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## **CONFIDENTIAL DATA FORM**

This questionnaire is intended to help Michael T. Huguelet, P.C., (the “Firm”), with the planning of your estate. It is important that you complete and return this questionnaire as the Firm cannot begin the estate planning process without it.

An integrated estate plan includes legal documents that incorporate concerns of the individual(s). As such, the Firm prepares estate planning documents that are unique to each client, rather than providing “one size fits all” documents.

Therefore, this questionnaire attempts to gather information concerning your entire estate, as well as your personal views about inheritance and charity. Some sections may not apply to you; in those instances, please insert “N/A” in the spaces provided. Please read each section carefully and respond to the best of your ability. If you need additional space or wish to clarify an item in more detail, please provide that information on separate sheets of paper that are clearly labeled with the applicable question number.

**PLEASE PRINT ALL INFORMATION CLEARLY IN INK.**

## **GOALS AND/OR CONCERNS**

An essential part of the estate planning process is a review of your goals and/or concerns regarding your estate, yourself and your family in the event of your death or incapacitation. Below is a listing of the frequently communicated goals and/or concerns; however, do not feel limited to selecting only those items listed.

**What is your primary motivation for considering estate planning?:** *(Select all that apply)*

**C1 C2**

- Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.
  - Providing for and protecting a spouse.
  - Providing for and protection children.
  - Providing for and protection grandchildren.
  - Disinheriting a family member.
  - Providing for charities at the time of death.
  - Planning for the transfer and survival of a family business.
  - Avoiding or reducing your estate taxes.
  - Avoiding probate.
  - Reducing administration costs at time of your death.
  - Avoiding a conservatorship (“living probate”) in case of a disability.
  - Avoiding will contests or other disputes upon death.
  - Protecting assets from lawsuits or creditors.
  - Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.
  - Planning for a child with disabilities or special needs, such as medical or learning disabilities.
  - Protecting children’s inheritance from the possibility of failed marriages.
  - Protecting children’s inheritance in the event of a surviving spouse’s remarriage.
  - Providing that your death shall not be unnecessarily prolonged by artificial means or measures.
  - Other concerns (Please list any other concerns):
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## **BACKGROUND INFORMATION**

The personal information you provide in this section helps the Firm communicate with you and is the basis of your estate plan. This section will also ensure that your names are spelled correctly in your estate planning documents.

### **HOME ADDRESS:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Real Estate Tax Identification Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

### **PLEASE PROVIDE A COPY OF RECORDED DEED TO PROPERTY, IF AVAILABLE.'**

### **Client 1 Information:**

Name you use to sign formal or legal documents: \_\_\_\_\_

**Full Legal Name: (First, Middle and Last)** \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Personal cell phone number: \_\_\_\_\_ Personal Email: \_\_\_\_\_

U. S. Citizen?  Yes  No

Never Married  Marriage Date: \_\_\_\_\_ Prenuptial Agreement  No  Yes Date: \_\_\_\_\_  
(Please provide a copy of the Prenuptial Agreement.)

Divorced, Date: \_\_\_\_\_  Widowed, Date: \_\_\_\_\_  Civil Union, Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Business Phone: \_\_\_\_\_

### **Client 2 Information:**

Name you use to sign formal or legal documents: \_\_\_\_\_

**Full Legal Name: (First, Middle and Last)** \_\_\_\_\_

**Maiden Name: (First, Middle and Last)** \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Personal cell phone number: \_\_\_\_\_ Personal Email: \_\_\_\_\_

U. S. Citizen?  Yes  No

Never Married  Married Date: \_\_\_\_\_ Prenuptial Agreement  No  Yes Date: \_\_\_\_\_

## **BACKGROUND INFORMATION (Continued)**

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Business Phone: \_\_\_\_\_

## **QUESTIONS FOR/ABOUT YOU AND/OR YOUR SPOUSE**

Have you or your spouse previously completed estate planning?  Yes  No

If yes, what type of planning was completed:

Revocable Living Trust?  Yes  No

Irrevocable Living Trust?  Yes  No

Last Will?  Yes  No

Power of Attorney for Property?  Yes  No

Living Will Declaration?  Yes  No

Healthcare Power of Attorney?  Yes  No

Financial planning?  Yes  No

If yes, name of financial planner: \_\_\_\_\_

1. Do you or your spouse have anyone who depends on either of you for all or part of their support?  
 Yes  No

If yes: a) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

b) Explain extent of support:

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2. Are you or your spouse receiving Social Security, Social Security Disability or Supplemental Security Income benefits?  Yes  No If yes, please provide type: \_\_\_\_\_.

