



ESTATE PLAN DESIGNATIONS

WILL/TRUST

Nomination of Executor/Trustee:

Executor/Trustee administers your estate after you pass away. Choose a trusted individual to follow your wishes.

Executor/Trustee #1 - Name: _____
 Primary Address: _____
 Phone: _____
 E-mail: _____
 Relationship: _____

Executor/Trustee #2 - Name: _____
 Backup Address: _____
 Phone: _____
 E-mail: _____
 Relationship: _____

Distributions:

How would you like your property distributed upon your passing?

In Equal Shares To Our Children If a beneficiary is deceased, to their issue (descendants)

Trusts for Minor Beneficiaries:

If your beneficiaries are minors, you can set up a trust for their benefit until the beneficiary(ies) reach(es) a particular age(s) at which time distributions are mandatory. At what age(s) would you like them to receive the assets? (check one)

Beneficiaries receive all assets at age 25.

Beneficiaries receive 1/3 at age 25, 1/3 at age 30, and age 1/3 at 35.

Beneficiaries receive 1/2 at age 25, and 1/2 at age 35.

Custom: _____

Would you like to make any special distributions to churches, schools, friends, etc.?

No Special Distributions

Item or Cash <i>("my wedding ring", "\$5,000")</i>	To <i>(Name of person or entity to receive)</i>	Relationship <i>(my friend, my brother, our children)</i>

If a beneficiary listed above predeceases you, what should happen to the distribution?

- The distribution fails and the item stays in your estate.
 The distribution goes to the beneficiary's issue (children).

There is a notes section at the end of the questionnaire where you can provide me with additional instructions if needed.

What are your burial beliefs? (check one)

Spouse #1: Cremation / Burial / Let my representative decide

Spouse #2: Cremation / Burial / Let my representative decide

Instructions for Burial?

Who would you like to designate as your representative for the final disposition of your remains? (Who would make arrangements for your funeral or cremation?)

Spouse #1 (Check if Applicable)

- I want my spouse to be my primary representative.
 I want the person checked below as my primary backup representative.
 Same as Executor/Trustee #1 Same as Executor/Trustee #2
 Other Final Disposition Agent

Name: _____

Address: _____

Phone: _____

Relationship: _____

Spouse #2 (Check if Applicable)

- I want my spouse to be my primary representative.
 I want the person checked below as my primary backup representative.
 Same as Executor/Trustee #1 Same as Executor/Trustee #2
 Other Final Disposition Agent

Name: _____
Address: _____
Phone: _____
Relationship: _____

Guardianships for Minor Children:

	Primary		Alternate
Name	_____	Name	_____
Address	_____	Address	_____
City, State, Zip	_____	City, State, Zip	_____
Phone	_____	Phone	_____
Relationship	_____	Relationship	_____

ADVANCE HEALTH CARE DIRECTIVES

Nomination of Agents:

Agent for health care makes medical decisions for you if you are incapacitated during your lifetime.

Spouse 1 - Would you like your spouse to be your primary agent? Yes No

Spouse 2 - Would you like your spouse to be your primary agent? Yes No

First Successor Agent	Spouse #1	Spouse #2	
Name	_____	Name	_____
Address	_____	Address	_____
City, State, Zip	_____	City, State, Zip	_____
Phone	_____	Phone	_____
Relationship	_____	Relationship	_____

Second Successor Agent	Spouse #1	Spouse #2	
Name	_____	Name	_____
Address	_____	Address	_____
City, State, Zip	_____	City, State, Zip	_____
Phone	_____	Phone	_____
Relationship	_____	Relationship	_____

End of Life Designations:

If you are in an irreversible condition from which medical professionals determine you will not recover, would you like doctors to prolong your life or remove you from life support?

Spouse #1: (check one)

- Remove from Life Support
- Sustain Life by Artificial Means

Spouse #2: (check one)

- Remove from Life Support
- Sustain Life by Artificial Means

If you are in an irreversible condition from which medical professionals determine you will not recover, would you accept pain medication even if it hastens your passing? (check one)

Spouse #1: Yes / No

Spouse #2: Yes / No

Would you like to be an organ donor? (check one)

Spouse #1:

- No Organ Donation
- Donation - Transplant Only
- Donation - Research/Education Only
- Donation - All Purposes

Spouse #2:

- No Organ Donation
- Donation - Transplant Only
- Donation - Research/Education Only
- Donation - All Purposes

Any requests/restrictions for health care?

Spouse #1 _____

Spouse #2 _____

Personal Physicians:

Spouse #1:

Name _____
Address _____
City, State, Zip _____
Phone _____

Spouse #2:

Name _____
Address _____
City, State, Zip _____
Phone _____

POWERS OF ATTORNEY (POA) FOR BUSINESS/FINANCE

Nomination of Agents:

An agent for business and finance makes business and financial decisions in the event of your incapacitation.

Spouse #1: Would you like your spouse to be your primary agent? Yes No

Powers Effective: At signing Upon incapacitation, requires medical professional certification

Spouse #2: Would you like your spouse to be your primary agent? Yes No

Powers Effective: At signing Upon incapacitation, requires medical professional certification

First Successor POA Agent Spouse #1:

Spouse #2:

Name _____
Address _____
City, State, Zip _____
Phone _____
Relationship _____
Powers Immediately/At signing
Effective Upon my incapacity

Name _____
Address _____
City, State, Zip _____
Phone _____
Relationship _____
Powers Immediately/At signing
Effective Upon my incapacity

Second Successor POA Agent Spouse #1:

Spouse #2:

Name _____
Address _____
City, State, Zip _____
Phone _____
Relationship _____
Powers Immediately/At signing
Effective Upon my incapacity

Name _____
Address _____
City, State, Zip _____
Phone _____
Relationship _____
Powers Immediately/At signing
Effective Upon my incapacity

Questions For Consultation/ Notes