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ESTATE PLANNING QUESTIONNAIRE

Husband and Wife

INSTRUCTIONS:

This questionnaire will provide us with **most** of the information we will need for us to prepare your estate planning documents for you.

If you are not sure how to answer a question, just leave it blank or feel free to ask us about it. Answer whatever questions asking for **obvious** information, such as names, addresses, and phone numbers. Just make a mark near any questions which are not clear to you and perhaps write down a list of questions you would like us to answer for you.

We will be reviewing **ALL** your answers and will be asking a lot of follow-up questions before preparing any documents. We want to be sure that everything will be prepared correctly to accomplish all that you are trying to achieve with your estate plan.

For every person named, whether it is a child, a person who will be inheriting something from you, a charitable organization, or one of the representatives you will be naming in the various documents, we will need their name, address, phone number, relationship to you (if any), and sometimes more. Please provide us with all the requested information.

But it is not necessary to write down all this information more than once. So if a child is also a beneficiary under your will, and your named representative on your forms, just fill-in all the information the first time it is required, and just insert the name in subsequent places where it is requested.

While it will not be required prior to signing your documents, it is **important** for you to prepare a list of every single asset you own, the account number, Name of the named owner, whether it is jointly owned with someone else, and whether it has a named beneficiary. We want to make sure everything is properly titled so an asset doesn't accidentally get inherited by a person whom you didn't intend.

HUSBAND'S PERSONAL INFORMATION

What is your full legal name?	How do you sign your name? (e.g. John Doe, John P. Doe, John Patrick Doe, John P. Doe, Jr.)
What do you want us to call you (nickname)?	Other names by which you've been known (including maiden name), if any?
Are you a permanent Florida resident? <div style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	In what County do you live?
What is your actual, physical address?	What is your mailing address, if different from your actual, physical address?
Do you own this property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide us with a copy of the deed and (if possible) the title insurance policy. Do you claim a homestead exemption on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are married, do you own this property jointly with your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when was it acquired? (Select one): Before marriage / After marriage
Mobile Phone:	Email Address:
Home Phone:	Business Phone
Date of Birth	Place of Birth (City & State or Country)
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what country? _____ Were you adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own ANY property or business outside of Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide a copy of the deed or other proof of ownership)
Occupation/Job Title (If retired, former occupation?)	If you have ever been married, did you ever live in and own property in any of these states? Click any that apply to you: <div style="text-align: center;"><input type="checkbox"/> CA, <input type="checkbox"/> WA, <input type="checkbox"/> NV, <input type="checkbox"/> AZ, <input type="checkbox"/> NM, <input type="checkbox"/> TX, <input type="checkbox"/> ID, <input type="checkbox"/> LA, or <input type="checkbox"/> WI?</div>
Name of Employer	Address of Employer
What is your current Marital Status (Circle One)? <input type="checkbox"/> Never Married / <input type="checkbox"/> Married / <input type="checkbox"/> Divorced / <input type="checkbox"/> Separated / <input type="checkbox"/> Widowed / <input type="checkbox"/> Common Law If married: What is the date of marriage?	Have you been divorced or widowed before? <input type="checkbox"/> Yes <input type="checkbox"/> No More than once? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you subject to a divorce decree that requires you to maintain life insurance or provide benefits to anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No
If married, do you have a "Pre-Nuptial" Agreement (signed before marriage)? <input type="checkbox"/> Yes <input type="checkbox"/> No If married, do you have a "Post-Nuptial" Agreement (signed after marriage)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to either, please provide us with a copy of the document.	How many children do you currently have, if any? _____ Have you had any children who are no longer alive? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, did they leave children who survived them? <input type="checkbox"/> Yes <input type="checkbox"/> No

