

**Part 1
Personal Information**

Your Information

Full name: _____

Also Known As: _____

Prefer to be called: _____

Home Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Mobile: _____

Email: _____

DOB: _____

Email communication is OK.

Children and Other Family Members
(list deceased children)

<p>Name _____</p> <p>Home Address: _____</p> <p>Home Phone: _____</p> <p>Mobile: _____</p> <p>Email: _____</p>	<p align="center">DOB</p>	<p><input type="checkbox"/> Natural Born</p> <p><input type="checkbox"/> Adopted</p> <p><input type="checkbox"/> Other</p>
<p>Name _____</p> <p>Home Address: _____</p> <p>Home Phone: _____</p> <p>Mobile: _____</p> <p>Email: _____</p>		<p><input type="checkbox"/> Natural Born</p> <p><input type="checkbox"/> Adopted</p> <p><input type="checkbox"/> Other</p>

Name _____ Home Address: _____ Home Phone: _____ Mobile: _____ Email: _____	DOB	<input type="checkbox"/> Natural Born <input type="checkbox"/> Adopted <input type="checkbox"/> Other
Name _____ Home Address: _____ Home Phone: _____ Mobile: _____ Email: _____		<input type="checkbox"/> Natural Born <input type="checkbox"/> Adopted <input type="checkbox"/> Other
Name _____ Home Address: _____ Home Phone: _____ Mobile: _____ Email: _____		<input type="checkbox"/> Natural Born <input type="checkbox"/> Adopted <input type="checkbox"/> Other

Advisors

Name	Telephone
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Personal Attorney:	
Accountant:	
Financial Advisor	
Life Insurance Agent	

Your Concerns

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

Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability	<input type="checkbox"/> High <input type="checkbox"/> Some <input type="checkbox"/> Low <input type="checkbox"/> N/A
Providing for and protecting children.	<input type="checkbox"/> High <input type="checkbox"/> Some <input type="checkbox"/> Low <input type="checkbox"/> N/A
Disinheriting a family member.	<input type="checkbox"/> High <input type="checkbox"/> Some <input type="checkbox"/> Low <input type="checkbox"/> N/A
Providing for charities at the time of death.	<input type="checkbox"/> High <input type="checkbox"/> Some <input type="checkbox"/> Low <input type="checkbox"/> N/A
Plan for the transfer and survival of a family business.	<input type="checkbox"/> High <input type="checkbox"/> Some <input type="checkbox"/> Low <input type="checkbox"/> N/A
Avoiding or reducing your estate taxes.	<input type="checkbox"/> High <input type="checkbox"/> Some <input type="checkbox"/> Low <input type="checkbox"/> N/A
Avoiding probate.	<input type="checkbox"/> High <input type="checkbox"/> Some <input type="checkbox"/> Low <input type="checkbox"/> N/A
Reduce administration costs at time of death.	<input type="checkbox"/> High <input type="checkbox"/> Some <input type="checkbox"/> Low <input type="checkbox"/> N/A
Avoiding guardianship (living probate) in case of disability.	<input type="checkbox"/> High <input type="checkbox"/> Some <input type="checkbox"/> Low <input type="checkbox"/> N/A
Avoiding Will contests or other disputes upon death.	<input type="checkbox"/> High <input type="checkbox"/> Some <input type="checkbox"/> Low <input type="checkbox"/> N/A
Protecting assets from lawsuits or creditors.	<input type="checkbox"/> High <input type="checkbox"/> Some <input type="checkbox"/> Low <input type="checkbox"/> N/A
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.	<input type="checkbox"/> High <input type="checkbox"/> Some <input type="checkbox"/> Low <input type="checkbox"/> N/A
Plan for a child with disabilities or special needs, such as medical or learning disabilities.	<input type="checkbox"/> High <input type="checkbox"/> Some <input type="checkbox"/> Low <input type="checkbox"/> N/A
Protecting children’s inheritance from the possibility of failed marriages.	<input type="checkbox"/> High <input type="checkbox"/> Some <input type="checkbox"/> Low <input type="checkbox"/> N/A
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	<input type="checkbox"/> High <input type="checkbox"/> Some <input type="checkbox"/> Low <input type="checkbox"/> N/A

Other Concerns:

Important Family Questions

Are you receiving Social Security Retirement, Disability or other government benefits? <i>Describe</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you making payments pursuant to a divorce or property settlement order? <i>Please provide a copy</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been widowed? <i>Please furnish any federal tax return or state death tax return that has been filed.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed federal or state gift tax returns? <i>Please furnish a copy.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously completed a Will, trust or other estate planning? <i>Please provide a copy.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below. Provide tax ID number and address</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your children have special educational, medical, or physical needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your children receive governmental support or benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide primary or other major financial support to adult children or others?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information

Part II
Property Information

Instructions for Completing this section:

General Headings	This property information checklist is to help you list all the property you own and that it is worth. You probably won't own property under all the headings. If not, just leave those blank. Under certain headings you may own more property than can be listed on this checklist. If so, attach 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 property is EXTREMELY IMPORTANT for purposes of properly designing and implementing your estate plan. For each property, please indicate how the property is titled using the abbreviations below.
Community Property Definition	Property acquired during marriage. However, property acquired in any of the following ways during marriage is not Community property: by gift, inherited, as the result of a partition or exchange, by survivorship, as income from separate property by spousal agreement, recovery for personal injury, an exchange for other separate property
Separate Property Definition	Property acquired prior to marriage or by devise, gift, or descent

Owner of Property	Use
If own property in your name only	O
Joint Tenancy: ownership with someone other than your spouse i.e. parent or child	JTO
If you don't know how you own the property	?

Real Property

TYPE: Any interest in real estate including your family residence, vacation home, timeshare, vacant land, etc.

Property Address	Property Type	Owner	Market Value	Loan Balance
_____	<input type="checkbox"/> Homestead	<input type="checkbox"/> O		
_____	<input type="checkbox"/> Investment	<input type="checkbox"/> JTO		
_____	<input type="checkbox"/> Acreage	<input type="checkbox"/> ?		
_____	<input type="checkbox"/> Homestead	<input type="checkbox"/> O		
_____	<input type="checkbox"/> Investment	<input type="checkbox"/> JTO		
_____	<input type="checkbox"/> Acreage	<input type="checkbox"/> ?		

_____	<input type="checkbox"/> Homestead <input type="checkbox"/> Investment <input type="checkbox"/> Acreage	<input type="checkbox"/> O <input type="checkbox"/> JTO <input type="checkbox"/> ?		
_____	<input type="checkbox"/> Homestead <input type="checkbox"/> Investment <input type="checkbox"/> Acreage	<input type="checkbox"/> O <input type="checkbox"/> JTO <input type="checkbox"/> ?		
		Total	\$	\$

Furniture and Personal Effects

Description	Market Value
Miscellaneous Furniture and Household Effects, Valuable Collections (coins, stamps, gold), weapons, jewelry, valuable antiques, other tangible property not covered by a listed category. Indicate if any item is insured	
_____	_____
_____	_____

Oil and Gas Interests: Describe any interests, including the county, state where located, whether producing, non-producing, under lease or not: _____

Do you own Cryptocurrency: Yes No

Name of Entity Holding Cryptocurrency: _____

Bank Accounts

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (indicate type below).

Do not include IRAs or 401(k)s here

Institution	Last 4 of Acct #	Type	Owner	Amount
		<input type="checkbox"/> CA <input type="checkbox"/> SA <input type="checkbox"/> CD <input type="checkbox"/> MM	<input type="checkbox"/> O <input type="checkbox"/> JTO <input type="checkbox"/> ?	
		<input type="checkbox"/> CA <input type="checkbox"/> SA <input type="checkbox"/> CD <input type="checkbox"/> MM	<input type="checkbox"/> O <input type="checkbox"/> JTO <input type="checkbox"/> ?	
		<input type="checkbox"/> CA <input type="checkbox"/> SA <input type="checkbox"/> CD <input type="checkbox"/> MM	<input type="checkbox"/> O <input type="checkbox"/> JTO <input type="checkbox"/> ?	
		<input type="checkbox"/> CA <input type="checkbox"/> SA <input type="checkbox"/> CD <input type="checkbox"/> MM	<input type="checkbox"/> O <input type="checkbox"/> JTO <input type="checkbox"/> ?	
	-	<input type="checkbox"/> CA <input type="checkbox"/> SA <input type="checkbox"/> CD <input type="checkbox"/> MM	<input type="checkbox"/> O <input type="checkbox"/> JTO <input type="checkbox"/> ?	
			Total	\$

Note: If Account is in your name (or your another's name) for the benefit of a minor, please specify and give minor's name.

Stocks & Bonds

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (indicate type below)

Stocks, Bonds, Investment Accts	Type	Last 4 of Account #	Owner	Amount
_____	<input type="checkbox"/> Stock	_____	<input type="checkbox"/> O	_____
_____	<input type="checkbox"/> Bonds	_____	<input type="checkbox"/> JTO <input type="checkbox"/> ?	_____
_____	<input type="checkbox"/> Investment	_____		_____
_____	<input type="checkbox"/> Stock	_____	<input type="checkbox"/> O	_____
_____	<input type="checkbox"/> Bonds	_____	<input type="checkbox"/> JTO <input type="checkbox"/> ?	_____
_____	<input type="checkbox"/> Investment	_____		_____
_____	<input type="checkbox"/> Stock	_____	<input type="checkbox"/> O	_____
_____	<input type="checkbox"/> Bonds	_____	<input type="checkbox"/> JTO <input type="checkbox"/> ?	_____
_____	<input type="checkbox"/> Investment	_____		_____
_____	<input type="checkbox"/> Stock	_____	<input type="checkbox"/> O	_____
_____	<input type="checkbox"/> Bonds	_____	<input type="checkbox"/> JTO <input type="checkbox"/> ?	_____
_____	<input type="checkbox"/> Investment	_____		_____
			Total	\$ _____

Retirement Plans

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). ADDITIONAL INFORMATION: any other pertinent information.

Plan Name	Type Of Plan	Additional Information	Current Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			Total \$ _____

Life Insurance Policies and Annuities

TYPE: Term (T), whole life (WL), split dollar (SD), group life (GL), annuity (A). ADDITIONAL INFORMATION: 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.

Insurance Company & Agent	Type	Insured	Policy Owner	Beneficiaries	Who Pays Premium	Face Amount (death benefit)
_____	<input type="checkbox"/> GL <input type="checkbox"/> WL <input type="checkbox"/> SD <input type="checkbox"/> T <input type="checkbox"/> A	_____	_____	_____ _____ _____	_____	
_____	<input type="checkbox"/> GL <input type="checkbox"/> WL <input type="checkbox"/> SD <input type="checkbox"/> T <input type="checkbox"/> A	_____	_____	_____ _____ _____	_____	
_____	<input type="checkbox"/> GL <input type="checkbox"/> WL <input type="checkbox"/> SD <input type="checkbox"/> T <input type="checkbox"/> A	_____	_____	_____ _____ _____	_____	
_____	<input type="checkbox"/> GL <input type="checkbox"/> WL <input type="checkbox"/> SD <input type="checkbox"/> T <input type="checkbox"/> A	_____	_____	_____ _____ _____	_____	
					Total	\$

Business Interests

TYPE: General and Limited Partnerships, Sole Proprietorships, privately-owned corporations, professional corporations, oil interests, farm, and ranch interests. ADDITIONAL INFORMATION: Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Total _____

Money Owed To You

TYPE: Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Current Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total _____

Anticipated Inheritance, Gift, or Lawsuit Judgment

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. Describe in appropriate detail. Description

Estimated Value _____

Other Assets

TYPE: Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total

Summary of Values

*** Joint Property values enter 1/2 in husband's column and 1/2 in wife's column.**

Assets	Amount
--------	--------

Real Property	_____
Furniture and Personal Effects	_____
Autos, Boats, RVs	_____
Bank and Savings Accounts	_____
Stocks, Bonds, Investments	_____
Life Insurance and Annuities	_____
Retirement Plans	_____
Business Interests	_____
Money Owed to you	_____
Anticipated Inheritance	_____
Other	_____
Total Assets	_____

	You
Able to sign name?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Able to speak?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Able to recognize friends and family?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cognizant of property and possessions?:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part III

Design Information

EXECUTOR

Who will be in charge wrapping up your affairs at death?

Name: _____

Address: _____

Phone: _____

Email: _____

Relationship: _____

ALTERNATE EXECUTOR

Who will be in charge wrapping up your affairs at death?

Name: _____

Address: _____

Phone: _____

Email: _____

Relationship: _____

RLT INITIAL TRUSTEE

Usually you will be Trustee of your own trust. You Control all assets as before. This can be someone other than you.

Name: _____

Address: _____

Phone: _____

Email: _____

Relationship: _____

SUCCESSOR TRUSTEE

Who will take your place during incapacity or at death to manage your property and carry out your instructions.

Name: _____

Address: _____

Phone: _____

Email: _____

Relationship: _____

DURABLE POWER OF ATTORNEY

The person you want to make financial decisions for you when you are unable to do so for yourself.

Name: _____

Address: _____

Phone: _____

Email: _____

Relationship: _____

ALTERNATE AGENT

Name: _____

Address: _____

Phone: _____

Email: _____

Relationship: _____

SPECIAL INSTRUCTIONS: use standard WC customized language (for office Use)

GIFT GIVING: Do you want to authorize your Agent to make gifts on your behalf during any period of time you are incapacitated? Yes No

Gift Giving Authority: None Up to Annual Gift tax Exclusion Amount Broad Authority

Able to change beneficiary designations: Yes No

Can Agent name self or descendant: Yes No

Co-Agents: **for discussion** Yes No

Can Agent appoint their successor: Yes No

Can Agent delegate authority: Yes No

Is power to delegate authority limited: Yes No

Amend irrevocable trust: Yes No

Use my property to discharge debts of the agent: Yes No

Exercise incidents of ownership over insurance policies I own that insure Agents life: Yes No

Explain:

Agent Compensated Only: <input type="checkbox"/> Yes <input type="checkbox"/> No	Agent Reimbursed Only: <input type="checkbox"/> Yes <input type="checkbox"/> No	Agent Compensated & Reimbursed: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Successor Trustee: In making distributions during any period of time the client is incapacitated, the successor Trustee shall give primary consideration to:

<input type="checkbox"/> Your needs and then the needs of others dependent on you
<input type="checkbox"/> Your needs and the needs of other dependent upon you equally

Your needs and then the needs of others dependent on you

Your needs and the needs of others dependent upon you equally

DIRECTIVE TO PHYSICIANS

Do you want to provide instructions related to prolonging your life or not if you are either terminal or have an irreversible condition? Yes No

ORGAN DONATION: Do you want to provide that your organs and tissue should be made available for transplant? Yes No

MEDICAL POWER OF ATTORNEY

Who do you want to make medical decisions when you are unable to make decisions for yourself?

Name: _____

Address: _____

Phone: _____

Email: _____

Relationship: _____

ALTERNATE AGENT

Who do you want to make medical decisions when you are unable to make decisions for yourself?

Name: _____

Address: _____

Phone: _____

Email: _____

Relationship: _____

GUARDIAN OF PERSON-ADULT

If you need a guardian to provide daily care, who do you want to serve?