3. Do you or your spouse have any health concerns?  Yes  No

If yes, please explain. \_\_\_\_\_

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4. If married, have you lived in any of the following states while married to each other? (mark all that apply)

Arizona California Idaho Louisiana Nevada New Mexico Texas Washington Wisconsin

5. Have you or your spouse ever filed federal gift tax returns?  Yes  No

6. Please describe any property held for your children or grandchildren, such as Uniform Transfer to Minors Act accounts or education plans (i.e., 529 Plans, etc.) \_\_\_\_\_

## **QUESTIONS FOR/ABOUT YOU AND/OR YOUR SPOUSE (Continued)**

7. List and briefly describe any business interests that you own, including the type of entity and your interest in the entity. \_\_\_\_\_  
\_\_\_\_\_
- a) Do any other family members work in the business? Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_
- b) Does the family member(s) have an ownership interest?     Yes   No
8. Please describe any property, real or otherwise, you or your spouse have inherited within the past 10 years.  
\_\_\_\_\_  
\_\_\_\_\_
9. Please describe any property, real or otherwise, you or your spouse own and which is located in a state (or foreign country) other than the State of Illinois.
- 10 Did you inherit any farm land or business property in which a special-use valuation was elected?  
Yes   No
11. Please describe any inheritance that you or any member of your immediate family expects to receive in the future. \_\_\_\_\_  
\_\_\_\_\_
12. Please describe any loans between family members: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Do you own a long-term care (i.e., nursing home) insurance policy?     Yes   No

## **CHILDREN/BENEFICIARY INFORMATION**

Identify all of your children and all descendants of your children (i.e., your grandchildren).

**NOTE:** Providing names in this section is only for informational purposes, rather than an indication of inheritance.

**Child/Beneficiary 1:**  Male  Female Indicate Relationship: \_\_\_\_\_

Joint  Husband  Wife Special Needs:  Medical  Educational  Financial

Full Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child's Marital Status:  Married  Divorced  Widowed  Single  Civil Union

Spouse's Name: \_\_\_\_\_

Children (name and age): \_\_\_\_\_

**Child/Beneficiary 2**  Male  Female Indicate Relationship: \_\_\_\_\_

Joint  Husband  Wife Special Needs:  Medical  Educational  Financial

Full Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child's Marital Status:  Married  Divorced  Widowed  Single  Civil Union

Spouse's Name: \_\_\_\_\_

Children (name and age): \_\_\_\_\_

**Child/Beneficiary 3**  Male  Female Indicate Relationship: \_\_\_\_\_

Joint  Husband  Wife Special Needs:  Medical  Educational  Financial

Full Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child's Marital Status:  Married  Divorced  Widowed  Single  Civil Union

Spouse's Name: \_\_\_\_\_

Children (name and age): \_\_\_\_\_

**Child/Beneficiary 4**    Male    Female   Indicate Relationship: \_\_\_\_\_

Joint    Husband    Wife   Special Needs:    Medical    Educational    Financial

Full Legal Name: \_\_\_\_\_      DOB: \_\_\_\_\_

Address: \_\_\_\_\_      City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_

Child's Marital Status:     Married     Divorced     Widowed     Single     Civil Union

Spouse's Name: \_\_\_\_\_

**Child/Beneficiary 5**    Male    Female   Indicate Relationship: \_\_\_\_\_

Joint    Husband    Wife   Special Needs:    Medical    Educational    Financial

Full Legal Name: \_\_\_\_\_      DOB: \_\_\_\_\_

Address: \_\_\_\_\_      City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_

