



- D.    **Yes**    **No**    Are there any stepchildren in your family?  
How many? \_\_\_\_\_
  - E.    **Yes**    **No**    Do you have any children under age 18? How  
many? \_\_\_\_\_
  - G.    **Yes**    **No**    Do you have any children under age 25? How  
many? \_\_\_\_\_
  - H.    **Yes**    **No**    Do you have any grandchildren? How many?  
\_\_\_\_\_
  - I.    **Yes**    **No**    Have either you or your spouse been married prior  
to this marriage?
  - J.    **Yes**    **No**    Are there children from the prior marriage?
  - K.    **Yes**    **No**    Do you have a **safety deposit box**? If so, please give  
location.
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**3. EXECUTOR AND ALTERNATE EXECUTOR**

The term "Executor" is the name given to the person or corporation, named in your Will, having the responsibility to see that the Will is admitted to probate and that your assets are distributed according to the instructions given in the Will and by the Court.

- #1 Choice: Name \_\_\_\_\_  
Address \_\_\_\_\_
- #2 Choice: Name \_\_\_\_\_  
Address \_\_\_\_\_
- #3 Choice: Name \_\_\_\_\_  
Address \_\_\_\_\_

**4. GUARDIANS FOR MY MINOR CHILDREN (when applicable)**

The term "Guardian" is the name given to a person having the responsibility to provide care, supervision, decisions and general advice concerning persons who are either minors or mentally incapacitated in some manner. The law allows parents to include provisions in their Wills that nominate guardians for their minor children. If you do not have minor children, you probably don't need to answer the questions concerning guardians.

Who do you want to raise your children if you cannot?

#1 Choice:           Name \_\_\_\_\_  
                          Address \_\_\_\_\_  
#2 Choice:           Name \_\_\_\_\_  
                          Address \_\_\_\_\_

5. **TRUSTEES FOR MY MINOR CHILDREN** (when applicable)

Who do you want to manage your children's inheritance? This can be the same person as your children's guardian.

#1 Choice:           Name \_\_\_\_\_  
                          Address \_\_\_\_\_  
#2 Choice:           Name \_\_\_\_\_  
                          Address \_\_\_\_\_

6. **LENGTH OF TRUST FOR CHILDREN**

If you chose, you may direct that your assets be held in Trust for a specific period of time. For example, you may state in the Trust that the income be distributed annually or more often, but that the principal be held until your children reach a certain age such as 18, 22, 25 or 30 or older. Or, you could provide that the principal be distributed in portions such as 1/3 at age 25, 1/2 of the remainder at age 30, and the balance of the principal distributed at age 35. Please tell us your thinking about how to distribute the principal.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **BENEFICIARIES**

The term "Beneficiary" is the name given to the person or persons (or institution) that is to receive your assets after you and your spouse are gone. Please pay careful attention to exact given names, spellings and addresses.

A. **Special Gifts -- Organizations**

Do you want to make a gift (cash or a specific item) to a charity, foundation or religious organization?

Name of Organization	Description of Gift
_____	_____
_____	_____
_____	_____

**B. Special Gifts -- Individuals**

Do you want to give any specific items to a family member or other individual? (For example: wedding ring to your daughter, gun collection to a son or nephew, etc.)

Name of Person	Description of Gift
_____	_____
_____	_____
_____	_____
_____	_____

**C. Primary Beneficiaries**

Children are the most usual beneficiaries. There may be reason to provide for unequal distribution to children. Please name the beneficiaries and the amount they are to receive.

Who do you want to receive the rest of your estate after the special gifts have been distributed? You can designate a dollar amount or a percentage.

Name of Person	Amount/Percentage
_____	_____
_____	_____
_____	_____
_____	_____

**D. Alternate Beneficiaries**

Who do you want to receive your estate if you (and your spouse) outlive the people you have named above as beneficiaries?

Name of Person/Organization	Amount/Percentage
_____	_____
_____	_____
_____	_____

**8. SPECIAL INSTRUCTIONS SHOULD YOU BECOME INCOMPETENT**

**A. Selling Assets**

If necessary, do you have any special requests for how or when you want your assets sold to pay for your care? (For example, you may want certain assets liquidated before others.) If so, explain here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REGARDING LIVING WILLS AND DURABLE POWERS OF ATTORNEY

In conjunction with your Will, a General Durable Power of Attorney for Business Decisions, General Durable Power of Attorney for Health Care Decisions, and Declaration or "Living Will" are also often prepared.

In the event of your incapacity or disability, the person(s) you name as your agent(s) in your Durable Power of Attorney for Business Decisions will be responsible for making business decisions for you. The person(s) named as primary agent and alternate agent are generally the same individuals that you have named in your Will as executor and alternate executor. If you have would like to name someone other than those individuals, please write in your choice here.

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The terms "Living Will" and "Durable Power of Attorney for Health Care" have caused much confusion and are often misunderstood. The term "Living Will" is the name commonly given to a statement of instructions that you may give regarding your medical treatment if you are diagnosed "terminally ill." The term "Durable Power of Attorney for Health Care" is the name given to a document appointing someone else to make health-care decisions for you when you are unable to do so. It applies whether or not you are "terminal."

In the event of your incapacity or disability, the person(s) you name as your agent(s) will be responsible for making health-care decisions for you. A primary agent and at least one alternate agent should be chosen. If married and wife has different choices for her agent(s), please list those on the following page.

Primary Agent Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

1st Alt. Agent Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

2nd Alt. Agent Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

3rd Alt. Agent Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Primary Agent Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

1st Alt. Agent Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

2nd Alt. Agent Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

3rd Alt. Agent Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

**Please let us know your choices as follows:**

Do you have any special requests about the quality of medical care you receive? (For example, a specific nursing home, or refusal or termination of certain medical treatment.) If so, explain here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. SPECIAL INSTRUCTIONS FOR FUNERAL/BURIAL**

A. Yes No Do you have a cemetery lot? If yes, complete below:

Family name of lot \_\_\_\_\_  
Cemetery name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

B. Do you have any special instructions for your funeral/burial?  
If so, explain here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. QUESTIONS ABOUT YOUR DOCUMENTS

If you have any specific questions or issues you want to discuss with your attorney, list them here.

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