

FAMILY INFORMATION AND
ESTATE DISTRIBUTION INTENTIONS
OF

INDIVIDUALLY

Please fill out an additional copy for a spouse.

Date Prepared: _____

PRELIMINARY CONSIDERATIONS

The following considerations are meant to aid you in thinking about your estate planning goals and objectives. For my purposes, it is not necessary to respond to these questions.

If any of your children are minors when you die, whom do you want as their guardians? Who is your second choice? How much control do you want the guardians to have over your estate vs. the trustee and financial advisor? What will be the relationship between the guardians and your trustee and financial advisor?

The following questions deal with your care and guardianship should you be unable to make your own decisions.

- Who do you want to make decisions for your health care?
- Do you want your doctor to make all decisions or just advise someone in your family?
- Who is your second choice for a health care decision-maker?
- If you become terminally ill, who should have the final say on withholding or withdrawal of treatment? Who should be consulted regarding the termination of artificial life support (doctor, clergy, relatives, friend, etc.)?
- If your life can only be sustained through use of life-support, do you want that to happen? Based on your condition or the circumstances you are in, is there a time that you would want life support?
- In case of the need for resuscitation, do you want to be resuscitated? If you want resuscitation, how many attempts should be made? One? Two?
- Do you want any physician to attempt any heroic procedures that are beyond what would be normally attempted with an individual in a similar condition to yours?
- If you are not able to make your own health decisions do you want the individual that you have designated to make those decisions for you to have access to all your medical records?
- Can your health care decision maker make those records available to any physician or specialist they deem necessary?
- Can your health care decision maker obtain second opinions before authorizing any tests or surgical procedures?
- Can your health care decision maker provide your medical record information to relatives?
- Do you want your health care decision maker to consent to pain relief medication, with the input of the attending physician, if that medication will not make your condition worse?
- Do you want your health care decision maker to consider unconventional medication or procedures?
- Do you want your health care decision maker to consider experimental treatments or medication?
- Would you want medication that is derived from human tissue to be used as part of your treatment?
- What do you want your health care decision maker to consider and or do in regard to your care in your home and the conditions under which you would want them to consider assisted or nursing home care?

Please provide the following information to the best of your ability. If you do not understand a question it is better to leave it blank until we discuss it at our next meeting. The more information you are able to provide, the more productive our meeting will be. I will be asking additional questions about your assets during our meeting. The meeting should last approximately one hour. Please note that my planning advice is only as good as the information provided. The advice may be erroneous if based on inadequate information. Thank you.

PART I - PERSONAL INFORMATION

Full Name _____

Other/Maiden names _____

Date of Birth _____ Birthplace _____

SS No. _____ Citizenship _____

Home Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Occupation _____ Employer (or FEIN) _____

Annual Salary _____ Total Annual Income _____

Former employer if ret. _____

Marriages: To? _____ How & When ended _____

State of residence in marriage? _____ If divorce, contested? _____

Military Service? _____

LIVING CHILDREN *** Please note if any children are adopted.*

| | | |
|-----------|-----------|-----|
| Full Name | Residence | Sex |
|-----------|-----------|-----|

(1) _____

Other Parent _____ DOB _____ Offspring _____

(2) _____

Other Parent _____ DOB _____ Offspring _____

(3) _____

Other Parent _____ DOB _____ Offspring _____

(4) _____

Other Parent _____ DOB _____ Offspring _____

NOTES RE Equitable Adoption:

DECEASED CHILDREN

| Full Name Children? | Sex | Father's name | DOB | Date of Death |
|------------------------|-----|---------------|-----|---------------|
|------------------------|-----|---------------|-----|---------------|

Do any of your children have special needs (education not yet completed, health problems, etc.)?

Are any of your children disabled? _____

Do any of your children receive government benefits? _____

Are any grandchildren disabled or receiving government benefits? _____

FAMILY

| Names of Living Birth Parents | Age | Residence | Occupation |
|-------------------------------|-----|-----------|------------|
|-------------------------------|-----|-----------|------------|

| Names of Deceased Birth Parents | Date Deceased | Will Probated? | Which state? |
|---------------------------------|---------------|----------------|--------------|
|---------------------------------|---------------|----------------|--------------|

Brothers and Sisters: Please list in birth order.

| Name | DOB | Residence | Spouse | #Children |
|------|-----|-----------|--------|-----------|
|------|-----|-----------|--------|-----------|

FAMILY NOTES:

PETS

Veterinarian: _____

Medical conditions: _____

Preferred caregivers: _____

ADVISORS

Please list your advisors' names, employer, company office location, and phone numbers:

Physician: _____

Other lawyers: _____

Accountant: _____

Stockbroker: _____

Financial Advisor: _____

Insurance Agent(s): _____

CHARITY

Are you contributing to any charities currently? _____

Would you prefer to list any charities be as contingent beneficiaries in your will?

PART II - INTENT AND OBJECTIVES AT DEATH

Executor: The person responsible for distributing your estate according to your will. List three people in order of preference. List name, relationship, address, and phone.

Executor compensation at a reasonable hourly rate for services? _____ Bond? _____

"First Line" Beneficiaries: Upon my death, it is my desire that my estate pass to the following:

| % of estate | Name | Relationship | Address (if not already provided elsewhere) |
|-------------|------|--------------|---|
|-------------|------|--------------|---|

_____ %

_____ %

Specific Instructions:

"Second Line" Contingent Beneficiaries: If the people mentioned above do not survive me, then:

Specific Instructions:

Should lifetime gifts of money to your beneficiaries be counted against their inheritance? _____

Specific Bequests (Gifts): Please describe item with sufficient detail to identify without question. Also, indicate who bears the expense of packing, shipping, and insurance if it becomes necessary.

| Item | To: Name & Relationship | Address |
|------|-------------------------|---------|
|------|-------------------------|---------|

Guardianship for Minor Children: Upon my death and if the natural parent predeceased me, the following are to be named guardian of my minor children. List name, address, & phone.

Powers of Attorney List name and address (if address is not already provided) of designated agents.

1. Property Agent: _____ Address _____

 Successor: _____ Address _____

2. Healthcare Agent: _____ Address _____

 Successor: _____ Address _____

OTHER NOTES:

PART III - Final Arrangements

Disposition and Funerary Arrangements

Any pre-paid burial plans or plots? _____

Please advise if you have any preferences or specific instructions for the following:

1. Method of disposition: _____
2. Cemetery: _____
3. Headstone: _____
4. Funeral service provider: _____
5. Pallbearers: _____
6. Eulogy: _____
7. Specific music? _____
8. Caterer? _____
9. Flowers? _____
10. Photographs or a video collage: _____
11. Expense limit: _____
12. Religious official: _____
13. Are you a member of any clubs or institutions that you would like to notify: _____

14. In the event that your present funeral arrangements are unable to be performed, is there another option you would like performed: _____

ADDITIONAL NOTES: