

ESTATE PLANNING WORKSHEET MARRIED

ESTATE PLANNING WORKSHEET (Married):

Please provide the following information. This information is necessary for our preparation of your Trust documents. Please use additional pages as may be necessary:

HUSBAND:

Name Date of Birth Social Security Number

Email Address Place of Birth U.S. Citizen 'Yes' or 'No'

Street Address City / State / Zip Code

Daytime Phone Cell Phone Fax Number Evening Phone

Any previous marriages: _____ If you answered 'Yes' you will need to provide information regarding the
'Yes' or 'No' prior marriage.

Previous marriage ended in _____ death or _____ divorce? Date of death or divorce _____

If Divorced, what state and county was judgment obtained? _____

Are you currently employed? _____ If yes, please provide name of employer and job occupation below:
Yes or No

Employer (Name) Job Occupation/Title

WIFE:

Name Date of Birth Social Security Number

Email Address Place of Birth U.S. Citizen 'Yes' or 'No'

Daytime Phone Cell Phone Fax Number Evening Phone

Any previous marriages: _____ If you answered 'Yes' you will need to provide information regarding the
'Yes' or 'No' prior marriage.

Previous marriage ended in _____ death or _____ divorce? Date of death or divorce _____

If Divorced, what state and county was judgment obtained? _____

Are you currently employed? _____ If yes, please provide name of employer and job occupation below:
Yes or No

Employer (Name)	Job Occupation/Title
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CHILDREN: (Husband and Wife):

_____ Name	_____ Date of Birth	_____ Place of Birth
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_____ Name	_____ Date of Birth	_____ Place of Birth
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_____ Name	_____ Date of Birth	_____ Place of Birth
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Any deceased children? _____
'Yes' or 'No'

If the answer is 'Yes', enter name of deceased child: _____
Deceased Child's Name

PROPERTY DISPOSITION UPON DEATH:

Please generally describe what you would like to do with your property upon your death. Property means all assets owned by you.
[For example: I want all of my property to go to my spouse]

HUSBAND:

Upon my death I want:

WIFE:

Upon my death I want:

In the event that the person or persons fail to survive me, I request that the following person or persons be named as alternate beneficiaries:

TRUSTEES / EXECUTORS:

Under your trust document and your will, you will be requested to designate trustees and executors. It will be assumed, unless you advise otherwise, that the trustees shall be each of you during your lifetime, and the initial executor shall be the surviving spouse. The selection of these trustees and executors is to take effect after the death of both spouses. Please state the name, address and telephone number of an initial and successor person whom you would like to appoint:

HUSBAND:

SUCCESSOR TRUSTEE / EXECUTOR:

Primary Trustee / Executor Name

Phone Number

Street Address

City / State / Zip Code

SECOND SUCCESSOR TRUSTEE / EXECUTOR:

Successor Trustee / Executor Name

Phone Number

Street Address

City / State / Zip Code

WIFE:

SUCCESSOR TRUSTEE / EXECUTOR:

Primary Trustee / Executor Name

Phone Number

Street Address

City / State / Zip Code

SECOND SUCCESSOR TRUSTEE / EXECUTOR:

Successor Trustee / Executor Name

Phone Number

Street Address

City / State / Zip Code

ADVANCED HEALTH CARE DIRECTIVE Husband

PRIMARY AGENT INFORMATION (PERSON CHOSEN TO MAKE MEDICAL DECISION ON MY BEHALF):

Name

Relationship to Agent

Home or Work Phone Number

Cell Phone Number

Street Address

City / State / Zip Code

FIRST ALTERNATE AGENT INFORMATION: _____
Name

Relationship to Agent

INITIAL WHICHEVER OF THE FOLLOWING STATEMENTS OF DESIRES APPLY:

1. _____ I wish to be buried

2. _____ I wish to be cremated

If cremated, what do you want done with your ashes? (Buried or scattered?) _____

3. _____ I wish to make a gift of my vital organs for any purpose or for a specific purpose (ie. Educational, human necessity or other reasons? OR

4. _____ I do not wish to make a gift of my vital organs.

5. _____ If I have a terminal condition or am in a vegetative state, I **do not** want my life to be prolonged and I **do not** want life-sustaining treatment, beyond comfort care, that would serve **only** to artificially delay the moment of my death.

6. _____ I want my life to be prolonged to the greatest extent possible.

7. _____ Supplemental Instructions _____

ADVANCED HEALTH CARE DIRECTIVE WIFE

PRIMARY AGENT INFORMATION (PERSON CHOSEN TO MAKE MEDICAL DECISION ON MY BEHALF):

Name Relationship to Agent

FIRST ALTERNATE AGENT INFORMATION: _____
Name Relationship to Agent

INITIAL WHICHEVER OF THE FOLLOWING STATEMENTS OF DESIRES APPLY:

1. _____ I wish to be buried **OR** 2. _____ I wish to be cremated
2. _____ Where would you like to be buried? If cremated, what would you like done with your cremated remains?

3. _____ I wish to make a gift of my vital organs for any purpose or for a specific purpose (ie. Educational, human necessity or other reasons? **OR**
4. _____ I do not wish to make a gift of my vital organs.
5. _____ If I have a terminal condition or am in a vegetative state, I **do not** want my life to be prolonged and I **do not** want life-sustaining treatment, beyond comfort care, that would serve **only** to artificially delay the moment of my death.
6. _____ I want my life to be prolonged to the greatest extent possible.
7. _____ Supplemental Instructions _____

POWER OF ATTORNEY QUESTIONS Husband

CLIENT'S ASSIGNMENT OF AGENT FOR ASSET MANAGEMENT:

PRIMARY AGENT: _____
Name Phone Number

FIRST ALTERNATE AGENT: _____
Name Phone Number

Please check the box which identifies your desires below:

_____ My Agent is to have my Power of Attorney upon my execution of my Durable Power of Attorney for Asset Management OR

_____ My Agent is to have my Power of Attorney upon determination that I am incapacitated and can no longer manage my affairs.

POWER OF ATTORNEY QUESTIONS Wife

CLIENT'S ASSIGNMENT OF AGENT FOR ASSET MANAGEMENT:

PRIMARY AGENT: _____
Name Phone Number

FIRST ALTERNATE AGENT: _____
Name Phone Number

Please check the box which identifies your desires below:

_____ My Agent is to have my Power of Attorney upon my execution of my Durable Power of Attorney for Asset Management OR

_____ My Agent is to have my Power of Attorney upon determination that I am incapacitated and can no longer manage my affairs.