

THE INFORMATION YOU ENTER IN THIS QUESTIONNAIRE IS CONFIDENTIAL AND PROTECTED BY ATTORNEY-CLIENT PRIVILEGE. THE INFORMATION WILL NOT BE DISCLOSED TO ANYONE OUTSIDE OF THIS OFFICE, EXCEPT IN THE COURSE OF RENDERING LEGAL SERVICES ON YOUR BEHALF, OR UNLESS OTHERWISE REQUIRED BY LAW.

ORGANIZER FOR ESTATE PLANNING BY LIVING TRUST FOR ONE PERSON

Name: _____

Nickname: _____

Birth Date: _____

SS #: _____

Address: _____

City/State/Zip: _____

County: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Prior marriage(s): _____

U.S. Citizen Y/N _____

Children:

	NAME	SEX (M/F)	DATE OF BIRTH
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Children of prior Marriage(s):

	NAME	SEX (M/F)	DATE OF BIRTH
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

WILL AND TRUST INFORMATION

1. Who would receive your estate upon your death?

1st _____
2nd _____
3rd _____

2. Who would be your Executor? (responsible for getting the Will probated if necessary)

1st _____
2nd _____
3rd _____

3. Who would be Guardian for your children? (responsible for their physical care until age 18)

1st _____
2nd _____

4. Who would be Trustee for your children? (manage the money for them until the age or ages that you think that they would be mature enough to manage their own money)

1st _____
2nd _____

5. At what age could the children have the money outright? (For example, 1/3 at age 23, 1/2 of the remainder at age 30, the balance at age 35)

Age _____

Age _____

Age _____

Age _____

6. Federal Estate and State Inheritance tax planning issue. Does your estate, including home, investments, savings, life insurance and retirement accounts exceed five million dollars?.

Yes _____

No _____

7. If you could not be Trustee for yourself (i.e. manage your own money who would you want to serve as Trustee?

1st _____

2nd _____

STATUTORY DURABLE POWER OF ATTORNEY

If you could not handle your own business affairs, who would you want to handle them for you?

1st _____
Address _____
City/Zip _____

2nd _____
Address _____
City/Zip _____

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

If you could not make health care decisions for yourself, who would you want to make them for you?

1st _____
Address _____
City/Zip _____
Phone _____

2nd _____
Address _____
City/Zip _____
Phone _____

DIRECTIVE TO PHYSICIANS

Do you want a written directive not to use extraordinary life-sustaining medical care, but only medical care to keep you comfortable if you have a terminal or irreversible medical condition?

Yes _____ No _____

GUARDIAN FOR ADULT

Do you want to appoint a Guardian for yourself in the event you have long term physical or mental incapacity? If yes, who would you appoint to serve as your guardian? Who, if anyone, would you direct that you did not want to serve as your guardian?

Yes _____ No _____

DESIGNATE TO SERVE:

1st _____

2nd _____

DESIGNATE NOT TO SERVE:

1st _____

2nd _____