



*Estate
Planning*

QUESTIONNAIRE

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Basic
Information
AND
Definitions

Basic Information & Definitions

PLEASE READ THIS OVER CAREFULLY. IT WILL HELP YOU UNDERSTAND THE JOBS OF THE PEOPLE YOU WILL BE NOMINATING TO FULLFULL CERTAIN FUNCTIONS.

WILL

If you do not have a trust, a Will tells the Probate Court what you want to happen to your assets after you die, and appoints an Executor to carry out those wishes.

If you are setting up a Trust, you only need a "Pour-Over Will" to take care of the assets you may have forgotten to put into the Trust.

*If you only have a Will, your beneficiaries will have to go through Probate Court to be able to execute your legal wishes.

LIVING TRUST

A Living Trust protects your assets from Probate Court after your death. Also, it gives you the freedom to handle your assets during your lifetime because you appoint yourself a Trustee for your lifetime (or until you become incapacitated).

GENERAL POWER OF ATTORNEY

If you should become incapacitated and need someone to handle non-trust business affairs for you, this document officially allows them to sign checks, etc., during your incapacitation.

Basic Information & Definitions (Cont)

ADVANCE HEALTH CARE DIRECTIVE

(FORMERLY KNOWN AS "DURABLE POA") It allows you to make your own choices about your health care ahead of time if you cannot communicate those desires in the future. It also appoints someone to carry out your wishes.

NOMINATION OF CONSERVATOR

If you should ever become incapacitated and a danger to yourself for others, it may be necessary for you to have a Conservator handle both your care and your business affairs. This document allows you to appoint someone you trust to do this for you rather than have the court appoint someone. You may name two different people to handle physical care and financial matters.

GRANT DEED

Transfer real property into a trust.

ASSIGNMENT

Transfer business interests and debts owed to you into the trust.

Basic Information & Definitions (Cont)

**DESCRIPTION OF FUNCTIONARIES
YOU MAY NAME THE SAME PERSON OR PERSONS FOR MANY
FUNCTIONS IF YOU LIKE.**

PERSONAL REPRESENTATIVE - OR - EXECUTOR

Your personal representative is the person who will administer your estate and distribute your property to those individuals named in your will. It may be your spouse, a relative, a friend, an adult child. Must be a U.S. citizen who has not been convicted of a serious crime. Your Personal Representative is allowed to inherit from you.

TRUSTEE OF THE TRUST

During your lifetime, the Trustee is you. You will be naming someone to administer the trust and distribute its assets, as you have directed, after your death. That same person may have to take over your financial affairs during your lifetime.

GENERAL POWER OF ATTORNEY

The person you name as this attorney-in-fact can take care of any financial affairs outside the trust if you become incapacitated for any substantial time. For example, day-to-day banking and bill paying.

HEALTH CARE AGENT

This attorney-in-fact makes medical decisions according to your wishes if you cannot communicate those wishes to medical personnel.

Basic Information & Definitions (Cont)

GUARDIAN -or- CONSERVATOR

A legal guardian, or conservator, is an adult who will have the legal authority to care for your child(ren) should you die before the child reaches adulthood.

GUARDIAN OF CHILD'S ESTATE

The person who will manage your child's assets and financial interests is called the guardian of the estate. This person can be the same or separate persons.



*Documents
Currently*

EXECUTED OR FILED

Documents currently executed or filed

	P1	P2
• EXISTING WILLS	<input type="checkbox"/>	<input type="checkbox"/>
• REVOCABLE TRUSTS/LIVING TRUSTS	<input type="checkbox"/>	<input type="checkbox"/>
• HEALTH CARE POWER OF ATTORNEY	<input type="checkbox"/>	<input type="checkbox"/>
• LIVING WILLS AND OTHER MEDICAL DIRECTIVES	<input type="checkbox"/>	<input type="checkbox"/>
• POWER OF ATTORNEY	<input type="checkbox"/>	<input type="checkbox"/>
• PRE OR POSTNUPTIAL AGREEMENTS	<input type="checkbox"/>	<input type="checkbox"/>
• SEPARATION AGREEMENTS	<input type="checkbox"/>	<input type="checkbox"/>
• DIVORCE DECREES	<input type="checkbox"/>	<input type="checkbox"/>
• BUY/SELL OR STOCK REDEMPTION AGREEMENTS	<input type="checkbox"/>	<input type="checkbox"/>
• GIFT TAX RETURNS FILES BY EITHER SPOUSE	<input type="checkbox"/>	<input type="checkbox"/>
• ARE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY A BENEFICIARY OR TRUSTEE OF ANY TRUST?	<input type="checkbox"/>	<input type="checkbox"/>
• OTHER TRUST INSTRUMENTS	<input type="checkbox"/>	<input type="checkbox"/>



Estate
Planning
GOALS



Family

CHILDREN

OTHER DEPENDENTS

PETS

Family

YOUR CHILDREN

NAME

AGE/BIRTHDAY

IS THIS CHILD
DISABLED?