Child's Marital Status:     Married     Divorced     Widowed     Single     Civil Union

Spouse's Name: \_\_\_\_\_

**Child/Beneficiary 6**    Male    Female   Indicate Relationship: \_\_\_\_\_

Joint    Husband    Wife   Special Needs:    Medical    Educational    Financial

Full Legal Name: \_\_\_\_\_      DOB: \_\_\_\_\_

Address: \_\_\_\_\_      City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_

Child's Marital Status:     Married     Divorced     Widowed     Single     Civil Union

Spouse's Name: \_\_\_\_\_

(use additional sheets if necessary)

## CHILDREN/BENEFICIARY INFORMATION (Continued)

**\*IF YOU DO NOT HAVE ANY CHILDREN, PLEASE ANSWER THE QUESTIONS BELOW WITH REGARD TO THOSE INDIVIDUALS YOU WISH TO INHERIT YOUR ASSETS (i.e., YOUR BENEFICIARIES).**

**Do you have any deceased children?**  Yes  No If yes, please provide the following information:

Name: \_\_\_\_\_ Date of Death: \_\_\_\_\_

**Did the deceased child have any children?**  Yes  No

If yes, please name: \_\_\_\_\_

1. Do any of your children receive governmental support or benefits because of a disability or handicap?

Yes  No

2. Do any of your children have special educational, medical, or physical needs?  Yes  No

3. Do you have a child with a learning disability?  Yes  No

4. Are any of your children institutionalized?  Yes  No

5. If you answered "YES" to any of the above questions, please describe the type of disability.

\_\_\_\_\_

6. Do you have any adopted children?  Yes  No

If yes, please provide the following information:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

7. Do any of your children have any other special needs which concern you (i.e., immaturity, drug, alcohol, gambling problems)?  Yes  No If yes, please describe concern: \_\_\_\_\_

8. Are you concerned with your children's/beneficiaries' ability to get along with each other?  Yes  No

**IF ANY OF YOUR CHILDREN ARE UNDER THE AGE OF 18, whom do you wish to be the guardian of your children? Name in order of preference.**

	Name and Address	Relationship to you
<b>Initial Choice</b>		
<b>Back up #1</b>		
<b>Back up #2</b>		



# **PLAN OF DISTRIBUTION**

1. **SPECIFIC GIFTS.** Do you want to make charitable gifts, to a church or charitable organization? Do you wish to make a special gift to a particular person, such as a piece of jewelry to a particular child?

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2. **BALANCE OF TRUST ESTATE.**

A. Briefly describe how you would like to distribute the assets that remain after specific bequests are made. (Don't worry about tax planning or other considerations in answering this question. We will determine those details later, if needed.)

- All to spouse, then equally between children; if a child does not survive, the deceased child's children should take the share of that deceased child.
- All to spouse, then equally between the surviving children.
- All to spouse, then \_\_\_\_\_
- As follows: \_\_\_\_\_
- A share, percentage, or specific amount to Charity "off the top". If so, identify the charity or charities along with the share, percentage, or specific amount to be distributed in the chart below.

B. How and when do you want the above distribution(s) to be made?

- Distribute outright to my beneficiaries (Provides no protection from creditors, predators, or from themselves).
- Structured trust (You determine how long the property is to remain in trust. During the period of time the property is held in trust it is available to the beneficiary for needs (health, education and maintenance). You may give written instructions to the trustee outlining guidelines to be followed in determining the beneficiary's needs. You may provide for a staggered distribution of principal (eg., 1/3 at age 30 and balance at age 40). You decide who will manage the property and to carry out your distributions instructions. Should the beneficiary have a right to be a co-trustee and/or choose his/her own co-trustee? What about a Power of Appointment? Please list your desires:

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**PLAN OF DISTRIBUTION (Continued)**

3. **REMOTE CONTINGENT DISTRIBUTION.** Please name the individuals or charities that should receive your property if neither you, your spouse nor your children or other beneficiaries named above survive a common disaster. You can name your “heirs as defined by Illinois law” unless there are specific relatives that you do not wish to inherit your assets. If that is the case, please list on a separate piece of paper the individuals you wish to disinherit (i.e., those individuals who should not receive your assets).

<b>Names and Addresses of Charity(ies) or Beneficiaries</b>	<b>Relationship</b>	<b>% or Amount of Estate</b>

## **SUCCESSOR TRUSTEES, EXECUTORS, ETC.:**

Please designate the individuals or financial institution that you wish to handle your financial affairs in the event of your death or incapacitation. These individuals should be trustworthy, have a basic understanding of finances, and be able to select an appropriate advisor to assist with your financial matters. If you elect to name two individuals to serve together, please give careful consideration as to whether the individuals will be able to agree on a resolution to your financial issues. In addition, if there is a disagreement between the named individuals, please specify who controls the ultimate decision.

### **TRUSTEE(S):**

#### **Client 1:**

##### **INITIAL TRUSTEE**

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

##### **SUCCESSOR TRUSTEE #1**

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

##### **SUCCESSOR TRUSTEE #2**

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Client 2: Same as Client 1?**  Yes  No

##### **INITIAL TRUSTEE**

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

##### **SUCCESSOR TRUSTEE #1**

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

##### **SUCCESSOR TRUSTEE #2**

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**SUCCESSOR TRUSTEES, AGENTS, EXECUTORS, ETC. (continued)**

**EXECUTORS:**

**Client 1:**

**FIRST** Full Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**SECOND** Full Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**THIRD** Full Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Client 2:** Same as Client 1? Yes No

**FIRST** Full Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**SECOND** Full Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**THIRD** Full Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you want to name a specific corporate trustee to serve as the successor Trustee if the aforementioned individuals cannot serve? If so, please specify: \_\_\_\_\_

Do you want different individuals to serve during times of incapacity vs. upon your death? Yes No

Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time in which you are incapacitated? Yes No If Yes, please provide gifting power details: \_\_\_\_\_

Do you want to give any (or none) of your successor Trustee(s) the right to name their successors in the event they resign after they begin to serve? Yes No

Should anyone (other than a court of competent jurisdiction) have the power to remove a trustee?

Yes No If Yes, only with cause? Yes No

IF YOU HAVE INDICATED THAT YOU WISH TO HAVE CO-TRUSTEES, DO YOU WANT TO AUTHORIZE THAT ONLY ONE SIGNATURE OF A CO-TRUSTEE SHALL BE SUFFICIENT TO TRANSACT BUSINESS? Yes No

## **POWERS OF ATTORNEY**

Please designate the individuals that you wish to appoint as your Property and Healthcare Agent (i.e., those individuals who will make your property and healthcare decisions if you are unable to). If you elect an individual whose contact information has already been provided, please indicate "same as previous".

### **AGENT ON POWER OF ATTORNEY FOR PROPERTY:**

#### **Client 1:** *(In order of preference)*

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (Street, City, State) \_\_\_\_\_  same as previous

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (Street, City, State) \_\_\_\_\_  same as previous

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (Street, City, State) \_\_\_\_\_  same as previous

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

#### **Client 2:** *(In order of preference)*

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (Street, City, State) \_\_\_\_\_  same as previous

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (Street, City, State) \_\_\_\_\_  same as previous

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (Street, City, State) \_\_\_\_\_  same as previous

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

UNLESS YOU SPECIFY OTHERWISE, THE POWERS OF ATTORNEY FOR PROPERTY WILL TAKE EFFECT IMMEDIATELY UPON YOUR EXECUTION. IF YOU WOULD LIKE SOME OTHER ARRANGEMENT, PLEASE INDICATE BELOW:

## **MEDICAL INSTRUCTIONS**

### **AGENT ON POWER OF ATTORNEY FOR HEALTH CARE:**

#### **Client 1: (In order of preference)**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (Street, City, State) \_\_\_\_\_  same as previous

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (Street, City, State) \_\_\_\_\_  same as previous

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (Street, City, State) \_\_\_\_\_  same as previous

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

Do you want to authorize your Health Care Agent to take whatever steps are necessary to keep you in your personal residence rather than a nursing home?  Yes  No

Do you want to provide that, upon certification by two (2) physicians of need for psychological or substance treatment, your Health Care Agent may arrange for voluntary admission?  Yes  No

In making distributions during any period of time that you are incapacitated, the successor Trustee shall give primary consideration to:

- Your needs and then the needs of others dependent upon you; or
- Your needs and the needs of others dependent upon you equally.

#### **ANATOMICAL GIFTS (check desired option):**

\_\_\_\_\_ I do not authorize any anatomical gifts.

\_\_\_\_\_ I authorize anatomical gifts for research purposes only.

\_\_\_\_\_ I authorize anatomical gifts for purposes of transplantation only.

\_\_\_\_\_ I authorize anatomical gifts for purposes of transplantation and research.

Fax Number \_\_\_\_\_

#### **LIVING WILL**

Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?  Yes  No

## **MEDICAL INSTRUCTIONS (Continued)**

### **Client 2:** *(In order of preference)*

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (Street, City, State) \_\_\_\_\_  same as previous

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (Street, City, State) \_\_\_\_\_  same as previous

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (Street, City, State) \_\_\_\_\_  same as previous

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

Do you want to authorize your Health Care Agent to take whatever steps are necessary to keep you in your personal residence rather than a nursing home?  Yes  No

Do you want to provide that, upon certification by two (2) physicians of need for psychological or substance treatment, your Health Care Agent may arrange for voluntary admission?  Yes  No

In making distributions during any period of time that you are incapacitated, the successor Trustee shall give primary consideration to:

Your needs and then the needs of others dependent upon you; or

Your needs and the needs of others dependent upon you equally.

### **ANATOMICAL GIFTS** (check desired option):

\_\_\_\_\_ I do not authorize any anatomical gifts.

\_\_\_\_\_ I authorize anatomical gifts for research purposes only.

\_\_\_\_\_ I authorize anatomical gifts for purposes of transplantation only.

\_\_\_\_\_ I authorize anatomical gifts for purposes of transplantation and research.

### **LIVING WILL**

Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?  Yes  No



## **FINANCIAL INFORMATION**

Determining the ownership, value, and type of your assets is important to your estate plan. The title or “ownership” of your assets is important for tax and transfer reasons. The “value” of your assets will be significant in determining the potential tax liability. The “type” of asset is relevant in assessing the manner by which the asset can be transferred. If necessary, approximate current values for assets in which the actual value is not readily known or available.

### **PLEASE FILL IN ASSET AMOUNT WITH FAIR MARKET VALUES AS OF TODAY**

<b>ASSETS</b>	<b>HUSBAND/SINGLE</b>	<b>WIFE</b>	<b>JOINT</b>
Real Estate - Home	\$	\$	\$
Real Estate - Other than home	\$	\$	\$
Real Estate - Other than home	\$	\$	\$
Checking	\$	\$	\$
Savings	\$	\$	\$
Cash	\$	\$	\$
Stocks/Bonds/Mutual Funds	\$	\$	\$
Limited Partnerships	\$	\$	\$
Annuities *	\$	\$	\$
Profit Sharing/401K *	\$	\$	\$
403(b) Plans *	\$	\$	\$
IRA *	\$	\$	\$
Life Insurance Value (DEATH BENEFIT) *	\$	\$	\$
Automobiles	\$	\$	\$
Other (please attach a separate sheet)	\$	\$	\$
<b>TOTAL ASSETS</b>	\$	\$	\$

<b>LIABILITIES</b>	<b>HUSBAND/SINGLE</b>	<b>WIFE</b>	<b>JOINT</b>
Real Estate Mortgages	\$	\$	\$
Loans Against Life Insurance	\$	\$	\$
Auto Loans	\$	\$	\$
Credit Cards	\$	\$	\$
Other Debts	\$	\$	\$
Other Debts	\$	\$	\$
<b>TOTAL LIABILITIES</b>	\$	\$	\$
<b>NET ESTATE (Assets Less Liabilities)</b>	\$	\$	\$

**\* Please identify who you have named as a beneficiary on retirement plans and life insurance. You may provide a more detailed list of your investments and/or copies of your asset statements.**

