

ESTATE PLANNING WORKSHEET

Schroeder, Blankemeyer and Schroeder, LLP
Estate Planning

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.
ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR
APPOINTMENT VIA MAIL OR FAX.

PERSONAL INFORMATION

Husband's Legal Name: _____
(Name most often used to title property and accounts)

Also Known As: _____ Social Security Number: _____
(Other names used to title property and accounts)

Birth date: _____ US Citizen _____ Work: _____

Home Address: _____ City: _____ State: _____ Zip: _____

County of Residence: _____

Home Telephone: _____ Mobile Phone: _____

E-mail Address: _____ It is okay to communicate with me via my E-mail address.

Married: _____ If yes, Date of Marriage: _____

Wife's Legal Name: _____
(Name most often used to title property and accounts)

Also Known As: _____ Social Security Number: _____
(Other names used to title property and accounts)

Birth date: _____ US Citizen _____

Home Address: _____ City: _____ State: _____ Zip: _____

County of Residence _____

Home Telephone: _____ Mobile Phone: _____ Work: _____

E-mail Address: _____ It is okay to communicate with me via my E-mail address.

CHILDREN

(Use full legal name. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if a single parent.)

Name: _____ **Date of Birth:** _____ **Parent:** _____

Address: _____ **City:** _____ **State/Zip:** _____

Home Number: () _____ **Mobile Phone:** () _____

Email: _____

Name: _____ **Date of Birth:** _____ **Parent:** _____

Address: _____ **City:** _____ **State/Zip:** _____

Home Number: () _____ **Mobile Phone:** () _____

Email: _____

Name: _____ **Date of Birth:** _____ **Parent:** _____

Address: _____ **City:** _____ **State/Zip:** _____

Home Number: () _____ **Mobile Phone:** () _____

Email: _____

Name: _____ **Date of Birth:** _____ **Parent:** _____

Address: _____ **City:** _____ **State/Zip:** _____

Home Number: () _____ **Mobile Phone:** () _____

Email: _____

CHILDREN

(Use full legal name. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if a single parent.)

Name: _____ Date of Birth: _____ Parent: _____
Address: _____ City: _____ State/Zip: _____
Home Number: (_____) _____ Mobile Phone: (_____) _____
Email: _____

Name: _____ Date of Birth: _____ Parent: _____
Address: _____ City: _____ State/Zip: _____
Home Number: (_____) _____ Mobile Phone: (_____) _____
Email: _____

Name: _____ Date of Birth: _____ Parent: _____
Address: _____ City: _____ State/Zip: _____
Home Number: (_____) _____ Mobile Phone: (_____) _____
Email: _____

Name: _____ Date of Birth: _____ Parent: _____
Address: _____ City: _____ State/Zip: _____
Home Number: (_____) _____ Mobile Phone: (_____) _____
Email: _____

Name: _____ Date of Birth: _____ Parent: _____
Address: _____ City: _____ State/Zip: _____
Home Number: (_____) _____ Mobile Phone: (_____) _____
Email: _____

Name: _____ Date of Birth: _____ Parent: _____
Address: _____ City: _____ State/Zip: _____
Home Number: (_____) _____ Mobile Phone: (_____) _____
Email: _____

Name: _____ Date of Birth: _____ Parent: _____
Address: _____ City: _____ State/Zip: _____
Home Number: (_____) _____ Mobile Phone: (_____) _____
Email: _____

ADVISORS

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

YOUR CONCERNS

Please rate the following as to how important they are to you:

(H high concern, S some concerned, L low concern, N/A no concern or not applicable)

Description

Level of Concern

Husband	Wife
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Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.

Providing for and protecting a spouse.

Providing for and protecting children.

Providing for and protecting grandchildren.

Disinheriting a family member.

Providing for charities at the time of death.

Plan for the transfer and survival of a family business.

Avoiding or reducing your estate taxes.

Avoiding probate.

Reduce administration costs at time of your death.

Avoiding a conservatorship (“living probate”) in case of a disability.

Avoiding will contests or other disputes upon death.

Protecting assets from lawsuits or creditors.

Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.

Plan for a child with disabilities or special needs, such as medical or learning disabilities.

Protecting children’s inheritance from the possibility of failed marriages.

Protect children’s inheritance in the event of a surviving spouse’s remarriage.

Provide that your death shall not be unnecessarily prolonged by artificial means or measures.

Other Concerns (Please list below):

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you (or your spouse) receiving Social Security, disability, or other governmental benefits? <i>Describe</i> _____		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
If married have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i>		
Have you (or your spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have (you or your spouse) completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
If married, have you lived in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>		
Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

ADDITIONAL RELEVANT INFORMATION

Asset Worksheet

INSTRUCTIONS FOR COMPLETING THE *PROPERTY INFORMATION CHECKLIST*

General Headings

This *Property Information* checklist is designed to help you list all the property you own and what it is worth. You probably will not own property under all the headings. If not just leave those areas blank. Under certain headings you may own more property than can be listed on this checklist. If so, use **extra sheets** of paper to list your additional property.

Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

“Owner” of Property

How you own your property is **extremely important** for purposes of properly designing and implementing your estate plan. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Use
If married, Husband’s name alone, with no other person	H
If married, Wife’s name alone, with no other person	W
If married, Joint Tenancy with spouse	JTS
Joint Tenancy with someone other than a spouse, i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

REAL PROPERTY

Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

General Description and/or Address	Owner and Beneficiary/POD	Market Value	Loan Balance

FURNITURE AND PERSONAL EFFECTS

List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property, and please give an estimated value of the listed assets.

Type or Description

	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total) _____	_____	_____
_____	_____	_____
_____	_____	_____

AUTOMOBILES, BOATS AND RVS

For each motor vehicle, boat, RV, etc. please list the following: **Make, Model, Year, VIN #, how titled, market value and the amount of any outstanding loan on the vehicles:**

Make, Model, Year, and Vin	Owner/Titled	Market Value	Beneficiary/POD

BANK & SAVINGS ACCOUNTS

Checking Account “CA”, Savings Account “SA”, Certificates of Deposit “CD”, Money Market “MM” (*indicate type below*). **Do not include IRAs or 401(k)s here**

Banking Institution and Address	Owner	Account Number	Type of Account	Balance	Beneficiary/ POD

Note: If Account is in your name (or your spouse’s name) for the benefit of a minor, please specify and give minor’s name.

STOCKS AND BONDS

List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account and provide brokerage firm’s information.

Stocks, Bonds or Investment Accounts

Company/Broker And address	Owner	Account Number	Type of Account	Value	Beneficiary/POD

LIFE INSURANCE POLICES AND ANNUITIES

Term (T), whole life (W), split dollar (S), group life (G), annuity (A). ADDITIONAL INFORMATION: Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, and who the life insurance agent is and the agency.

Type Insurance Company **Policy/Account Number** Face amount (death benefit) **Insured** Policy Owner
Insurance Agency and Agent Name

Insurance Company/ Insurance Agent	Owner	Account/Policy	Type of Insurance	Value	Beneficiary/POD

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). ADDITIONAL INFORMATION: who the plan is through and contact information, the plan name, the current value of the plan, the owner of the plan, and the beneficiary or beneficiaries if any.

Company and Address	Owner	Account/Policy	Type of Plan	Value	Beneficiary/POD

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

MONEY OWED TO YOU

Mortgages or promissory notes payable **to you**, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description _____

OTHER ASSETS

Other property - is any property that you have that does not fit into any listed category.

Type	Owner	Value	

SUMMARY OF VALUES

<u>ASSETS</u>	Total Amounts*:		
	<u>Husband</u>	<u>Wife</u>	<u>Total Value</u>
Real Property	_____	_____	_____
Furniture and Personal Effects	_____	_____	_____
Automobiles, Boats and RV's	_____	_____	_____
Bank and Savings Accounts	_____	_____	_____
Stocks and Bonds	_____	_____	_____
Life Insurance and Annuities	_____	_____	_____
Retirement Plans	_____	_____	_____
Business Interests	_____	_____	_____
Money owed to you	_____	_____	_____
Anticipated Inheritance, Etc.	_____	_____	_____
Other Assets	_____	_____	_____
Total Assets:	_____	_____	_____

*** Joint Property values enter 1/2 in husband's column and 1/2 in wife's column.**

DESIGN INFORMATION

GUARDIAN FOR MINOR CHILDREN: If you have children under the age of 18, list in order who you would want to be guardian.