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

GRANDCHILDREN OR OTHER DEPENDENTS

NAME

AGE/BIRTHDAY

RELATIONSHIP

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROVIDE ANY DETAILS FOR CHILDREN WITH ANY
SPECIAL NEEDS OR DISABILITIES



Pets



WHO WILL CARE FOR YOUR PETS?

NAME

RELATIONSHIP

PROVIDE A BRIEF SUMMARY OF HOW YOU WOULD LIKE YOUR PETS TO BE PROVIDED FOR IN THE EVENT OF YOUR DEATH.





Who will
execute your
WISHES

Who will execute your wishes

PERSONAL REPRESENTATIVE OR EXECUTOR

NAME

RELATIONSHIP

SUCCESSOR EXECUTOR (IF ABOVE-NAMED CAN'T OR WON'T)

NAME

RELATIONSHIP

SECOND SUCCESSOR EXECUTOR (IF ABOVE-NAMED CAN'T OR WON'T)

NAME

RELATIONSHIP

GENERAL POWER OF ATTORNEY(POA)

NAME

RELATIONSHIP

SUCCESSOR POA (IF ABOVE-NAMED CAN'T OR WON'T)

NAME

RELATIONSHIP

SECOND SUCCESSOR POA (IF ABOVE-NAMED CAN'T OR WON'T)

NAME

RELATIONSHIP

Who will execute your wishes

HEALTH CARE AGENT

NAME

RELATIONSHIP

SUCCESSOR HEALTH CARE AGENT (IF ABOVE-NAMED CAN'T OR WON'T)

NAME

RELATIONSHIP

SECOND SUCCESSOR HEALTH CARE AGENT
(IF ABOVE-NAMED CAN'T OR WON'T)

NAME

RELATIONSHIP

GUARDIAN OF YOUR CHILD'S WELL-BEING

NAME

RELATIONSHIP

SUCCESSOR GUARDIAN (IF ABOVE-NAMED CAN'T OR WON'T)

NAME

RELATIONSHIP

SECOND SUCCESSOR GUARDIAN (IF ABOVE-NAMED CAN'T OR WON'T)

NAME

RELATIONSHIP



Who will execute your wishes (Cont)

GUARDIAN OF YOUR CHILD'S ESTATE

NAME

RELATIONSHIP

SUCCESSOR (IF ABOVE-NAMED CAN'T OR WON'T)

NAME

RELATIONSHIP

SECOND SUCCESSOR (IF ABOVE-NAMED CAN'T OR WON'T)

NAME

RELATIONSHIP

DO YOU NEED:

- SPECIAL NEEDS TRUST (FOR PERSONS WITH DISABILITIES)
- ASSET PROTECTION TRUST (PROTECTING ASSETS FROM CREDITORS OF THE BENEFICIARIES OR SPOUSE UPON DIVORCE)



*How will your
estate be*

DISTRIBUTED

How will your estate be distributed

BENEFICIARIES

- I LEAVE EVERYTHING TO MY SPOUSE, IF MY SPOUSE PREDECEASES ME TO MY CHILD(REN)
- I LEAVE EVERYTHING TO MY CHILD(REN)
- OTHER DISTRIBUTION SCHEME

DISTRIBUTION FOR CHILDREN/OTHER

NAME

PERCENTAGE OF ESTATE

IN THE EVENT YOUR CHILD(REN) DO NOT SURVIVE YOU, PLEASE IDENTIFY HOW YOU WOULD LIKE YOUR ESTATE DIVIDED

- HIS/HER SHARE GOES TO HIS/HER CHILD(REN) EQUALLY
- HIS/HER SHARE GOES TO HIS/HER CHILD(REN) EQUALLY. IF THERE ARE NO CHILDREN THEN TO YOUR OTHER SURVIVING CHILDREN



How will your estate be distributed (Cont)

OTHER DISTRIBUTIONS

IF YOU WISH TO DISTRIBUTE YOUR ESTATE TO ANYONE OTHER THAN YOUR SPOUSE OR CHILDREN, PROVIDE THE RESPECTIVE BENEFICIARIES AND CONTINGENT BENEFICIARIES.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>100% OF ESTATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPECIFIC GIFTS/TRANSFERS

IF YOU WISH TO MAKE ANY SPECIFIC GIFTS SEPARATE FROM THE DISTRIBUTION SCHEME IDENTIFIED PLEASE IDENTIFY BELOW

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>SPECIFIC GIFT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Incapacity

PLANNING



Incapacity Planning

LIVING WILL: THIS ALLOWS YOU TO DESIGNATE YOUR PREFERENCES FOR END OF LIFE CARE AND ORGAN DONATION CHOICES IN THE EVENT THAT YOU ARE IN A PERSISTENT VEGETATIVE STATE, HAVE A TERMINAL ILLNESS WHEN DEATH IS IMMINENT OR AN EN-STATE CONDITION.

THESE DECISIONS ARE OFTEN VERY DIFFICULT TO DISCUSS WITH YOUR FAMILY

IF MY DEATH FROM A TERMINAL CONDITION IS IMMINENT (P1)
(EVEN IF LIFE-SUSTAINING PROCEDURES ARE USED AND THERE IS NOT REASONABLE EXPECTATION OF MY RECOVERY)

- 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.

 - KEEP ME COMFORTABLE AND ALLOW NATURAL DEATH TO OCCUR. I DO NOT WANT MEDICAL INTERVENTIONS USED TO TRY TO EXTEND MY LIFE. I PREFER NOURISHMENT BY MOUTH, HOWEVER, I AM WILLING TO RECEIVE NUTRITION AND FLUIDS BY TUBE OR OTHER MEDICAL MEANS IF NEEDED.

 - 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 ENOUGH NOURISHMENT BY MOUTH, I WANT TO RECEIVE NUTRITION AND FLUIDS BY TUBE OR OTHER MEDICAL MEANS.
-

Incapacity Planning

LIVING WILL: THIS ALLOWS YOU TO DESIGNATE YOUR PREFERENCES FOR END OF LIFE CARE AND ORGAN DONATION CHOICES IN THE EVENT THAT YOU ARE IN A PERSISTENT VEGETATIVE STATE, HAVE A TERMINAL ILLNESS WHEN DEATH IS IMMINENT OR AN EN-STATE CONDITION.

THESE DECISIONS ARE OFTEN VERY DIFFICULT TO DISCUSS WITH YOUR FAMILY

IF MY DEATH FROM A TERMINAL CONDITION IS IMMINENT (P2)
(EVEN IF LIFE-SUSTAINING PROCEDURES ARE USED AND THERE IS NOT REASONABLE EXPECTATION OF MY RECOVERY)

- 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.
 - KEEP ME COMFORTABLE AND ALLOW NATURAL DEATH TO OCCUR. I DO NOT WANT MEDICAL INTERVENTIONS USED TO TRY TO EXTEND MY LIFE. I PREFER NOURISHMENT BY MOUTH, HOWEVER, I AM WILLING TO RECEIVE NUTRITION AND FLUIDS BY TUBE OR OTHER MEDICAL MEANS IF NEEDED.
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-

Incapacity Planning (Cont)

IF I AM IN A PERSISTENT VEGETATIVE STATE (P1)

(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)

- 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.

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-

Incapacity Planning (Cont)

IF I AM IN A PERSISTENT VEGETATIVE STATE (P2)

(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)

- 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.

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-

Incapacity Planning (Cont)

IF I HAVE AN END-STAGE CONDITION (P1)

(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)

- 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.

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-

Incapacity Planning (Cont)

IF I HAVE AN END-STAGE CONDITION (P2)

(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)

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-

Incapacity Planning (Cont)

UPON MY DEATH (P1):

- I DO NOT WISH TO BE AN ORGAN DONOR
- I WISH TO BE AN ORGAN DONOR
I WISH TO DONATE:
- ANY NEEDED ORGANS, TISSUES, OR EYES
 - ONLY THE FOLLOWING ORGANS, TISSUES, OR EYES:

- I AUTHORIZE THE USE OF MY DONATED ORGANS, TISSUES, OR EYES:
- FOR TRANSPLANTATION
 - FOR THERAPY
 - FOR RESEARCH
 - FOR MEDICAL EDUCATION
 - FOR ANY PURPOSE AUTHORIZED BY LAW
-

UPON MY DEATH (P2):

- I DO NOT WISH TO BE AN ORGAN DONOR
- I WISH TO BE AN ORGAN DONOR
I WISH TO DONATE:
- ANY NEEDED ORGANS, TISSUES, OR EYES
 - ONLY THE FOLLOWING ORGANS, TISSUES, OR EYES:

- I AUTHORIZE THE USE OF MY DONATED ORGANS, TISSUES, OR EYES:
- FOR TRANSPLANTATION
 - FOR THERAPY
 - FOR RESEARCH
 - FOR MEDICAL EDUCATION
 - FOR ANY PURPOSE AUTHORIZED BY LAW
-



Other relevant
**MATTERS, COMMENTS,
& QUESTIONS**
