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ESTATE PLANNING SELECTION WORKSHEET (PRIVILEGED AND CONFIDENTIAL)

1. Please Mail, Fax or Email this Worksheet & Questionnaire back to our office prior to our Consultation.
2. Please provide the name, address and phone number of every person named in the form on page 5.
3. If the Selections made below are different for a married couple, please complete two separate Worksheets.
4. The Selections made herein can be changed. The purpose of this form is to allow you to address these issues prior to our Consultation.

Date: _____

Client Name:

LAST WILL & TESTAMENT SELECTION

Client/Testator Name: _____

Who is the primary beneficiary of your estate assets?

Who is your contingent beneficiary should the primary predecease you?

Is the contingent beneficiary your children?

If there is more than one contingent beneficiary, is it to be distributed equally?

If a beneficiary/child predeceases you, is that share to go to that beneficiary's children or to the surviving beneficiaries?

Are any potential beneficiaries minors? If "yes" it is customary to include a 'Contingency Trust for Minors' within your Will. At which age should a minor be able to make withdrawals?

Are there any potential beneficiaries that have special needs or disabilities?

Do you have any specific bequests of property to certain individuals?

(Last Will & Testament continued)

If you have minor children, who would be the Guardian if both natural parents are deceased prior to the youngest reaching 18 years of age?

Is this person married? If 'yes' is this spouse to be a Guardian also or just the first selection?

If your first Guardian selection predeceases you or is divorced from their spouse, is that person's spouse to be the Guardian? If not, then who will be the successor Guardian?

Who would be the Executor of your estate?

Who would be the successor Executor if the first person cannot serve?

Who would be the Trustee if any minors are beneficiaries of your estate?

Who would be the successor Trustee if the first person cannot serve?

ADVANCE DIRECTIVE SELECTIONS

Client/Principal Name: _____

Health Care Proxy:

Who would be your Proxy to be make health care decisions for you if you cannot?

Who would be the successor Proxy?

Do you wish to donate your organs?

Living Will:

Do you want a Living Will document which states that you do not want your death prolonged by artificial means unnecessarily?

If yes, do you wish to be cremated?

Do you have any spiritual or personal concerns you wish mentioned in a Living Will?

Durable Power of Attorney:

Who would be the Agent appointed to make or help make financial decisions for you?

Who would be the successor Agent?

NAME: _____ RELATIONSHIP _____

ADDRESS: _____

PHONE: _____

NAME: _____ RELATIONSHIP _____

ADDRESS: _____

PHONE: _____

NAME: _____ RELATIONSHIP _____

ADDRESS: _____

PHONE: _____

NAME: _____ RELATIONSHIP _____

ADDRESS: _____

PHONE: _____

REVISED 1/10