WIFE'S PERSONAL INFORMATION

What is your full legal name?	How do you sign your name? (e.g. John Doe, John P. Doe, John Patrick Doe, John P. Doe, Jr.)
What do you want us to call you (nickname)?	Other names by which you've been known (including maiden name), if any?
Are you a permanent Florida resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	In what County do you live?
What is your actual, physical address?	What is your mailing address, if different from your actual, physical address?
Do you own this property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide us with a copy of the deed and (if possible) the title insurance policy. Do you claim a homestead exemption on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are married, do you own this property jointly with your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when was it acquired? (Select one): Before marriage / After marriage
Mobile Phone:	Email Address:
Home Phone:	Business Phone
Date of Birth	Place of Birth (City & State or Country)
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what country? _____ Were you adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own ANY property or business outside of Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide a copy of the deed or other proof of ownership)
Occupation/Job Title (If retired, former occupation?)	If you have ever been married, did you ever live in and own property in any of these states? Click any that apply to you: <input type="checkbox"/> CA, <input type="checkbox"/> WA, <input type="checkbox"/> NV, <input type="checkbox"/> AZ, <input type="checkbox"/> NM, <input type="checkbox"/> TX, <input type="checkbox"/> ID, <input type="checkbox"/> LA, or <input type="checkbox"/> WI?
Name of Employer	Address of Employer
What is your current Marital Status (Circle One)? <input type="checkbox"/> Never Married / <input type="checkbox"/> Married / <input type="checkbox"/> Divorced / <input type="checkbox"/> Separated / <input type="checkbox"/> Widowed / <input type="checkbox"/> Common Law If married: What is the date of marriage? _____	Have you been divorced or widowed before? <input type="checkbox"/> Yes <input type="checkbox"/> No More than once? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you subject to a divorce decree that requires you to maintain life insurance or provide benefits to anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No
If married, do you have a "Pre-Nuptial" Agreement (signed before marriage)? <input type="checkbox"/> Yes <input type="checkbox"/> No If married, do you have a "Post-Nuptial" Agreement (signed after marriage)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to either, please provide us with a copy of the document.	How many children do you currently have, if any? _____ Have you had any children who are no longer alive? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, did they leave children who survived them? <input type="checkbox"/> Yes <input type="checkbox"/> No

NAMES & CONTACT INFO FOR PEOPLE NAMED IN QUESTIONNAIRE

As you are completing this questionnaire, please keep this form handy. For **every** person named in the following sections of this questionnaire, we will need the following information (We will NOT need this information for grandchildren, unless you are naming them as a representative or if they are to inherit something under the Will or Trust). Continue on a separate sheet of paper, if necessary.

Name	Name
Relationship to you	Relationship to you
Address, City, State, Zip	Address, City, State, Zip
Best Telephone Number	Best Telephone Number
Email Address	Email Address

Name	Name
Relationship to you	Relationship to you
Address, City, State, Zip	Address, City, State, Zip
Best Telephone Number	Best Telephone Number
Email Address	Email Address

Name	Name
Relationship to you	Relationship to you
Address, City, State, Zip	Address, City, State, Zip
Best Telephone Number	Best Telephone Number
Email Address	Email Address

NAMES & CONTACT INFO FOR PEOPLE NAMED IN QUESTIONNAIRE

As you are completing this questionnaire, please keep this form handy. For **every** person named in the following sections of this questionnaire, we will need the following information (We will NOT need this information for grandchildren, unless you are naming them as a representative or if they are to inherit something under the Will or Trust). Continue on a separate sheet of paper, if necessary.

Name	Name
Relationship to you	Relationship to you
Address, City, State, Zip	Address, City, State, Zip
Best Telephone Number	Best Telephone Number
Email Address	Email Address

Name	Name
Relationship to you	Relationship to you
Address, City, State, Zip	Address, City, State, Zip
Best Telephone Number	Best Telephone Number
Email Address	Email Address

Name	Name
Relationship to you	Relationship to you
Address, City, State, Zip	Address, City, State, Zip
Best Telephone Number	Best Telephone Number
Email Address	Email Address

CHILDREN

YOUR CHILDREN, if any (please include any that may have predeceased you and any that may have been adopted) – please use an additional sheet if necessary). Do **NOT** include **step-children** or **foster children** here (If you want them included in your will, insert them in the next section entitled “Beneficiaries other than your children”)

___ Check here if you have no children, and complete Supplement “B” at the end of this questionnaire.

Legal Name of Child	Sex	Date of Birth	Name of the Mother?	Name of the Father?	Alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many children?	If married, Spouse’s Name
Legal Name of Child	Sex	Date of Birth	Name of the Mother?	Name of the Father?	Alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many children?	If married, Spouse’s Name
Legal Name of Child	Sex	Date of Birth	Name of the Mother?	Name of the Father?	Alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many children?	If married, Spouse’s Name
Legal Name of Child	Sex	Date of Birth	Name of the Mother?	Name of the Father?	Alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many children?	If married, Spouse’s Name
Legal Name of Child	Sex	Date of Birth	Name of the Mother?	Name of the Father?	Alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many children?	If married, Spouse’s Name
Legal Name of Child	Sex	Date of Birth	Name of the Mother?	Name of the Father?	Alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many children?	If married, Spouse’s Name
Legal Name of Child	Sex	Date of Birth	Name of the Mother?	Name of the Father?	Alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many children?	If married, Spouse’s Name
Legal Name of Child	Sex	Date of Birth	Name of the Mother?	Name of the Father?	Alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many children?	If married, Spouse’s Name

Do you anticipate having any more children (including by way of adoption)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you want them to be included under the terms of the documents being prepared? <input type="checkbox"/> Yes <input type="checkbox"/> No
If a child predeceases you leaving children of his/her own, do you want them to inherit the deceased parent’s share? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do any of your children or grandchildren have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No

GRANDCHILDREN

Legal Name of Grandchild	Sex	Date of Birth	Name of the Mother?	Name of the Father?	Alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many children?	If married, Spouse's Name
Legal Name of Grandchild	Sex	Date of Birth	Name of the Mother?	Name of the Father?	Alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many children?	If married, Spouse's Name
Legal Name of Grandchild	Sex	Date of Birth	Name of the Mother?	Name of the Father?	Alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many children?	If married, Spouse's Name
Legal Name of Grandchild	Sex	Date of Birth	Name of the Mother?	Name of the Father?	Alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many children?	If married, Spouse's Name
Legal Name of Grandchild	Sex	Date of Birth	Name of the Mother?	Name of the Father?	Alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many children?	If married, Spouse's Name
Legal Name of Grandchild	Sex	Date of Birth	Name of the Mother?	Name of the Father?	Alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many children?	If married, Spouse's Name
Legal Name of Grandchild	Sex	Date of Birth	Name of the Mother?	Name of the Father?	Alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many children?	If married, Spouse's Name
Legal Name of Grandchild	Sex	Date of Birth	Name of the Mother?	Name of the Father?	Alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many children?	If married, Spouse's Name
Legal Name of Grandchild	Sex	Date of Birth	Name of the Mother?	Name of the Father?	Alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many children?	If married, Spouse's Name
Legal Name of Grandchild	Sex	Date of Birth	Name of the Mother?	Name of the Father?	Alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many children?	If married, Spouse's Name
Legal Name of Grandchild	Sex	Date of Birth	Name of the Mother?	Name of the Father?	Alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many children?	If married, Spouse's Name

REPRESENTATIVES - EXPLANATION

This is where you select whom you would like to serve as your representative on the various documents being prepared. We usually recommend naming one person at a time, as having co-representatives can cause complications. But if in doubt, please feel free to discuss it with us. We recommend naming one person first, then if that person can't serve, then have an alternate, and even a 2nd alternate if neither of the first choices can serve. Remember, this is a significant responsibility, so be sure the person(s) you name are willing to take on this responsibility and have the time and skills necessary to do so.

Description of the types of representatives you will be naming in your documents:

1. The **Personal Representative** of your **Last Will & Testament** is the Court-appointed person who, upon your death, will have the responsibility to file for probate, collect your assets, pay your bills and distribute the remainder to the heirs you have named in your Will.
2. The **Attorney-in-Fact** under your **Durable Power of Attorney** has the power to do almost anything and everything you can do in your own name on your behalf. Important: This document takes effect immediately upon signing it!
3. The **Surrogate** under your **Designation of Health Care Surrogate** and **Living Will** is the person who will make medical care decisions on your behalf if you are unable to do so, and if two doctors determine you are in an irreversible, terminable condition, will make the final decision to "pull the plug."
4. A **Guardian** is a Court-Appointed representative to watch over you (**Guardian of the Person**) and/or your assets (**Guardian of the Property**). There can be two separate individuals if you feel one is better with financial matters, and someone else is a better care-giver. This also applies to watching over the assets and well-being of your minor children & grandchildren, if any.
5. If you are having us prepare a **Revocable Living Trust** for you, you will usually be the first Trustee. The others named below would be your **Successor Trustees**, who have the responsibility of administering your Trust for your benefit while you are alive, and for the benefit of the beneficiaries when you are gone.

IMPORTANT: For every person named, on the form we have provided for you, please provide us with:

1. The person's name;
2. The relationship this person has to you, if any;
3. The person's full address;
4. The person's best phone number; and
5. The person's email address (not required, but useful).

HUSBAND'S CHOICES OF REPRESENTATIVES

Note: If the same person is being named in more than one capacity, it is not necessary to write it out in each box. Just make it clear that it is the same person. If your wife is your first choice, it is fine just to write "wife" or her first name.

Document & Position	1 st Choice – Full Name	2 nd Choice – Full Name	3 rd Choice – Full Name
Last Will & Testament Personal Representative			
Durable Power of Attorney Attorney-in-Fact			
Health Care Surrogate Surrogate			
Living Will Surrogate			
Guardian of your Property Guardian			
Guardian of your Person Guardian			
Trust (If applicable) Successor Trustee			
Guardian of Minor (Grand)child Guardian of Property			
Guardian of Minor (Grand)child Guardian of Person			

Do you want your personal representatives to be required to post a bond (which is paid by your estate) to be able to serve? Note: The Court has the power to require a bond to be posted, even if you waive it in your documents	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to name a bank or trust company to serve as your Personal Representative, or to serve JOINTLY with someone else? If yes, discuss this with me further.	<input type="checkbox"/> Yes <input type="checkbox"/> No

WIFE'S CHOICES OF REPRESENTATIVES

Note: If the same person is being named in more than one capacity, it is not necessary to write it out in each box. Just make it clear that it is the same person. If your husband is your first choice, it is fine just to write "husband" or his first name.

Document & Position	1 st Choice – Full Name	2 nd Choice – Full Name	3 rd Choice – Full Name
Last Will & Testament Personal Representative			
Durable Power of Attorney Attorney-in-Fact			
Health Care Surrogate Surrogate			
Living Will Surrogate			
Guardian of your Property Guardian			
Guardian of your Person Guardian			
Trust (If applicable) Successor Trustee			
Guardian of Minor (Grand)child Guardian of Property			
Guardian of Minor (Grand)child Guardian of Person			

Do you want your personal representatives to be required to post a bond (which is paid by your estate) to be able to serve? Note: The Court has the power to require a bond to be posted, even if you waive it in your documents	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to name a bank or trust company to serve as your Personal Representative, or to serve JOINTLY with someone else? If yes, discuss this with me further.	<input type="checkbox"/> Yes <input type="checkbox"/> No

SPECIFIC BEQUESTS

List any specific items (e.g., real estate, automobiles, business interests, etc.) or specific dollar amounts of money that you wish to leave to one or more beneficiaries. A beneficiary can be a child, any other person, a charity, or a trust. As for individual items of tangible personal property (jewelry, family heirlooms, specific items that you may want to leave to someone, rather than include them in the will (and then have to change the will if you change your mind), I will be providing you with a “separate writing” to list these items and each person, who is to receive each item. This can be changed at any time without the necessity of having your Will updated.

Husband’s Specific Bequests

Specific Item or Dollar Amount	Name of Husband’s Beneficiary	Address of Beneficiary	Relationship to Husband
If not your wife, who gets your motor vehicle(s)?			
If she predeceases you, then who gets the motor vehicle(s)?			

If a beneficiary of a specific bequest does not survive you, specify whom you want to receive his or her share (e.g., the children of that beneficiary or one or more other persons), or if you just want it added to the residue of the estate, state “**Residuary Estate**”.

Wife’s Specific Bequests

Specific Item or Dollar Amount	Name of Wife’s Beneficiary	Address of Beneficiary	Relationship to Wife
If not your husband, who gets your motor vehicle(s)?			
If he predeceases you, then who gets the motor vehicle(s)?			

If a beneficiary of a specific bequest does not survive you, specify whom you want to receive his or her share (e.g., the children of that beneficiary or one or more other persons), or if you just want it added to the residue of the estate, state “**Residuary Estate**”.

RESIDUE OF ESTATE

After paying expenses of administration and any debts and taxes, and after distributing any specific bequests above, a residue may remain. List the people and/or organizations who should receive the residue and in what amount or percent.

Husband's Residual Beneficiary

Percentage or Dollar Amount	Name of Husband's Residual Beneficiary	Address of Beneficiary	Relationship to You

If a beneficiary of a specific bequest does not survive you, state who is to receive his or her share (e.g., the children of that beneficiary or one or more other persons), or if you just want it added to the residuary of the estate, state "Residuary".

Wife's Residual Beneficiary

Percentage or Dollar Amount	Name of Wife's Residual Beneficiary	Address of Beneficiary	Relationship to You

If a beneficiary of a specific bequest does not survive you, state who is to receive his or her share (e.g., the children of that beneficiary or one or more other persons), or if you just want it added to the residuary of the estate, state "Residuary".

Miscellaneous Questions

HUSBAND: Do you currently have any of the following types of insurance policies?

Type of Insurance	Do you have?	Amount	Company & Policy Number	Owner	Beneficiary	Details
Long-Term Care (LTC) Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$				
Life Insurance – Term Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$				
Life Insurance – Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$				
Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$				
Pre-Paid Burial/Cremation Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$				
Other Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$				

Add an additional sheet of paper (or write on back) with details if more space is needed.

WIFE: Do you currently have any of the following types of insurance policies?

Type of Insurance	Do you have?	Amount	Company & Policy Number	Owner	Beneficiary	Details
Long-Term Care (LTC) Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$				
Life Insurance – Term Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$				
Life Insurance – Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$				
Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$				
Pre-Paid Burial/Cremation Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$				
Other Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$				

Add an additional sheet of paper (or write on back) with details if more space is needed.

Do you currently have any of the following document(s)? (If “yes” to any of the following, please attach signed copies with any codicils or amendments):

	Husband	Wife
A “Will” also called “Last Will & Testament”	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A “Revocable” Living Trust”	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
An “Irrevocable Living Trust”	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A “Durable Power of Attorney”	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A “Living Will”	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A “Health Care Surrogate” or other “Medical Directive Document”	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a safe deposit box at a bank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you want any of your **organs** donated at your death (Note: We recommend putting this request on your driver’s license)? Yes No

Husband	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If yes, state the specific organ(s) (or “allow any usable organs”):</p> <p><input type="checkbox"/> Allow any Usable Organs <input type="checkbox"/> Only the following organs (specify):</p> <p><input type="checkbox"/> Do NOT allow the following organs:</p>
Wife	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If yes, state the specific organ(s) (or “allow any usable organs”):</p> <p><input type="checkbox"/> Allow any Usable Organs <input type="checkbox"/> Only the following organs (specify):</p> <p><input type="checkbox"/> Do NOT allow the following organs:</p>

Do you want your entire body donated to science (some people do this to teach future doctors; others do it because they will often cover the cost of cremation)?

Husband	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify the disposition:
Wife	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify the disposition :

Do you want to specify what you want done with your remain (e.g., cremation, burial at specific cemetery, etc.)?

Husband	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cremation <input type="checkbox"/> Burial. If you already own a burial plot, where is it?
Wife	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cremation <input type="checkbox"/> Burial. If you already own a burial plot, where is it?

Living Will Questions:

A Living Will is a document which authorizing another person to carry out your wishes in the event you are unable to communicate your decisions concerning extending, withholding or withdrawing life-prolonging procedures under certain legally-permissible circumstances). This will help to avoid a Terrie Schiavo situation from occurring.

This document allows the “plug to be pulled” if you are in a state of permanent unconsciousness, without a chance of recovery, and unable to participate in health care decisions. It allows the withdrawal of life support systems. In addition, if you survive after the “plug is pulled,” you can further provide that food be stopped, hydration (water) be stopped and/or both be stopped.

Please note that it is extremely important that your doctor be provided with this document and that you confirm with him/her that he/she will honor the provisions of the document (Some will not honor them for religious or personal reasons).

QUESTIONS: At what point would you want mechanical life support to be removed, food to stop and/or water to stop?

HUSBAND’S LIVING WILL PREFERENCES

	Turn off artificial life support?	Stop giving me food?	Stop giving me water?
In the event you have a medical condition which will prevent you from thinking or interacting with other people and the condition is predicted to be permanent.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the event you are predicted to have a condition which will only get worse and which causes you severe pain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the event the cortex (higher functioning) part of the brain is damaged to the point that you cannot communicate, respond to commands, and take care of yourself.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the event you are deemed to be “brain dead.”	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

WIFE’S LIVING WILL PREFERENCES

	Turn off artificial life support?	Stop giving me food?	Stop giving me water?
In the event you have a medical condition which will prevent you from thinking or interacting with other people and the condition is predicted to be permanent.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the event you are predicted to have a condition which will only get worse and which causes you severe pain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the event the cortex (higher functioning) part of the brain is damaged to the point that you cannot communicate, respond to commands, and take care of yourself.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the event you are deemed to be “brain dead.”	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

IF YOU OWN A BUSINESS: Please provide the following information: (If you do not own a business, skip to the next page)

1. Name of Business: _____

2. Type of Product or Service: _____

3. Type of ownership: Limited Liability Company (LLC) Corporation Sole Proprietorship Other (specify) _____
What is your percentage of ownership? 100% Other (specify): _____%

4. Is there any written agreement that gives another person the right to buy your share of the business upon death? Yes No
If yes, please provide a copy of the agreement.
If yes, is there an insurance policy on your life to provide funds to pay for the purchase? Yes No

5. What do you want to happen to the business when you die?

6. Do you own any patents, copyrights, trade names, etc? Yes No
If yes: please describe:

7. Name the other people who have an ownership interest in your business and describe their interest:

8. Provide copies of business tax returns for the past 3 years.

9. Does your business have "Key Man" insurance on your life? Yes No

10. What would be the best way to sell your business if it had to be sold?

11. Provide any other information about your business and your plans for when you die:

LIST OF ASSETS

IMPORTANT! We want to make sure that every asset you own is inherited by the person whom you intend. If you own an asset jointly with someone else, or if the asset has a named beneficiary, that other person will inherit the property, even if your Will or Trust provides someone else is to inherit it. So this list will help us make sure everything is titled correctly and/or has the proper beneficiary designation. Include **all** real estate holdings, bank accounts, insurance policies, investment accounts, retirement accounts

If you own **real estate**, please provide us with a copy of the deed and title insurance policy (if possible);

If you own a **business** (LLC or Corporation), please provide us with the minute book and stock/member certificates.

If you have **accounts** (bank, investment, retirement, etc.), please provide us with copies of recent **statements**, not just summaries of account from internet print-out.

If you have life or long-term care **insurance** policies, please provide us with the policy and/or current statement.

If you're not sure whether we need to see a document, bring it. If we don't need it, we'll tell you.

<u>Identify the Asset</u> If real estate, provide address (and copy of deed). If business, provide name of business (LLC or Inc.?) If account, include account number & name of institution.	<u>Name of the current owner?</u> How is it currently <u>titled</u> ? (e.g. individually, jointly, in a trust, TOD to someone else, etc.)	<u>How is it titled?</u>
<input type="checkbox"/> HOMESTEAD REAL ESTATE (if any) Complete Address: <hr/> <hr/>	Name of owner(s): <hr/>	How is it titled? (Check one) <input type="checkbox"/> Individually in name of husband <input type="checkbox"/> Individually in name of wife <input type="checkbox"/> Jointly owned by husband and wife <input type="checkbox"/> Revocable living trust <input type="checkbox"/> Life estate, payable on death <input type="checkbox"/> In the name of my business <input type="checkbox"/> Other: _____
<input type="checkbox"/> VACATION HOME (if any) Complete Address: <hr/> <hr/>	Name of owner(s): <hr/>	How is it titled? (Check one) <input type="checkbox"/> Individually in name of husband <input type="checkbox"/> Individually in name of wife <input type="checkbox"/> Jointly owned by husband and wife <input type="checkbox"/> Revocable living trust <input type="checkbox"/> Life estate, payable on death <input type="checkbox"/> In the name of my business <input type="checkbox"/> Other: _____
<input type="checkbox"/> INVESTMENT PROPERTY (if any) Complete Address: <hr/> <hr/>	Name of owner(s): <hr/>	How is it titled? (Check one) <input type="checkbox"/> Individually in name of husband <input type="checkbox"/> Individually in name of wife <input type="checkbox"/> Jointly owned by husband and wife <input type="checkbox"/> Revocable living trust <input type="checkbox"/> Life estate, payable on death

		<input type="checkbox"/> In the name of my business <input type="checkbox"/> Other: _____
<input type="checkbox"/> INVESTMENT PROPERTY (if any) Complete Address: _____ _____	Name of owner(s): _____ _____	How is it titled? (Check one) <input type="checkbox"/> Individually in name of husband <input type="checkbox"/> Individually in name of wife <input type="checkbox"/> Jointly owned by husband and wife <input type="checkbox"/> Revocable living trust <input type="checkbox"/> Life estate, payable on death <input type="checkbox"/> In the name of my business <input type="checkbox"/> Other: _____
<input type="checkbox"/> BUSINESS OWNERSHIP (if any) Name of Business: _____ Complete Address: _____ _____	Name of owner(s): _____ Percentage of Ownership: <input type="checkbox"/> 100% <input type="checkbox"/> _____% This is a: <input type="checkbox"/> Limited Liability Company (LLC)? <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____	How is it titled? (Check one) <input type="checkbox"/> Individually in name of husband <input type="checkbox"/> Individually in name of wife <input type="checkbox"/> Jointly owned by husband and wife <input type="checkbox"/> Revocable living trust <input type="checkbox"/> Transfer on death to: _____ <input type="checkbox"/> Other: _____
<input type="checkbox"/> BUSINESS OWNERSHIP (if any) Name of Business: _____ Complete Address: _____ _____	Name of owner(s): _____ Percentage of Ownership: <input type="checkbox"/> 100% <input type="checkbox"/> _____% This is a: <input type="checkbox"/> Limited Liability Company (LLC)? <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____	How is it titled? (Check one) <input type="checkbox"/> Individually in name of husband <input type="checkbox"/> Individually in name of wife <input type="checkbox"/> Jointly owned by husband and wife <input type="checkbox"/> Revocable living trust <input type="checkbox"/> Transfer on death to: _____ <input type="checkbox"/> Other: _____
<input type="checkbox"/> BANK ACCOUNT(S) Name of Bank: _____ Account Number: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market Bank Address _____	Name of owner(s): _____ _____	How is it titled? (Check one) <input type="checkbox"/> Individually in name of husband <input type="checkbox"/> Individually in name of wife <input type="checkbox"/> Jointly owned by husband and wife <input type="checkbox"/> Revocable living trust <input type="checkbox"/> Transfer on death to: _____ <input type="checkbox"/> Other: _____

<input type="checkbox"/> BANK ACCOUNT(S) Name of Bank: _____ Account Number: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market Bank Address: _____ _____	Name of owner(s): _____	How is it titled? (Check one) <input type="checkbox"/> Individually in name of husband <input type="checkbox"/> Individually in name of wife <input type="checkbox"/> Jointly owned by husband and wife <input type="checkbox"/> Revocable living trust <input type="checkbox"/> Transfer on death to: _____ <input type="checkbox"/> Other: _____
<input type="checkbox"/> BANK ACCOUNT(S) Name of Bank: _____ Account Number: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market Bank Address: _____ _____	Name of owner(s): _____	How is it titled? (Check one) <input type="checkbox"/> Individually in name of husband <input type="checkbox"/> Individually in name of wife <input type="checkbox"/> Jointly owned by husband and wife <input type="checkbox"/> Revocable living trust <input type="checkbox"/> Transfer on death to: _____ <input type="checkbox"/> Other: _____
<input type="checkbox"/> SAFE DEPOSIT BOX Name of Bank: _____ Box Number: _____ Bank Address: _____ _____	Name of owner(s): _____	How is it titled? (Check one) <input type="checkbox"/> Individually in name of husband <input type="checkbox"/> Individually in name of wife <input type="checkbox"/> Jointly owned by husband and wife <input type="checkbox"/> Revocable living trust <input type="checkbox"/> Transfer on death to: _____ <input type="checkbox"/> Other: _____
<input type="checkbox"/> LIFE INSURANCE POLICY(S) Name of Insurance Company: _____ Policy Number: _____ Face Amount of Policy: \$ _____	Name of owner(s): _____	Name of Primary Beneficiary(ies): _____ Name of Contingent Beneficiar(ies): _____
<input type="checkbox"/> LIFE INSURANCE POLICY(S) Name of Insurance Company: _____ Policy Number: _____ Face Amount of Policy: \$ _____	Name of owner(s): _____	Name of Primary Beneficiary(ies): _____ Name of Contingent Beneficiar(ies): _____
<input type="checkbox"/> LIFE INSURANCE POLICY(S) Name of Insurance Company: _____ Policy Number: _____ Face Amount of Policy: \$ _____	Name of owner(s): _____	Name of Primary Beneficiary(ies): _____ Name of Contingent Beneficiar(ies): _____

<input type="checkbox"/> OTHER MISCELLANEOUS ASSETS (specify): Type of Asset: _____ Account Number: _____ Provide Details: _____	Name of owner(s): _____	How is it titled? (Check one) <input type="checkbox"/> Individually in name of husband <input type="checkbox"/> Individually in name of wife <input type="checkbox"/> Jointly owned by husband and wife <input type="checkbox"/> Revocable living trust <input type="checkbox"/> Transfer on death to: _____ <input type="checkbox"/> Other: _____
<input type="checkbox"/> OTHER MISCELLANEOUS ASSETS (specify): Type of Asset: _____ Account Number: _____ Provide Details: _____	Name of owner(s): _____	How is it titled? (Check one) <input type="checkbox"/> Individually in name of husband <input type="checkbox"/> Individually in name of wife <input type="checkbox"/> Jointly owned by husband and wife <input type="checkbox"/> Revocable living trust <input type="checkbox"/> Transfer on death to: _____ <input type="checkbox"/> Other: _____
<input type="checkbox"/> OTHER MISCELLANEOUS ASSETS (specify): Type of Asset: _____ Account Number: _____ Provide Details: _____	Name of owner(s): _____	How is it titled? (Check one) <input type="checkbox"/> Individually in name of husband <input type="checkbox"/> Individually in name of wife <input type="checkbox"/> Jointly owned by husband and wife <input type="checkbox"/> Revocable living trust <input type="checkbox"/> Transfer on death to: _____ <input type="checkbox"/> Other: _____
<input type="checkbox"/> OTHER MISCELLANEOUS ASSETS (specify): Type of Asset: _____ Account Number: _____ Provide Details: _____	Name of owner(s): _____	How is it titled? (Check one) <input type="checkbox"/> Individually in name of husband <input type="checkbox"/> Individually in name of wife <input type="checkbox"/> Jointly owned by husband and wife <input type="checkbox"/> Revocable living trust <input type="checkbox"/> Transfer on death to: _____ <input type="checkbox"/> Other: _____
<input type="checkbox"/> OTHER MISCELLANEOUS ASSETS (specify): Type of Asset: _____ Account Number: _____ Provide Details: _____	Name of owner(s): _____	How is it titled? (Check one) <input type="checkbox"/> Individually in name of husband <input type="checkbox"/> Individually in name of wife <input type="checkbox"/> Jointly owned by husband and wife <input type="checkbox"/> Revocable living trust <input type="checkbox"/> Transfer on death to: _____ <input type="checkbox"/> Other: _____

If more assets need to be listed, make additional copies of this page.