

PAGE 2 – GENERAL / FINANCIAL INFORMATION

	<u>Client</u>		<u>Spouse</u>	
Do you presently have a will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you presently have a trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any of your children or other beneficiaries disabled/Special Needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own a business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you entered into an agreement w/ your spouse(i.e. pre-nuptial agreement)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you work with a Financial Advisor? Advisor Name _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Asset	Client	Spouse	Joint	Notes/Location/Company/Description Use back/Separate sheet if needed	
Bank Account	\$	\$	\$		
Bank Account	\$	\$	\$		
Bank Account	\$	\$	\$		
Bank Account	\$	\$	\$		
Retirement (Work)	\$	\$	\$		
Retirement (Work)	\$	\$	\$		
Retirement (Personal)	\$	\$	\$		
Retirement (Personal)	\$	\$	\$		
Retirement (Personal)	\$	\$	\$		
Investment (non IRA)	\$	\$	\$		
Investment (non IRA)	\$	\$	\$		
Investment (non IRA)	\$	\$	\$		
Investment (non IRA)	\$	\$	\$		
Real Estate	\$	\$	\$	Note if Taxes paid via Senior → Payment Plan	
Real Estate	\$	\$	\$		
Real Estate	\$	\$	\$		
Business	\$	\$	\$	Full Name, Ownership → % & State	
Business	\$	\$	\$		
Life Insurance (Work)	\$	\$	\$		
Life Insurance (Personal)	\$	\$	\$		
Life Insurance (Personal)	\$	\$	\$		
Life Insurance (Personal)	\$	\$	\$		
Employer/Retired From			NOTES--		
Job Title					
Income	\$	\$			

PAGE 3 - APPOINTMENTS

****More than 1 person can serve JOINTLY – We assume SPOUSE 1st unless otherwise specified****

****Please provide LEGAL NAMES (First Name, MI, Last Name)****

Nomination for PERSONAL REP/EXECUTOR of Estate/SUCCESSOR TRUSTEE of Trust – Short-term Individual(s)/Company responsible for managing assets, implementing wishes, settling your estate after you die

1 st Choice	
Alternate	
2 nd Alternate	

***To serve with reasonable compensation? Yes _____ No _____**

DURABLE POWER OF ATTORNEY - Nomination for Agent for Financial Decisions

An Agent handles your financial affairs if you are unable to handle them yourself

	Client	Spouse
1 st Choice		
Alternate		
2 nd Alternate		

DURABLE POWER OF ATTORNEY HEALTH CARE - Nomination for Agent for Medical Decisions

An Agent makes medical decisions for you & implements your wishes if you are unable to think for yourself

	Client	Spouse
1 st Choice		
Alternate		
2 nd Alternate		

If Applicable - Nomination for GUARDIAN of your Minor/Disabled Child - Person(s) responsible for raising & caring for your children after you are deceased. Does not manage funds unless also listed as Test Trustee below

1 st Choice	
Alternate	
2 nd Alternate	

If Applicable - Nomination for TESTAMENTARY TRUSTEE for Minors/Disabled Beneficiaries – Long-term

Individual(s)/Company responsible for managing & exercising any delegated discretion over funds long-term for beneficiaries until you indicate they are capable of managing funds on their own

1 st Choice	
Alternate	
2 nd Alternate	

***To serve with reasonable compensation? Yes _____ No _____**

PAGE 4 - PLAN OF DISTRIBUTION AFTER YOU DIE

We assume SPOUSE is Primary Beneficiary unless you specify otherwise

WHO ARE THE BENEFICIARIES OF YOUR ESTATE?					
<u>LEGAL</u> Name (First, MI, Last)	Relationship	Concern Code* (See codes below)	Percentage/ Amount	Outright? (all at once upon your death)	Held in Trust? (Gradually; See options below)
					O R

*Beneficiary Concern Codes: M-Minor, D-Disabled, A-Addiction, C-Criminal history, I-Incarcerated history, F-Financially Irresponsible, L-Liens, J-Judgments, S-Spousal Concerns, O-Other

ALTERNATES: If a beneficiary you've named above dies before you, should his or her share go to

- _____ His or her child(ren) if he/she has any **OR**
 _____ To the other beneficiaries named above who do survive? **OR**
 _____ Other (explain) _____

MANNER OF DISTRIBUTION FOR FUNDS HELD IN TRUST AFTER YOUR DEATH (if applicable)

WHEN YOU WANT THEM TO RECEIVE FUNDS OUTRIGHT All at age _____ OR
 1/2 at age _____ 1/2 at age _____ OR
 1/3 at age _____ 1/3 at age _____ 1/3 at age _____ OR

OTHER Monthly installments? Incentive Based? Number(s) of years after your death? _____

Funds for Health, Education, Support prior to above at Trustee's discretion? Yes No
 Other stipulations/details _____

SPECIFIC GIFTS (OTHER THAN PERSONAL PROPERTY)

Specific Assets, Accounts, and/or Amounts of your Trust/Estate that you want left directly to individuals &/or charities (if applicable)? Include Alternates for each. Use back/attach separate sheet if necessary.

PERSONAL PROPERTY

Do you want most/all of your personal effects (household items, clothing, etc.) to be distributed the same way as above? If NO, specify how you want these items distributed. **If you complete a Will or Trust, you will be able to designate specific items to be left to specific individuals on a separate list at any time in the future after your documents are signed.**

BACK-UP DISTRIBUTION PLAN – OPTIONAL

If no beneficiaries/alternates above survive, how do you want your estate distributed? If this occurs & you do not specify otherwise, it would go to your other legal heirs per statute (if married 50/50 to each spouse's heirs).

ADDITIONAL PLANNING/INTERESTS (OPTIONAL)

At the Trust & Will Center, we have established a network of other professionals we trust. In fact, we have financial advisors, accountants, and real estate agents right here in our building! Many times, we find our clients have additional needs regarding services associated with estate planning beyond legal documents. If that is true for you, we would like to direct you to good resources!

If you are interested in learning more about any of the following services, please indicate that below. We will not share your personal information with anyone without your consent (attorney-client privilege). We do not get referral fees or other compensation for referring our clients to others.

Finally, there will not be any pressure from us or other companies we refer you to for assistance. We simply want you to have trustworthy contacts and make sure all pieces of your financial/estate plan are completed by competent professionals. Please let us know if you have any questions!

	YES	NO
Are you interested in obtaining a quote for life insurance?		
Are you interested in obtaining a quote for long-term care (nursing home) insurance?		
If you were not already referred to us by a Financial Advisor, are you interested in a complimentary financial plan/portfolio review w/ an advisor?		
Are you interested in a referral to an accountant?		
Are you interested in a referral to a real estate agent regarding buying or selling real estate?		
Are you interested in obtaining information about pre-planning funeral arrangements?		
Are you interested in receiving our Estate Planning/Real Estate Newsletter via e-mail/US Mail?		
Would you like to receive PDF copies of your signed documents via e-mail?		
Would you be willing to do a Google Review of our business after your plan is complete?		
If you have an Advisor, do you consent to us communicating with him/her and sending him/her a copy of your signed documents via e-mail?		

What is your preferred method of contact for the above interests (if any)?

Phone _____ E-mail _____ US Mail _____

If any of the above questions are answered "YES"

We hereby consent to Trust & Will Center's disclosure of our contact information consistent with our wishes as expressed above.

Date _____

Client Signature

Spouse's Signature