

5. Insurance: Using the descriptions below, please identify any insurance you maintain:

Term Policy Universal Life Policy
 Whole Life Policy Variable Life Policy

Type of Insurance	Who owns the Insurance	Approximate Value

6. Businesses: Using the descriptions below, please identify any businesses you own or have a majority of stock in:

General Partnership C Corporation Sole Proprietorship
 Ltd. Partnership(Bus.) S Corporation LLC

Type of Business	Who owns the Business	Approximate Value
	Individual Joint	
	Individual Joint	

B. Selecting your Trustee and Alternates:

You will be the Trustee(s) of your Trust. However, you will need to name a Successor Trustee. A Successor Trustee is the individual or individuals who will manage your assets owned by the Trust during your lifetime if you become incapacitated and after your death. Your Successor Trustee and alternates, should be an individual or individuals who have the time and ability to manage your assets if you cannot.

Enter the name of the person(s) you want to appoint as your Successor Trustee(s).

1st Alternate: _____

2nd Alternate: _____

_____ 3rd Alternate: _____

_____ 4th Alternate: _____

C. Selecting your Beneficiaries

Please list the names of the person(s) or charities you want as Beneficiaries in your Trust. Attach separate sheet if necessary.

<u>Beneficiaries</u>	<u>UNDER 18?</u>
1. _____ <i>Full Name</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Relationship:</i> _____
2. _____ <i>Full Name</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Relationship:</i> _____
3. _____ <i>Full Name</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Relationship:</i> _____
4. _____ <i>Full Name</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Relationship:</i> _____

Do any of the beneficiaries listed receive Supplemental Social Security Income or Medicaid? Yes _____ No _____

D. When you die, how do you want your assets distributed:

Please describe how you wish to distribute your assets after your death. For example: "I want everything to go to my husband or wife, but if he/she dies before I do, I want my child or children to share all my things equally." _____

E. Would you like a Durable Power of Attorney for Financial Matters? This document allows the person(s) you designate to make financial decisions for you in the event you become incapacitated?

Who do you wish to designate as your power-of-attorney(typically spouse is 1st alternate if married)

1st Alternate: _____

2nd Alternate: _____

3rd Alternate:: _____

4th Alternate:: _____

F. Would you like a Health Care Surrogate? This document allows the person(s) you designate to make medical decisions for you in the event you become incapacitated?

Who do you wish to designate as your power-of-attorney(typically spouse is 1st alternate if married)

1st Alternate: _____

2nd Alternate: _____

3rd Alternate:: _____

4th Alternate:: _____

G. Would you like a Living Will? This document allows the person(s) you designate to withdraw life support if certain conditions are met.

Who do you wish to designate as your representative (typically spouse is 1st alternate if married)

1st Alternate: _____

2nd Alternate: _____

3rd Alternate:: _____

4th Alternate:: _____

Please list the family members or other person(s) with whom this office may discuss your estate planning documents after they are completed? _____

****** Please bring copies of all deeds to real estate and/or time shares you own and copies of any mortgages on which you receive payments.**