Initial Choice:

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone:(____) _____

Relationship to you: _____

Back up Choice:

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone:(____) _____

Relationship to you: _____

HUSBAND

FINANCIAL POWER OF ATTORNEY

Initial Choice:

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone :(____) _____

Relationship to you: _____

Back up Choice:

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone:(____) _____

Relationship to you: _____ Serve **concurrent** or **consecutive** _____?

If you want your agents are to serve concurrently, at the same time, do you want them to act jointly or independently. _____?

Back up Choice:

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone:(____) _____

Relationship to you: _____

WIFE

FINANCIAL POWER OF ATTORNEY

Initial Choice:

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone:(____) _____

Relationship to you: _____

Back up Choice:

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone:(____) _____

Relationship to you: _____ Serve **concurrent** or **consecutive** _____?

If you want your agents are to serve concurrently, at the same time, do you want them to act jointly or independently. _____?

Back up Choice:

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone:(____) _____

Relationship to you: _____

HUSBAND

HEALTH CARE POWER OF ATTORNEY

Initial Choice:

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone:(____) _____

Relationship to you: _____

Back up Choice:

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone:(____) _____

Relationship to you: _____ Serve **concurrent** or **consecutive** _____?

If you want your agents are to serve concurrently, at the same time, do you want them to act jointly or independently. _____?

Back up Choice:

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone:(____) _____

Relationship to you: _____

WIFE

HEALTH CARE POWER OF ATTORNEY

Initial Choice:

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone:(____) _____

Relationship to you: _____

Back up Choice:

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone:(____) _____

Relationship to you: _____ Serve **concurrent** or **consecutive** _____?

If you want your agents are to serve concurrently, at the same time, do you want them to act jointly or independently. _____?

Back up Choice:

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone:(____) _____

Relationship to you: _____

HUSBAND

LIVING WILL

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone:(____) _____

Relationship to you: _____

Second Contact:

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone: _____

Relationship to you: _____

Third Contact:

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone:(____) _____

Relationship to you: _____

WIFE

LIVING WILL

First Contact:

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: (_____) _____ Mobile Phone:(_____) _____

Relationship to you: _____

Second Contact:

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: (_____) _____ Mobile Phone:(_____) _____

Relationship to you: _____

Third Contact:

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: (_____) _____ Mobile Phone:(_____) _____

Relationship to you: _____

Do you want to authorize your Medical Agent to take whatever steps are necessary to keep you in a personal residence rather than nursing home?

Husband: Yes No

Wife: Yes No

Do you want to provide that upon certification by 2 physicians of need for psychological or substance treatment, Agent may arrange for voluntary admission?

Husband: Yes No

Wife: Yes No

In making distributions during any period of time the client is incapacitated, the successor Trustee shall give primary consideration to:

- Disabled spouse, the needs of others.
- Disabled spouse and other spouse, and then needs of others
- Disabled spouse needs and the needs of others equally

FOR YOUR TRUST:

INITIAL TRUSTEE(S): Usually the Grantor(s) will be the Trustee of his/her own Trust. Often, both spouses, jointly. This allows you to control your assets while you are still alive.

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone:(____) _____

Relationship to you: _____

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone:(____) _____

Relationship to you: _____

DISABILITY TRUSTEE(S): If you are unable to make decisions for yourself, who would want to be the decision maker regarding your assets.

Husband

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone:(____) _____

Relationship to you: _____

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone:(____) _____

Relationship to you: _____

Wife

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone:(____) _____

Relationship to you: _____

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone:(____) _____

Relationship to you: _____

DEATH TRUSTEE: After your death, who do you want to carry out your final instructions for distribution of your assets.

Husband

Name of Initial Death Trustee(s): _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone:(____) _____

Relationship to you: _____

Name of Back up Death Trustee(s): _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone:(____) _____

Relationship to you: _____

Wife

Name of Initial Death Trustee(s): _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone:(____) _____

Relationship to you: _____

Name of Back up Death Trustee(s): _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone:(____) _____

Relationship to you: _____

DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS

USE OF PERSONAL PROPERTY MEMORANDUM: Do you want to provide that your personal property will be distributed pursuant to a written list you may prepare later? Yes No

Any property not listed on the memorandum should be distributed to:

- FOR HUSBAND:** Spouse, then children equally. Children
 Spouse, then to balance of trust. To the balance of the trust.
 Spouse, then other named individuals. Other named individuals, please list below.

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone:(____) _____

- FOR WIFE:** Spouse, then children equally. Children
 Spouse, then to balance of trust. To the balance of the trust.
 Spouse, then other named individuals. Other named individual, please list below.

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone:(____) _____

Relationship to you: _____

SPECIFIC GIFTS: List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities. Indicate whether these gifts are to be made even if the other spouse is alive.

HUSBAND:

Individual or Charity

Name or Organization: _____ Contingent on Wife predeceasing? _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone: (____) _____

Relationship: _____ Amount and/or Property: _____

Name or Organization: _____ Contingent on Wife predeceasing? _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone: (____) _____

Relationship: _____ Amount and/or Property: _____

Name or Organization: _____ Contingent on Wife predeceasing? _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone: (____) _____

Relationship: _____ Amount and/or Property: _____

Name or Organization: _____ Contingent on Wife predeceasing? _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone: (____) _____

Relationship: _____ Amount and/or Property: _____

WIFE:

Individual or Charity

Name or Organization: _____ Contingent on Wife predeceasing? _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone: (____) _____

Relationship: _____ Amount and/or Property: _____

Name or Organization: _____ Contingent on Wife predeceasing? _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone: (____) _____

Relationship: _____ Amount and/or Property: _____

Name or Organization: _____ Contingent on Wife predeceasing? _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone: (____) _____

Relationship: _____ Amount and/or Property: _____

Name or Organization: _____ Contingent on Wife predeceasing? _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____ Mobile Phone: (____) _____

Relationship: _____ Amount and/or Property: _____

PROVIDING FOR THE SURVIVING SPOUSE UPON the DEATH OF the FIRST SPOUSE TO DIE

TO the SURVIVING SPOUSE WITHOUT TAX PLANNING: We recognize this does not provide any tax planning which may result in our beneficiaries paying significant optional estate taxes.

- All to surviving spouse. _____% to surviving spouse.
- Minimum allowed by law to surviving spouse.

DIVIDE INTO MARITAL AND FAMILY TRUSTS: Designed to maximize estate tax savings. To accomplish this an amount up to the "applicable exclusion amount" (currently \$2,000,000) will be transferred to the Family Trust and the balance, if any, to the Marital Trust. This is sometimes referred to as "A/B Trust Planning". The Marital Trust is sometimes referred to as the "A Trust" or "QTIP Trust". The Family Trust is sometimes referred to as the "B Trust", "By-Pass Trust" or "Credit Shelter Trust". Also provides protection for surviving spouse from creditors and predators. You decide how much control you want the surviving spouse to have. In the event of remarriage protects property for your heirs from a new spouse in case of death or divorce.

MARITAL DEDUCTION FORMULA (OFFICE USE ONLY):

- Disclaimer Provision Clayton Election
- Marital Pecuniary Marital Fractional
- Credit Shelter Pecuniary

DESIGN OF MARITAL SHARE:

OUTRIGHT: We want to leave property outright to the surviving spouse. We recognize that this offers no protection from creditors or predators. Allows surviving spouse to leave property to whomever he or she wants. Also allows a new spouse to possibly make claim on property in case of death or divorce

GENERAL APPOINTMENT TRUST: All income and principal are available to the surviving spouse upon demand. The surviving spouse is free to do as he or she pleases. This would include the ability to remove all property in the Marital Share from the trust.

ALL INCOME – PRINCIPAL FOR NEEDS: All income is distributed to surviving spouse; principal is available for his or her needs (health, education and maintenance).

ONLY INCOME: Only income is distributed to surviving spouse. Principal is not available to the surviving spouse.

DESIGN OF FAMILY SHARE:

ALL INCOME – PRINCIPAL FOR NEEDS: All income is distributed to surviving spouse; principal is available for needs (health, education and maintenance).

