

QUESTIONNAIRE

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Basiv Information Wefinitions

Basic Information & Definitions

PLEASE READ THIS OVER CAREFULLY. IT WILL HELP YOU UNDERSTAND THE JOBS OF THE PEOPE 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.

ASSIGMENT

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

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

PERSONAL REPRESENTATIVE - OR - EXECUTER

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 asses, 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.



Downents Currently

EXECUTED OR FILED

Documents currently executed or filed

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





BRIEFLY DESCRIBE YOUR ESTATE PLA (IT COULD BE ANYTHING. ANYTHIN)	
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BRIEFLY DESCRIBE YOUR ESTATE PLANNING GOALS (IT COULD BE ANYTHING. ANYTHING AT ALL)	



CHILDREN OTHER DEPENDENTS PETS

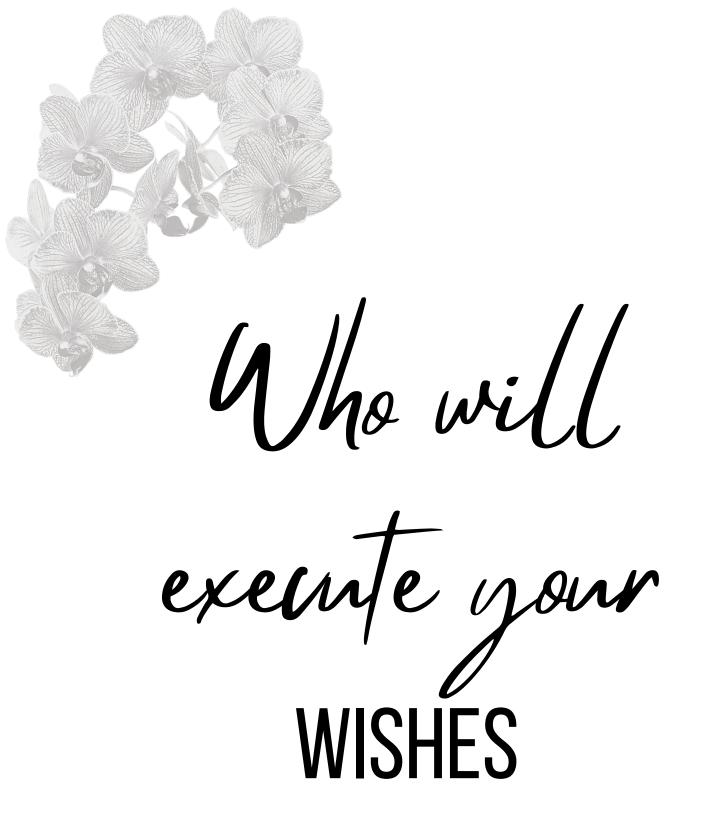


YOUR CHILDREN NAME	AGE/BIRTHDAY	IS THIS CHILD DISABLED?
GRANDCHILDREN OR OTH	ER DEPENDENT	S
<u>NAME</u>	AGE/BIRTHDAY	RELATIONSHIP
PROVIDE ANY DETAILS FO		ITH ANY



Joseph Commence

WHO WILL CARE FOR	R YOUR PETS? RELATIONSHIP
PROVIDE A BRIEF SI	IMMARY OF HOW YOU WOULD
	BE PROVIDED FOR IN THE





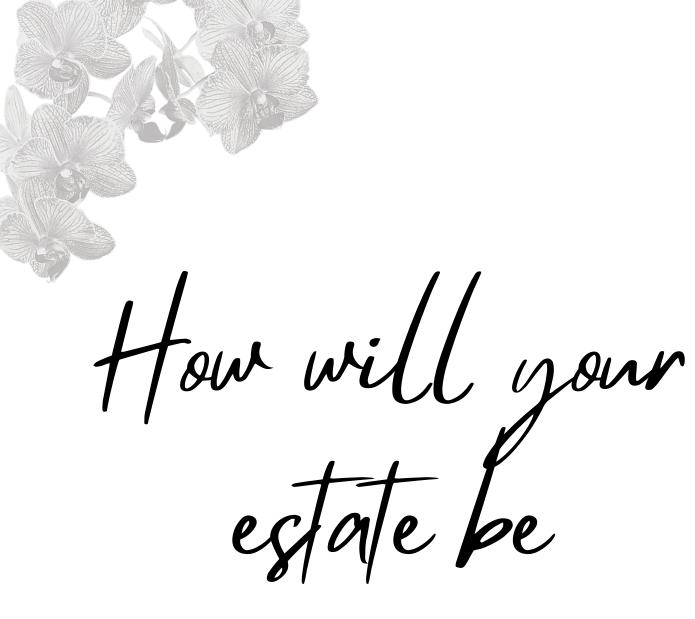
PERSONAL REPRESENTATIVE OR EXECUTOR NAME RELATIONSHIP SUCCESSOR EXECUTOR (IF ABOVE-NAMED CAN'T OR WON'T) RELATIONSHIP NAME SECOND SUCCESSOR EXECUTOR (IF ABOVE-NAMED CAN'T OR WON'T) NAME RELATIONSHIP GENERAL POWER OF ATTORNEY(POA) NAME RELATIONSHIP SUCCESSOR POA (IF ABOVE-NAMED CAN'T OR WON'T) NAME RELATIONSHIP SECOND SUCCESSOR POA (IF ABOVE-NAMED CAN'T OR WON'T) NAME RELATIONSHIP

Mho will execute your wishes

HEALTH CARE AGENT	
<u>NAME</u>	<u>RELATIONSHIP</u>
SUCCESSOR HEALTH CARE AGEN	IT (IF ABOVE-NAMED CAN'T OR WON'T) RELATIONSHIP
SECOND SUCCESSOR HEALTH (IF ABOVE-NAMED CAN'T OR V	
NAME	RELATIONSHIP
GUARDIAN OF YOUR C	HILD'S WELL-BEING
NAME	RELATIONSHIP
SUCCESSOR GUARDIAN (I	F ABOVE-NAMED CAN'T OR WON'T
SECOND SUCCESSOR GUARD NAME	IAN (IF ABOVE-NAMED CAN'T OR WON'T) RELATIONSHIP

Who will execute your wishes (Cont)

GUARDIAN OF YOUR CHILD'S ESTATE		
NAME		
SUCCESSOR (IF ABOVE-NAMED CAN'T OR WON'T) NAME RELATIONSHIP		N'T)
SECOND SUCCESSOR (IF ABOVE-NAMED CAN'T OR WON'T NAME RELATIONSHIP		R WON'T)
the state of the s		
DO YOU NEED:		
• SPECIAL NEEDS TRUST (FOR PERSONS WITH DISABILIT	TIES)	
• ASSET PROTECTION TRUST (PROTECTING ASSETS FROM COUSE USENEFICIARIES OR SPOUSE USER)		



DISTRIBUTED

How will your estate be distributed

<u>BENEFICIARIES</u>
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
N 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

NAME

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

RELATIONSHIP

100% OF ESTATE

SPECIFIC GIFTS/TRAN IF YOU WISH TO MAKI SEPARATE FROM THE IDENTIFIED PLEASE ID	E ANY SPECIFIC (DISTRIBUTION SC	
NAME	RELATIONSHIP	SPECIFIC GIFT

How will your estate be distributed (Cont)

TANGIBLE PERSONAL PROPERTY LIST

RECIPIENT	<u>RELATIONSHIP</u>	ITEM



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PLANNING

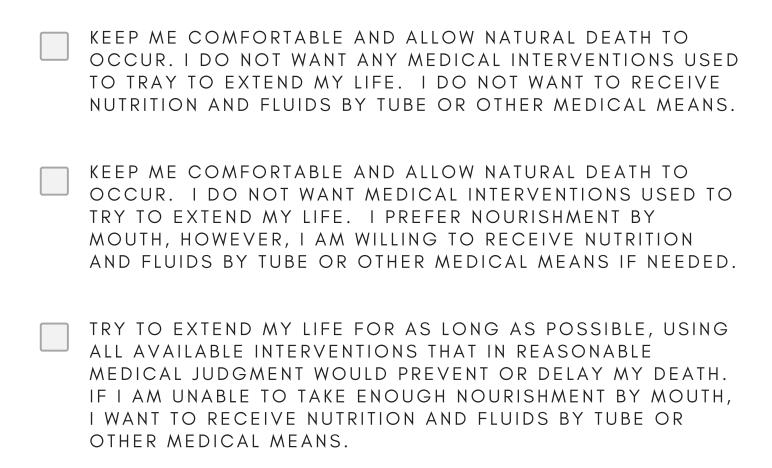


LIVING WILL: THIS ALLOWS YOU TO DESIGNATE YOUR PREFERENCES FOR END OF LIFE CARE AND ORGAN DONATION CHOICES IN THE EVENT THAT YOU ARE IN A PERSISTENT VEGETATIVE STATE, HAVE A TERMINAL ILLNESS WHEN DEATH IS IMMINENT OR AN EN-STATE CONDITION.

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)





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THESE DECISIONS ARE OFTEN VERY DIFFICULT TO DISCUSS WITH YOUR FAMILY

(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 TRAY 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.



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 TRAY TO EXTEND MY LIFE. I DO NOT WANT TO RECEIVE NUTRITION AND FLUIDS BY TUBE OR OTHER MEDICAL MEANS.
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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 TRAY 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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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 TRAY 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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TF 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)

KEEP ME COMFORTABLE AND ALLOW NATURAL DEATH TO

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Ineapacity Planning (Cont)

<u>UPON MY DEATH (P1)</u> :	
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):	
UPON MY DEATH (P2): I DO NOT WISH TO BE AN ORGAN DONOR	
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 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	



BURIAL, CREMATION, OR ENTOMBMENT? WHERE? TOMBSTONE, GRAVE MARKER? ANY EXPENSES PREPAID? WHO OFFICIATES? SPEAKS? FLOWERS? MUSIC? SPECIAL DEADINGS? OTHER DEMEMBRANCES

READINGS?	OTHER	REMEMBRAN	CES	
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READINGS? OTHER REMEMBRANCES	



Other relevant MATTERS, COMMENTS, & QUESTIONS



PLEASE INDICATE BELOW ANY SPECIFIC REQUESTS SUCH AS RELIGIOUS REQUIREMENTS OR OTHER AGE SPECIFIC RESTRICTIONS



PLEASE INDICATE BELOW ANY SPECIFIC REQUESTS SUCH
AS RELIGIOUS REQUIREMENTS OR OTHER AGE SPECIFIC
RESTRICTIONS