







because of concerns about protecting estate creditors and beneficiaries from misfeasance or nonfeasance. Do you want your personal representative or alternate to be required post a bond (which is paid by your estate) to be able to serve? Yes \_\_\_\_ No \_\_\_\_\_

### **Trustee**

If you are considering establishing a trust during your life or after your death for a spouse, child, grandchild, parent or another person or charity (especially to avoid payment of large sums of money to a beneficiary at one time, or prior to a beneficiary attaining a certain age, or for a specific purpose), whom do you want to nominate as the trustee? You may also select “co-trustees” or a “corporate” trustee (e.g., bank or trust company).

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_ \_\_\_\_\_  
street address city state zip county

**Relationship to you:** \_\_\_\_\_

### **Alternate Trustee**

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_ \_\_\_\_\_  
street address city state zip county

**Relationship to you:** \_\_\_\_\_

Do you want your trustee or alternate to be required to post a bond (which is paid from the trust assets) to be able to serve? Yes \_\_\_\_ No \_\_\_\_\_



If a beneficiary of a specific bequest does not survive you, state who is to receive his or her share (e.g., the children of that beneficiary or one or more other persons).

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**Residue**

After paying expenses of administration and any debts and taxes, and after distributing any specific bequests, a residue may remain. State who should receive the residue and in what amount or percent.

<u>Name of Beneficiary</u>	<u>Address of Beneficiary</u>	<u>Relationship</u>	<u>Percentage or Amount</u>
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If a residuary beneficiary does not survive you, state who is to receive his or her share (e.g., the children of that beneficiary or one or more other persons).

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**Trusts**

If you are considering establishing one or more trusts during your life or after your death, describe some of the general provisions you think are important.

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**Additional information**

Use this space to provide any additional information concerning your testamentary intentions.

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**Miscellaneous**

Do you currently have: ( If yes to any please attach signed copies with any codicils or amendments

A “will” or “revocable living trust”? Yes \_\_\_ No \_\_\_\_\_

A “durable power of attorney”? Yes \_\_\_ No \_\_\_\_\_

Any “living will documents”? Yes \_\_\_ No \_\_\_\_\_

**If you want:**

1. Any of your **organs donated** at your death, state: the specific organs (or allow any usable):  
any limitations on their use (or allow any purpose): \_\_\_\_\_

2. A specific **disposition of your remains** (e.g., cremation, burial at specific cemetery, etc.),  
specify the disposition: \_\_\_\_\_

**Durable power of attorney** (i.e., a document authorizing another person to control your assets on your behalf and for your benefit),

**Effective date of Power:** \_\_\_ immediately  
\_\_\_ if a specific date, specify date \_\_\_/\_\_\_/  
\_\_\_ only if I am unavailable  
\_\_\_ **only if I become mentally or physically incapacitated**

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip county

**Relationship to you:** \_\_\_\_\_

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip county

**Relationship to you:** \_\_\_\_\_

4. Any **living will documents** (i.e., documents authorizing another person to carry out your wishes in the event you are unable to communicate your decisions concerning extending, withholding or withdrawing life-prolonging procedures under certain legally-permissible circumstances), state:

**Health care surrogate**

**Legal name:** \_\_\_\_\_  
                                    first                                    middle initial                                    last

**Current address:** \_\_\_\_\_  
                                    street address                                    city                                    state                                    zip code

**Relationship to you:** \_\_\_\_\_

**Telephone numbers:** Home \_\_\_\_\_ Work \_\_\_\_\_

**Alternate health care surrogate**

**Legal name:** \_\_\_\_\_  
                                    first                                    middle initial                                    last

**Current address:** \_\_\_\_\_  
                                    street address                                    city                                    state                                    zip code

**Relationship to you:** \_\_\_\_\_

**Telephone numbers:** Home \_\_\_\_\_ Work \_\_\_\_\_

**Summary of Assets and Liabilities**

Note: The following is a financial summary for estate and tax planning purposes. Further detailed information and copies of documents concerning particular assets and liabilities may be requested. **In lieu of completing this summary, you may substitute a current financial statement.**

### Assets

Please state the estimated value of all assets you own or in which you have any interest (either individually or jointly or that are held in trust for your benefit). Concerning each category, indicate total values for each form of ownership without deducting any mortgage or debt. If you own an asset individually that is “payable on death” to a named beneficiary (e.g., a bank account, IRA or other retirement account, annuity, etc.), please provide a copy of the supporting documents.

	Client (only)	Jointly with Spouse	Jointly with Others	Total
Homestead				
Other real property				
Bank accounts, certificates of deposit and money market funds				
Stocks, bonds and mutual funds				
Businesses in which you own an interest (e.g., as sole proprietor, partner, shareholder, member)				
Receivables paid to you (e.g., mortgage note, promissory note)				
Cash value (not death benefit) of life insurance you own				
Household furniture, furnishings and appliances				
Motor vehicles				
Jewelry, art objects, antiques, collections and other valuable personal property				
Retirement accounts (e.g., qualified plan, IRA - do not include social security benefits)				
Annuities				
Miscellaneous other property not included above				
Trusts in which you are a beneficiary				
Total assets:				

**Liabilities**

	Client (only)	Jointly with Spouse	Jointly with Others	Total
Mortgage(s) on homestead				
Mortgage(s) on other real property				
Personal or unsecured debts you owe to others				
Other significant debts, liabilities and judgments				
Total liabilities:				

**Net Worth**

Your total Assets less your total Liabilities: \$\_\_\_\_\_

**Lifetime Gifts**

Have you ever made one or more gifts the total value of which were over \$10,000 to any one person in any year? Yes\_\_\_\_ No\_\_\_\_\_

Have you ever filed a federal Gift Tax Return (i.e., IRS Form 709)? Yes\_\_\_\_ No\_\_\_\_\_  
If yes, please attach a copy.

**Life Insurance**

List all life insurance policies insuring your life.

<u>Amount of death benefit</u>	<u>Type of policy (e.g. term, whole life)</u>	<u>Beneficiary</u>	<u>Owner Company</u>

Please provide the name, address and telephone number of your:

Name

Address

Telephone number

Accountant: \_\_\_\_\_

Investment broker: \_\_\_\_\_

Insurance agent: \_\_\_\_\_

Financial planner: \_\_\_\_\_

Banker: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Client

Whom may I thank for the referral? \_\_\_\_\_