Name: _____

Address: _____

Phone: _____

Email: _____

Relationship: _____

ALTERNATE GUARDIAN

Name: _____

Address: _____

Phone: _____

Email: _____

Relationship: _____

GUARDIAN OF ESTATE-ADULT

If you need a guardian to manage your financial affairs, who do you want to serve?

Name: _____

Address: _____

Phone: _____

Email: _____

Relationship: _____

GUARDIAN OF ESTATE-ADULT

If you need a guardian to manage your financial affairs, who do you want to serve?

Name: _____

Address: _____

Phone: _____

Email: _____

Relationship: _____

HUSBAND INSTRUCTIONS FOR REMAINS: Buried Cremated Pre-Burial arrangements

AGENT FOR REMAINS

Who do you want to be in charge of handling your remains and making decisions regarding funeral arrangements?

Name: _____

Address: _____

Phone: _____

Email: _____

Relationship: _____

ALTERNATE AGENT FOR REMAINS

Name: _____

Address: _____

Phone: _____

Email: _____

Relationship: _____

Limitations:

DISTRIBUTION OF PERSONAL PROPERTY AND SPECIFIC GIFTS

USE OF PERSONAL PROPERTY MEMORANDUM: Do you want to provide that your personal property will be distributed pursuant to a written list you may prepare later:

<input type="checkbox"/> Yes <input type="checkbox"/> No
How should property not listed on the memorandum be distributed: <ul style="list-style-type: none"> <input type="checkbox"/> To children equally outright <input type="checkbox"/> To Children in unequal shares <input type="checkbox"/> Balance to trust <input type="checkbox"/> To other named individuals

OTHER ITEMS TO DISCUSS: Your estate plan should address all of your hopes, fears, and wishes. Please list any other items you want included or want to discuss.

FOR OFFICE USE ONLY

METHOD FOR DISTRIBUTING PROPERTY

- Per Stirpes
- By Representation
- Per Capita at each generation

PROVISION FOR DISTRIBUTION TRUSTEE: This provision will create a beneficiary controlled trust.

- Yes
- No

If yes

Name of Distribution Trustee: _____

CREATE TX FORUM JOINT LIFETIME SUBTRUSTS

- Yes
- No

INITIAL FUNDING METHOD

- \$10 Cash
- Assets on schedule
- Magic Wand

CAN AGENT UNDER DPOA AMEND TRUST? Check DPOA

- Yes
- No

EXERCISE TESTAMENTARY POWER OF APPOINTMENT

Do the Grantors wish to insert provisions exercising a TPOA possessed by the Husband? Yes No

Do the Grantors wish to insert provisions exercising a TPOA possessed by the Wife? Yes No

ARTICLE 2: FAMILY INFORMATION

Does the Trustmaker have descendants?

Yes No

If *NO*, do you want to exclude any references to “descendants”?

Yes No

Children

List ALL children

[] The following child(ren) is/are deceased:

(Name and Date of Death)

The following child(ren) is/are to be disinherited along with their descendants:

(If one or more children)

REFERENCE AFTERBORN CHILDREN -

Include afterborn or adopted children in the definition of children?

[] Yes [X] No

If *yes*, then a dialogue will appear in ARTICLE 9 for” Distributions to Our Descendants” titled “Provisions for any Afterborn or Adopted Children”

ADDITIONAL FAMILY INFORMATION - ??????????

List Other Family Members or Beneficiaries: Yes No

If *yes*, [] go to NAMES [] go to attached sheet

List Deceased Family Members (other than children): Yes No

If *yes*, _

List Disinherited Family Members (other than children): Yes No

If *yes*, _

TRUST PROTECTOR PROVISIONS

Include provisions for a Trust Protector(s)?

Yes [] No

(If "Yes")

Refer to the Trust Protector as: Trust Protector

Choose an option for the trust protector(s) provisions to include:

Standard

Enhanced