A DECISION ON YOUR OWN. YOUR SPOUSE IS **ALWAYS** LISTED AS FIRST CHOICE UNLESS OTHERWISE NOTED. LIST ONE PERSON AND AT LEAST ONE ALTERNATE.

**HUSBAND'S CHOICES:**

NAME ADDRESS (INCLUDE COUNTY) PHONE NO. RELATIONSHIP TO YOU

1<sup>ST</sup> CHOICE \_\_\_\_\_

ALTERNATE \_\_\_\_\_

**WIFE'S CHOICES:**

NAME ADDRESS (INCLUDE COUNTY) PHONE NO. RELATIONSHIP TO YOU

1<sup>ST</sup> CHOICE \_\_\_\_\_

ALTERNATE \_\_\_\_\_

**RETURN TO DURKIN LAW OFFICES, P.C.**

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