Are descendants permissible beneficiaries of principal? _____

INCOME AND PRINCIPAL FOR NEEDS: All income and principal is available for needs. Income may be accumulated and not distributed.

Are descendants permissible beneficiaries of income and/or principal? _____

ONLY INCOME: Only income is distributed to surviving spouse. Principal is not available to the surviving spouse.

WHO IS RESPONSIBLE FOR DETERMINING LIFETIME DISTRIBUTIONS: Is the surviving spouse the sole trustee with a right to appoint cotrustee (surviving spouse then determines the management and distributions for his or her needs)? Do you wish to name someone to be the cotrustee with the surviving spouse?

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: () _____ Mobile Phone: () _____

Name: _____

Address: _____ City: _____ State/Zip: _____

Phone: () _____ Mobile Phone: () _____

LIMITED POWER OF APPOINTMENT: Do you want the surviving spouse to be able to modify the way property is to be distributed upon his or her death? _____

If so, to whom may the surviving spouse distribute your property:

- Your descendants
- Your descendants and their spouses
- Your descendants and charities
- Your descendants, their spouses and charities
- Anyone, no limitations

DIVISION OF PROPERTY UPON DEATH OF SECOND SPOUSE TO DIE

DIVIDE EQUALLY BETWEEN OUR CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN:

DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES: (list below)

Name or Organization: _____ Contingent on Wife predeceasing? _____
Address: _____ City: _____ State/Zip: _____
Phone: (____) _____ Mobile Phone: (____) _____
Relationship: _____ Amount and/or Property: _____

Name or Organization: _____ Contingent on Wife predeceasing? _____
Address: _____ City: _____ State/Zip: _____
Phone: (____) _____ Mobile Phone: (____) _____
Relationship: _____ Amount and/or Property: _____

Name or Organization: _____ Contingent on Wife predeceasing? _____
Address: _____ City: _____ State/Zip: _____
Phone: (____) _____ Mobile Phone: (____) _____
Relationship: _____ Amount and/or Property: _____

HOW AND WHEN TO DISTRIBUTE MY PROPERTY:

DISTRIBUTE OUTRIGHT TO OUR BENEFICIARIES: Provides no protection from creditors, predators, or from themselves.

STRUCTURED TRUST: You determine how long the property is to remain in trust. During the period of time the property is held in trust it is available to the beneficiary for needs (health, education and maintenance). You may give written instructions to the trustee outlining guidelines to be followed in determining the beneficiary's needs. You may provide for a staggered distribution of principal; i.e. 1/3 at age 30 and balance at age 40. You decide who will manage the property and to carry out your distribution instructions. Does the beneficiary have a right to be a cotrustee and/or choose his or her own cotrustee? You decide how the trust is designed. List your desires:

REMOTE CONTINGENT BENEFICIARY: Who do you want to receive your property in the remote event that no one listed above is alive to receive your property. Determining the remote contingent beneficiary is not so important that it should cause you to delay completion of your entire estate plan. It can always be changed at a later date.

In the remote event no one listed above is alive to receive my property I want my property distributed as follows:

- To each spouse's heirs-at-law.
- One-half to Husband's heirs-at-law and one-half to Wife's heirs at law.
- To the following named individuals and/or charities:

Name or Organization: _____ Contingent on Wife predeceasing? _____
Address: _____ City: _____ State/Zip: _____
Phone: (____) _____ Mobile Phone: (____) _____
Relationship: _____ Amount and/or Property: _____

Name or Organization: _____ Contingent on Wife predeceasing? _____
Address: _____ City: _____ State/Zip: _____
Phone: (____) _____ Mobile Phone: (____) _____
Relationship: _____ Amount and/or Property: _____

Name or Organization: _____ Contingent on Wife predeceasing? _____
Address: _____ City: _____ State/Zip: _____
Phone: (____) _____ Mobile Phone: (____) _____
Relationship: _____ Amount and/or Property: _____

OTHER ITEMS TO INCLUDE OR DISCUSS: Obviously your estate plan should address all your hopes, fears, and wishes. Please list any other items you want included or want to discuss:
